

Dear Valued Customer,

This document serves as an overview of the recently released 2025 American Heart Association guideline changes. The guidelines are reviewed every five years to reflect the latest science and evidence in resuscitation.

These changes are based on international research and the AHA's review of new data. The goal is simple: improve survival rates and ensure training reflects the most effective, evidence-based techniques.

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SUMMARY OF KEY UPDATES AND CHANGES IN 2025 AHA GUIDELINES FOR CPR AND ECC

EDUCATION SCIENCE

- Feedback devices are recommended for CPR training for both professionals and lay rescuers.
- Gamified learning, VR for knowledge acquisition, and scripted debriefing are newly supported.
- CPR training should begin in children <12 years to build early confidence.
- Cognitive aids are recommended for professionals but not for lay rescuers due to delays in CPR initiation.

PEDIATRIC BASIC LIFE SUPPORT

- The 2-finger technique for infant CPR is no longer recommended; heel-of-one-hand or 2-thumb encircling technique is preferred.
- For severe FBAO in children and infants, repeated cycles of back blows and thrusts are now recommended.

ADULT BASIC LIFE SUPPORT

- CPR for adults with obesity should follow standard techniques.
- Mechanical CPR devices are not routinely recommended but may be considered in specific challenging scenarios.

PEDIATRIC ADVANCED LIFE SUPPORT

- Early epinephrine administration for nonshockable rhythms is emphasized.
- ETCO₂ and arterial pressure monitoring during CPR are recommended to guide resuscitation quality.
- EEG is recommended as part of multimodal neuroprognostication.

ADULT ADVANCED LIFE SUPPORT

- Initial defibrillation energy ≥ 200 J is recommended for AF and atrial flutter.
- IV access is preferred over IO for drug administration during cardiac arrest.
- Head-up CPR is not recommended outside clinical trials.

SYSTEMS OF CARE

- A unified Chain of Survival now applies to adult and pediatric IHCA and OHCA, emphasizing prevention and preparedness.

COMMUNITY RESPONSE & PUBLIC ACCESS

- Public access to naloxone is now recommended alongside defibrillation access to reduce opioid-related deaths.
- Instructor-led CPR training, mass media campaigns, and CPR certification policies are encouraged to improve lay rescuer response.

TEAM COMPOSITION & DEBRIEFING

- New recommendations on in- and out-of-hospital resuscitation team composition emphasize ALS-trained personnel and simulation-based training.
- Immediate ('hot') and delayed ('cold') debriefing after CPR events is newly recommended.

TRANSPORT & ECPR

- On-scene resuscitation is prioritized over transport during CPR unless special circumstances exist.
- Regionalized ECPR systems and reassessment of patient selection criteria are recommended.

ORGAN DONATION & RECOVERY

- Institutions should develop systems to facilitate organ donation after cardiac arrest.
- Integrated recovery systems for cardiac arrest survivors are recommended to improve long-term outcomes.

NEONATAL LIFE SUPPORT

- Deferred cord clamping for ≥ 60 seconds is recommended for term and preterm infants not needing immediate resuscitation.
- Laryngeal masks are now considered reasonable alternatives to face masks or endotracheal tubes for ventilation in newborns ≥ 34 weeks gestation.

POST-CARDIAC ARREST CARE

- Maintain MAP ≥ 65 mmHg to avoid hypotension.
- Temperature control for ≥ 36 hours is recommended for unresponsive patients.
- Structured emotional distress assessment for survivors and caregivers is newly recommended.

SPECIAL CIRCUMSTANCES

- ECLS may be considered for life threatening asthma, hypothermia, and pregnancy-related cardiac arrest.
- Chest compressions are recommended for unresponsive LVAD patients with impaired perfusion.
- Naloxone administration is reasonable during suspected opioid-related cardiac arrest if it doesn't delay CPR.