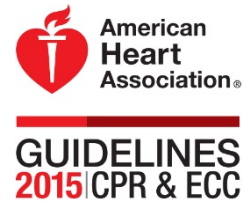


# 2015 Interim Training Materials

## PALS Lesson Map Changes



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### Purpose

These instructions will help you as a PALS Instructor to update current (2010 Guidelines) PALS course materials with science from the *2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care*. Instructors must incorporate the 2015 science updates into skills for all PALS courses (classroom and HeartCode® PALS).

The Interim Training Materials may be used until new products are released. You must complete the 2015 Science Update for PALS Instructors and begin including the 2015 Guidelines Update science in all courses by February 15, 2016.

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### Instructor Preparation

As a PALS Instructor, you should be prepared to answer students' questions about the 2015 Guidelines Update. Therefore, you should review the Interim Training Materials, the 2015 Guidelines Update, and the *Highlights of the 2015 AHA Guidelines Update for CPR and ECC* ("Guidelines Highlights") before the course. You must complete the 2015 Science Update for PALS Instructors before integrating the 2015 Guidelines Update science into your courses.

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### 2 Weeks Before Class

Ensure that students have the following materials:

1. 2011 PALS Provider Manual
  2. PALS Provider Manual Comparison Chart
  3. Optional: 2015 Guidelines Highlights (available at [Guidelineshighlights.heart.org](http://Guidelineshighlights.heart.org))
  4. Optional: 2015 Handbook of ECC
  5. Optional: 2015 Guidelines Update (available at [2015ECCguidelines.heart.org](http://2015ECCguidelines.heart.org))
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**Day of Class  
Materials List  
for Instructors**

Required materials:

1. 2011 Provider Instructor Manual
2. 2011 PALS Course DVD Set
3. 2015 Guidelines Highlights (available at [Guidelineshighlights.heart.org](http://Guidelineshighlights.heart.org))
4. 2015 Guidelines Update
5. PALS Course—2015 Interim Tools: 1- and 2-Rescuer Child BLS With AED Skills Testing Sheet and 1- and 2-Rescuer Infant BLS Skills Testing Sheet for each student (available on AHA Instructor Network)

**Lesson Map  
Changes**

To teach the PALS course, follow the Lesson Maps from the 2011 PALS Instructor Manual with the following modifications:

<b>2011 Lesson Map</b>	<b>Modification</b>
<b>PALS 3A and PALS-HC 2A-2D: BLS Practice and Competency Testing</b>	Push at a rate of 100 to 120 compressions per minute for infants and children.
<b>PALS 3A-3D, PALS-U 3A-3D, and PALS-HC 2A-2D: BLS Practice and Competency Testing</b>	It may be reasonable for the provider to deliver 1 breath every 6 seconds (10 breaths per minute) while continuous chest compressions are being performed (ie, during CPR with an advanced airway).
<b>PALS 9E: Learning Stations: Shock Core Cases 5-8</b>	<p>For children in shock, an initial fluid bolus of 20 mL/kg is reasonable. However, for children with febrile illness in settings with limited access to critical care resources (ie, mechanical ventilation and inotropic support), administration of bolus IV fluids should be undertaken with extreme caution, as it may be harmful.</p> <p>Individualized treatment and frequent clinical reassessment are emphasized.</p>

<p><b>PALS 9F:</b>  <b>Learning Stations: Cardiac Core Cases;</b>  <b>PALS-HC 5A-5C:</b>  <b>PALS Core Case Test 1</b></p>	<p>There is no evidence to support the <i>routine</i> use of atropine as a remedication to prevent bradycardia in emergency pediatric intubations. It may be considered in situations where there is an increased risk of bradycardia.</p> <p>There is no evidence to support a minimum dose of atropine when used as a premedication for emergency intubation.</p>
<p><b>PALS 9F:</b>  <b>Learning Stations: Cardiac Core Cases;</b>  <b>PALS-HC 5A-5C:</b>  <b>PALS Core Case Test 1</b></p>	<p>Amiodarone or lidocaine is equally acceptable for the treatment of shock-refractory VF or pVT.</p>
<p><b>PALS 9F:</b>  <b>Learning Stations: Cardiac Core Cases;</b>  <b>PALS-HC 5A-5C:</b>  <b>PALS Core Case Test 1</b></p>	<p>Targeted temperature management: For comatose children resuscitated from OHCA, it is reasonable for caretakers to maintain either 5 days of normothermia (36°C to 37.5°C) or 2 days of initial continuous hypothermia (32°C to 34°C) followed by 3 days of normothermia.</p>