



PALS Study Guide

The PALS Provider exam is 33-multiple choice questions. Passing score is 84%. Student may miss 5 questions. For students taking PALS for the first time or renewing students with a current card, exam remediation is permitted should student miss more than 5 questions on the exam. Viewing the PALS book ahead of time with the online resources is very helpful. The American Heart Association link is www.heart.org/eccstudent and has a PALS Precourse Self-Assessment, and other helpful tools. The code for the online resources is on the PALS Provider Manual page ii. Basic Dysrhythmias knowledge is required in relation to asystole, ventricular fibrillation, tachycardias in general and bradycardias in general. Student does not need to know the ins and outs of each and every one. For Tachycardias student needs to differentiate wide complex (ventricular

The PALS Provider course is a series of video segments then skills. The course materials will prepare you for the written exam.

AED – infant – if pediatric pads are unavailable it is acceptable to use adult pads

AED – no pulse, CPR initiated – use AED when it arrives

Airway – Intubated, oxygen saturation decreases. Breath sounds only on right – verify tube placement

BP – 2 year old 55/40 – hypotensive

Tachycardia – vagal maneuver for infant – ice to the face

CPR – Child – 15:2 compression to ventilation

Defibrillation - Ventricular fibrillation – defibrillation 2 Joules/kg shock after CPR

Drug – epinephrine 0.01 mg/kg IV or IO. If dose ordered not correct, ask team leader to clarify

Drug - PEA – Pulseless electrical activity - epinephrine 0.01 mg/kg IV or IO

Drug – Pulseless, breathless – epinephrine 0.01 mg/kg IV or IO

IV – best method for immediate vascular access – intraosseous

IV for Shock – IV fluids 20 ml/kg of isotonic crystalloid over 5 to 10 minutes

IV with hypovolemic shock – 20 mL/kg normal saline

Lab – vomiting, diarrhea, lethargic – check glucose

Oxygen – with suctioning heart rate from tachycardia to sinus rhythm – administer oxygen and ensure adequate ventilation

Oxygen Saturation – If reading is normal and respiratory assessment shows the patient is not doing well, the SpO₂ is unreliable and oxygen should be administered

Oxygen Saturation – target range 94% to 99%

PEA – looks like a sinus rhythm, or any other rhythm that should support a pulse, but no pulse

Pulse check – infant – brachial location

Pulse check – no more than 10 seconds before starting CPR

Rescue breaths child – 12 to 20 per minute

Respiratory – allergy – epinephrine I.M. is the initial medication

Respiratory – increased work of breathing, color pink, respiratory rate 30 – respiratory distress

Respiratory – lung tissue disease most likely to have decreased oxygen saturation

Respiratory – no breath sounds on left, trachea deviated to the right – needle decompression on the left chest

Respiratory – seizures with respiratory distress most likely disordered control of breathing

Respiratory – stridor, barking cough – nebulized epinephrine

Respiratory – wheezing is lower airway obstruction

Respiratory failure – inadequate oxygen and/or ventilation

Shock – compensated if blood pressure is ok

Shock – lethargy, fever, on chemo – septic shock

SVT – no major symptoms – first attempt vagal maneuvers

SVT narrow complex tachycardia – symptomatic – synchronized shock 0.5 to 1 J/kg