

# Change Notice

## *2020 Handbook of Emergency Cardiovascular Care for Healthcare Providers*

Print ISBN 978-1-61669-766-2, AHA Product Number 20-1100

eBook ISBN 978-1-61669-802-7, AHA Product Number 20-3105

Print Page Number	Location	Original Text	Change	When Change Was Made
i	With materials adapted from	{Add new reference}	Below “2020 AHA Guidelines for CPR and ECC,” insert the following new reference: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association	At next printing or update after 2/12/2021
17	Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm > 2nd green box, right column > Perform perimortem cesarean delivery	If no ROSC in 5 minutes, consider immediate perimortem cesarean delivery	If no ROSC, complete perimortem cesarean delivery ideally within 5 minutes after time of arrest	At next printing or update after 11/29/2021
24	ACLS > under Inclusion and Exclusion Characteristics of Patients With Ischemic Stroke Who Could Be Treated With Alteplase Within 3 Hours After Symptom Onset and Extended Window for Select Patient From 3 to 4.5 Hours > end of table, before the Abbreviations list		{The table Alteplase Considerations in the 3- to 4.5-Hour Time Window in Addition to Those in the 0- to 3-Hour Window was inserted before the Abbreviations list (see attached PDF).}	At next printing or update after 10/7/2020
41	Bottom of page > Atropine Sulfate > 2nd column > Precautions > After 3rd bullet		{Insert a 4th bullet} • Do not give to heart transplant patients	At next printing or update after 11/29/2021
62	Bottom of page 62 > Rapid Dosing Guide for Antidotes Used in	0.5-1 mg IV every 2-3 minutes	1 mg IV every 3-5 minutes	At next printing or update after 2/12/2021

<b>Print Page Number</b>	<b>Location</b>	<b>Original Text</b>	<b>Change</b>	<b>When Change Was Made</b>
	Emergency Cardiovascular Care for Treatment of Toxic Ingestions > Atropine > Adult Dose column table			
62	Bottom of page 62 > Rapid Dosing Guide for Antidotes Used in Emergency Cardiovascular Care for Treatment of Toxic Ingestions > Atropine > Adult Dose column	1 mg IV every 3-5 minutes	1 mg IV every 3-5 minutes with a maximum of 3 mg {add “with a maximum of 3 mg”}	At next printing or update after 4/15/2021
65	Bottom of page 65 > Rapid Sequence Intubation Protocol > row 4: Pharmacologic sedation/anesthesia/neuromuscular blockade and protection/positioning	8. Apply cricoid pressure.	{Delete “8. Apply cricoid pressure.” and renumber the remaining items (11 numbered items total)}	At next printing or update after 2/12/2021
66	Bottom of page 66 > Pharmacologic Agents Used for Rapid Sequence Intubation > Ketamine row > Comments column	Use with caution in patients with potential or ICP	{Insert “increased” before ICP} Use with caution in patients with potential or increased ICP	At next printing or update after 2/12/2021
72	Neonatal > Newborn Resuscitation > Apgar Score table		{A footnote was added to the table: “Note on assessing color: Evaluating the color of a newly born infant, especially one who is transitioning after birth, is difficult and often subjective. One method is to look for pink color around the mouth, palms, and soles.”}	At next printing or update after 9/29/2020
74	Neonatal > Newborn Resuscitation Ratios, Equipment, and Drugs > Medications Used During or After Resuscitation of the Newborn, Abbreviations list under table	IV, intravascular	IV, intravenous	At next printing or update after 10/23/2020

<b>Print Page Number</b>	<b>Location</b>	<b>Original Text</b>	<b>Change</b>	<b>When Change Was Made</b>
86	PALS > Neuromuscular Blocking Agents, Abbreviations list under table	IV, intravascular	IV, intravenous	At next printing or update after 9/29/2020
93	PALS > Pediatric Resuscitation Supplies Based on Color-Coded Length-Based Resuscitation Tape > top row of table	{add new information}	{Add weights and ages to the top of each column > 3 kg <3 mos, 4 kg <3 mos, 5 kg <3 mos, Pink 6–7 kg 3–5 mos, Red 8–9 kg 6–11 mos, Purple 10–11 kg 12–24 mos, Yellow 12–14 kg 2 yrs, White 15–18 kg 3–4 yrs, Blue 19–23 kg 5–6 yrs, Orange 24–29 kg 7–9 yrs, Green 30–36 kg 10–11 yrs}	At next printing or update after 6/23/21

### Alteplase Considerations in the 3- to 4.5-Hour Time Window in Addition to Those in the 0- to 3-Hour Window\*

Indications (COR 1)	
3-4.5 hours†	IV alteplase (0.9 mg/kg, maximum dose 90 mg over 60 min with initial 10% of dose given as bolus over 1 min) is also recommended for selected patients who can be treated within 3 and 4.5 hours of ischemic stroke symptom onset or patient last known well. Physicians should review the criteria outlined in this table to determine patient eligibility.‡ (COR 1; LOEB-R)¶
3-4.5 hours—Age	IV alteplase treatment in the 3- to 4.5-hour time window is recommended for those patients ≤80 years of age, without a history of both diabetes mellitus and prior stroke, NIHSS score ≤25, not taking any OACs, and without imaging evidence of ischemic injury involving more than one third of the MCA territory.‡ (COR 1; LOE B-R)¶
Additional recommendations for treatment with IV alteplase for patients with AIS (COR 2a)	And (COR 2b)
3-4.5 hours—Age	For patients >80 years of age presenting in the 3- to 4.5-hour window, IV alteplase is safe and can be as effective as in younger patients.‡ (COR 2a; LOEB-NR)¶
3-4.5 hours—Diabetes mellitus and prior stroke	In AIS patients with prior stroke and diabetes mellitus presenting in the 3- to 4.5- hour window, IV alteplase may be as effective as treatment in the 0- to 3-hour window and may be a reasonable option.‡ (COR 2b; LOE B-NR)¶
3-4.5 hours—Severe stroke	The benefit of IV alteplase between 3 and 4.5 hours from symptom onset for patients with very severe stroke symptoms (NIHSS score >25) is uncertain.‡ (COR 2b; LOE C-LD)¶
3-4.5 hours—Mild disabling stroke	For otherwise eligible patients with mild disabling stroke, IV alteplase may be reasonable for patients who can be treated within 3 and 4.5 hours of ischemic stroke symptom onset or patient last known well or at baseline state. (COR 2b; LOEB-NR)§