PATIENT ASSESSMENT

In ACLS, the specific treatment of a given dysrhythmia or condition depends on the patient's hemodynamic status. In general, patients can be divided into four categories to determine treatment priorities:

- **Asymptomatic**
- **Symptomatic – Stable**
- **Symptomatic – Unstable**
- **Pulseless**

Asymptomatic patients do not receive treatment, but should be monitored for changes in condition. Any patient with symptoms (even apparently mild symptoms such as palpitations) should be assessed to determine if they are stable or unstable. Determination of a patient's level of hemodynamic compromise can include several factors:

- ***General Appearance***: The first indication of hemodynamic status comes from a patient's general appearance, including skin signs, level of activity, and work of breathing. If a patient shows signs of shock, such as pale, cool, or diaphoretic skin, chest pain, hypotension, or acute distress, they are unstable.
- ***Level of Consciousness***: Interaction with the patient allows the provider to evaluate the patient's level of consciousness based on the patient's activity, awareness of their surroundings, and ability to provide information. If a patient shows any level of mental deficit, family or friends should be consulted to determine if this state differs from the patient's baseline. If the mental deficit is acute, the patient should be considered unstable.
- ***Vital signs***: Vital signs provide a diagnostic evaluation of the patient. Blood pressure is the primary indicator. A systolic blood pressure above 90 mm usually indicates that the patient is stable (although the provider should be alert for changes in blood pressure that might indicate an unstable patient even if blood pressure is normal). Other vital signs may be useful; however, the provider should remember that various conditions (CO poisoning) can mask changes in blood oxygen levels, and that a high O_2 saturation may be present in unstable patients (those in shock). Additionally, heart rate is of no use in determining if a patient is stable or unstable – a patient with a heart rate of 80 can be severely unstable, while a patient with a heart rate of 210 can be stable if they are still perfusing well.

If a patient's **General Appearance, Level of Consciousness,** and **Vital Signs** are all normal, the patient is stable. If possible, treatment should be rendered starting with the least invasive **that is appropriate for that patient's hemodynamic status**. In ACLS, the preferential treatment for symptomatic, but stable patients is generally medications. The preferential treatment for unstable patients is generally Electrical Therapy.

Once treatment is rendered, **the provider must reassess the patient**. If the patient remains symptomatic, the appropriate treatment (medications or electricity) should be given again depending on the patient's heart rhythm and current hemodynamic status. Thus, if a patient was stable before, but becomes unstable after administration of a drug, the patient should receive electrical therapy to continue treating the dysrhythmia rather than additional doses of a medication. If a patient's General Appearance indicates they may be unconscious, you should check for responsiveness. If the patient is **unresponsive**, get help (send someone to call 911 and bring back an AED, call a code, etc.). Assess for signs of life, such as moving, gasping, or breathing, then assess circulation by checking for a pulse. If the patient has a pulse, assess breathing next. If the patient is not breathing, or breathing inadequately, rescue breathing should be initiated. If the patient is pulseless, rescuers should begin CPR.

Once you determine that a patient is **Pulseless**, an AED or EKG monitor should be attached as soon as possible. CPR should be continued with minimal interruptions. After each rhythm check, the patient should be defibrillated if appropriate (Ventricular Fibrillation or Pulseless Ventricular Tachycardia). Regardless of the heart rhythm, medications should be given as soon as possible after CPR is resumed. The specific medication should be determined by the patient's exact status and heart rhythm.

Remember: Treat the patient not the monitor!!