

Change Notice

Pediatric Advanced Life Support Instructor Manual

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Page	Location	Original Text	Change	When Change Was Made
viii	Contents > PALS Instructor Resources > Course Materials		{The entries for PALS Lesson Plans, PALS Lesson Plans, Traditional Course, PALS Update Lesson Plans, HeartCode PALS Lesson Plans, and PALS Practice Case Scenarios were deleted.}	At next printing or update after 10/7/2020
viii	Contents > PALS Instructor Resources > Course Materials		{Delete “Learning Station Competency Checklists”}	At next printing or update after 6/15/2021
34	Part 2 > Course Audience> PALS Student Resources > Table 4. PALS Student Resources > 3rd row	1st column: “Precourse preparation checklist: 2nd column: “The checklist focuses students on what and how to prepare appropriately for the course.” 3rd column: “Use as a checklist.”	{Delete entire row, all 3 columns}	At next printing or update after 2/12/2021
34	Part 2: Preparing for the Course > Course Audience > PALS Student Resources > 3rd paragraph	In addition, students should complete the precourse preparation checklist.	{Delete entire sentence/paragraph}	At next printing or update after 3/12/2021

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34	Part 2: Preparing for the Course > Course Audience > PALS Student Resources > last paragraph on page	HeartCode PALS students must also complete the precourse self-assessment online. After completing the precourse self-assessment, HeartCode PALS students then complete the online portion of the course. Before participating in the hands-on session, students must print their online certificate of completion and bring it to the hands-on session.	HeartCode PALS students must complete the online portion of the course. Before participating in the hands-on session, HeartCode PALS students must print their online certificate of completion and bring it to the hands-on session.	At next printing or update after 4/24/2023
39	Part 2 > Course Planning and Support Materials > Sample Precourse Letter to Students, PALS Course, under the Precourse Requirements, number 3, 2nd sentence	Once you have passed the PALS Precourse Self-Assessment and completed the video lessons, print your certificate, and bring it with you to class.	Once you have passed the PALS Precourse Self-Assessment and completed the video lessons, print your certificate and score report, and bring them with you to class.	At next printing or update after 11/12/2020
39	Part 2 > Course Planning and Support Materials > Sample Precourse Letter to Students, PALS Course, under the Precourse Requirements, number 4, 2nd sentence	You will be tested on adult high-quality BLS skills	You will be tested on child and infant high-quality BLS skills	At next printing or update after 10/23/2020
40	Part 2: Preparing for the Course > Course Planning and Support Materials > Sample Precourse Letter to Students, PALS Traditional Course > Precourse Requirements > 1st numbered item	1. Complete the precourse preparation checklist found in the Student Resources. Bring the checklist with you to class.	{Delete item 1 and renumber the remainder of the list.}	At next printing or update after 03/12/2021
40	Part 2 > Course Planning and Support Materials > Sample Precourse Letter to Students, PALS Traditional Course, under the Precourse Requirements, number 5, 2nd sentence	You will find the code to access the student website in the beginning the <i>PALS Provider Manual</i> .	Go to elearning.heart.org/courses to access the precourse self-assessment.	At next printing or update after 11/12/2020

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45	Part 2: Preparing for the Course > Course Planning and Support Materials > Precourse Preparation > 2nd paragraph> 1st numbered item	1. Complete the precourse preparation checklist found in the Student Resources.	{Delete item 1 and renumber the remainder of the list.}	At next printing or update after 03/12/2021
74	Part 3 > page 74 > Outline for PALS Update Course > 8th row, Lesson 5A > left column	5A	5A (optional)	At next printing or update after 02/08/2021
74	Part 3 > page 74 > Outline for PALS Update Course > 9th row, Lesson 5B > left column	5B	5B (optional)	At next printing or update after 02/08/2021
74	Part 3 > page 74 > Outline for PALS Update Course > 10th row, Lesson 5C > left column	5C	5C (optional)	At next printing or update after 02/08/2021
79	Part 3 > page 79 > Sample Agenda for PALS Update Course > 6th row, Lesson 5A	Lesson 5A: Learning Station: Airway Management	Lesson 5A: Learning Station: Airway Management (Optional)	At next printing or update after 02/08/2021
79	Part 3 > page 79 > Sample Agenda for PALS Update Course > 8th row, Lesson 5B	Lesson 5B: Learning Station: Vascular Access	Lesson 5B: Learning Station: Vascular Access (Optional)	At next printing or update after 02/08/2021
79	Part 3 > page 79 > Sample Agenda for PALS Update Course > 9th row, Lesson 5C	Lesson 5C: Learning Station: Rhythm Disturbances/Electrical Therapy	Lesson 5C: Learning Station: Rhythm Disturbances/Electrical Therapy (Optional)	At next printing or update after 02/08/2021
81	Part 3 > Course Outlines and Agendas > PALS Course Outline and Agenda > Sample Agenda for HeartCode® PALS Course With Optional Lesson, in the course time above the table	approximately 5 hours 10 minutes	approximately 5 hours and 30 minutes	At next printing or update after 10/23/2020

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81	Part 3 > Course Outlines and Agendas > PALS Course Outline and Agenda > Sample Agenda for HeartCode® PALS Course With Optional Lesson, in the table		{Insert a new row after Lesson 2C. First column should read “10:35–10:55;” 2nd column should read “Lesson 3: Learning Station: Coping With Death (Optional)”}; update the times in the 3 rows below the new row (change “10:35–11:25” to “10:55–11:45”; change “11:25–12:15” to “11:45–12:35”; and change “12:15–1:10” to “12:35–1:30”)}.	At next printing or update after 10/23/2020
83	Part 4 > Course Completion Requirements > 2 nd paragraph > last sentence	At the instructor’s discretion, students who wish to take the PALS Update Course (who have a current PALS card) have the option of taking the required tests instead of attending classes.	{Delete this sentence.}	At next printing or update after 12/18/2020
93	Pediatric Advanced Life Support Infant CPR Skills Testing Checklist (1 of 2) > 4th purple box, Cycle 3 of CPR		{Delete all 5 checkoff boxes and text:} <input type="checkbox"/> Powers on AED <input type="checkbox"/> Correctly attaches pads <input type="checkbox"/> Clears for analysis <input type="checkbox"/> Clears to safely deliver a shock <input type="checkbox"/> Safely delivers a shock.	At next printing or update after 12/18/2020
109	Pediatric Advanced Life Support Infant CPR Skills Testing Checklist (1 of 2) > 4th purple box, Cycle 3 of CPR		{Delete all 5 checkoff boxes and text:} <input type="checkbox"/> Powers on AED <input type="checkbox"/> Correctly attaches pads <input type="checkbox"/> Clears for analysis <input type="checkbox"/> Clears to safely deliver a shock <input type="checkbox"/> Safely delivers a shock.	At next printing or update after 12/18/2020
161	Practice Case Scenario 9: Supraventricular Tachycardia (Adolescent; Unstable) > Evaluate—primary assessment [purple box] > 3rd bullet, blood pressure	75/55 mm Hg	70/40 mm Hg	At next printing or update after 4/24/2023

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165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario Lead-in > ICU	You are called to see a 3-month-old infant who was admitted to the intensive care unit for a respiratory distress episode earlier in the day."	You are called to see a 3-month-old infant who was admitted to the intensive care unit for irritability and cold-like symptoms.	At next printing or update after 03/12/2021
165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Scenario Overview	Emphasis should be on the recognition of wide-complex tachycardia in a stable patient and consideration of amiodarone or lidocaine. In addition, providers should search for and treat reversible causes (eg, hypokalemia or hyperkalemia). Expert consultation with a pediatric cardiologist is strongly recommended before such interventions because expertise is required to minimize potential negative hemodynamic effects.	Emphasis should be on the recognition of wide-complex tachycardia, assessing the patient as stable, and not requiring urgent/emergent electrical therapy and/or antiarrhythmic medication administration. Providers should search for and treat reversible causes (eg, hypokalemia, hyperkalemia). Stable patients with regularly intervalled, monomorphic, wide-complex tachycardia can be safely administered adenosine, which may be therapeutic and/or diagnostic. Expert consultation with a pediatric cardiologist is strongly recommended in any patient with wide-complex tachycardia, regardless of stability, because of the potential for hemodynamic decline.	At next printing or update after 03/12/2021

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165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Scenario-Specific Objectives > bullets 2 and 3		{Delete the 2nd and 3rd bullets: “Describes the indications for synchronized cardioversion in VT; in this scenario, the infant has respiratory distress but no hypotension, acutely altered mental status or signs of shock, so does not require immediate synchronized cardioversion” and “Describes safe delivery of synchronized cardioversion (if needed) with appropriate dose in an infant with VT and a pulse” }	At next printing or update after 03/12/2021
165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Scenario-Specific Objectives		{Insert a new Level 1 circle bullet at the end of the bulleted list: “Differentiates when adenosine would be appropriate to consider in a child with wide-complex tachycardia”}	At next printing or update after 03/12/2021
165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Evaluate—primary assessment > 3rd bullet	Circulation: Heart rate 220/min; blood pressure 96/54 mm Hg; pale skin; capillary refill 3 seconds; strong central pulses, palpable peripheral pulses; QRS complexes are regular and monomorphic	Circulation: Heart rate 220/min; blood pressure 96/54 mm Hg; pale skin; capillary refill 3 seconds; strong central pulses, palpable peripheral pulses; QRS complexes are monomorphic and occur at regular intervals	At next printing or update after 03/12/2021
165	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Identify > 2nd bullet	Regular monomorphic complexes	Regular rhythm with monomorphic complexes	At next printing or update after 03/12/2021

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166	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Practice Case Scenario 10 > Scenario overview and learning objectives > Intervene > 9th bullet	Consider amiodarone or lidocaine administration.	Consider adenosine if rhythm is regular with monomorphic QRS complexes.	At next printing or update after 03/12/2021
167	Part 5: Appendixes > B. Instructor Case Scenarios and Debriefing Tools > Practice Case Scenarios > Debriefing Tool > Action column > 7th bullet	Discusses preparation and administration of amiodarone or lidocaine using rapid bolus technique	Discusses preparation and administration of adenosine using rapid bolus technique. It is reasonable to consider adenosine in a patient who is hemodynamically stable with a regular, monomorphic, wide-complex tachycardia	At next printing or update after 03/12/2021
193	Testing Case Scenario 1, Hypovolemic Shock (Child) > Evaluate—primary assessment > 3rd entry, Circulation/Perfusion > blood pressure >	100/80	86/52	At next printing or updated after 8/4/2021
218	Testing Case Scenario 7: Distributive Shock (Infant; Septic Shock) > Evaluate—primary assessment [purple box] > 3rd bullet, blood pressure	74/50 mm Hg	76/30 mm Hg	At next printing or updated after 4/24/2023
246	Appendix > Testing Case Scenario 14: Bradycardia > Scenario overview and learning objectives table, Intervene, 2nd bullet	Continue bag-mask ventilation with 100% oxygen at a rate of 16-20/min.	Continue bag-mask ventilation with 100% oxygen at a rate of 20-30/min.	At next printing or update after 11/12/2020
LPUupdate_18	PALS Update Lesson Plan 5A > lesson title	Lesson 5A Learning Station: Airway Management	Lesson 5A Learning Station: Airway Management (Optional) [add "Optional" banner to the side of the page]	At next printing or update after 02/08/2021
LPUupdate_19	PALS Update Lesson Plan 5B > lesson title	Lesson 5B Learning Station: Vascular Access	Lesson 5B Learning Station: Vascular Access (Optional) [add "Optional" banner to the side of the page]	At next printing or update after 02/08/2021

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LPUupdate_20	PALS Update Lesson Plan 5C > lesson title	Lesson 5C Learning Station: Rhythm Disturbances/Electrical Therapy	Lesson 5C Learning Station: Rhythm Disturbances/Electrical Therapy (Optional) [add "Optional" banner to the side of the page]	At next printing or update after 02/08/2021