ACLS Megacode Case A: Mobitz Type II AV Block (Bradycardia→VF/Pulseless VT→Asystole)

In-Hospital Scenario

You are a evaluating a 57-year-old woman complaining of indigestion. She is brought immediately from triage (arrived by personal car) and placed in ED room 2. She is cold, clammy, and diaphoretic. She states that she feels as if she is about to faint. The triage nurse is working with you and has obtained vital signs: HR 38, BP 70/P, RR 16.

Initial Assessment	This woman may have an acute coronary syndrome. The case focus, however, is bradycardia. The team leader should begin to take a history and direct team members to start oxygen (if not initiated) and an IV and place monitor leads. Nitroglycerin at this point would be inappropriate in the absence of typical ischemic-type discomfort and vital signs (severe bradycardia and hypotension—contraindicated.)
Bradycardia Algorithm *Rhythm: Mobitz Type II AV Block*	The student is presented with bradycardia and needs to follow the Bradycardia Algorithm. A critical action is noting that *symptoms are due to bradycardia requiring management.* Actions at this point should include at least an initial dose of atropine and preparation for transcutaneous pacing.
Pulseless Arrest Algorithm (VF/VT)	The patient suddenly develops VF. The team leader will follow the Pulseless Arrest Algorithm. Now the student team leader will assign additional team functions and monitor for high-quality CPR. The case should continue through safe defibrillation, administration of a vasopressor, and consideration of an antiarrhythmic drug.
Pulseless Arrest Algorithm (Asystole)	After a shock the patient becomes asystolic. The student continues to monitor high-quality CPR and follows the asystole pathway of the Pulseless Arrest Algorithm. If the team gives high-quality CPR and appropriate drugs, you can end the case with the patient in NSR. Otherwise you can end the case and discuss calling the code.

Megacode Testing Checklist 1/2
Bradycardia→VF/Pulseless VT→Asystole

Critical Performance Steps	☑ if done correctly
Team Leader	
Ensures high-quality CPR at all times	
Assigns team member roles	
Bradycardia Management	
Starts oxygen, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes symptomatic bradycardia	
Administers appropriate drug(s) and doses	
Verbalizes the need for TCP	
VF/Pulseless VT Management	
Recognizes VF	
Clears before ANALYZE and SHOCK	
Immediately resumes CPR after shocks	
Appropriate airway management	
Appropriate cycles Drug–Rhythm Check/Shock–CPR	
Administers appropriate drug(s) and doses	
Asystole Management	
Recognizes asystole	
Verbalizes potential reversible causes of asystole/PEA (H's and T's)	
Administers appropriate drug(s) and doses	
Immediately resumes CPR after rhythm checks	
Stop the Test	

Test Results	Indicate Pass or Needs Remediation:	P	NR
Instructor signature affirms that skills tests were done according to AHA guidelines. *Save this sheet with course record.*	Instructor Signature: _____ Print Instr Name: _____ Date: _____		