

2020 Interim Training Materials: ACLS EP Changes

Purpose

These instructions will help you as an Advanced Cardiovascular Life Support (ACLS) for Experienced Providers (EP) Instructor to update the current ACLS EP course materials* with science from the *2020 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC)* (2020 Guidelines).

Use the interim materials to teach **all ACLS EP courses** beginning October 21, 2020. ACLS EP Instructors must complete the 2020 ACLS Instructor Update online course by February 1, 2021.

* 2017 ACLS for Experienced Providers Instructor DVD (including the *ACLS EP Instructor Manual*), and *2017 ACLS for Experienced Providers Manual and Resource Text*

Instructor Preparation

As an ACLS EP Instructor, you should be prepared to answer students' questions about the 2020 Guidelines. Therefore, you should review these interim training materials, the 2020 Guidelines, and the *Highlights of the 2020 AHA Guidelines for CPR and ECC* before teaching your ACLS EP courses.

Instructor DVD Changes

To facilitate the ACLS EP Course, modify the cases from the 2017 ACLS EP Instructor DVD with the changes listed in this document and use the Skill Testing Checklists from the 2020 ACLS Instructor Manual or from the IN. Skills testing in the beginning of the ACLS EP course should be conducted following the instruction from the 2020 ACLS course (*ACLS Instructor Manual*).

Only those cases affected by the 2020 Guidelines science changes are listed here. Cases *not* listed here should be taught as written in the 2017 ACLS EP Instructor DVD.

Throughout any course, emphasis should be on the components of high-quality CPR.

ACLS/ACLS EP

1. Intravenous Access Preferred Over Intraosseous

2020 Changes

- Intravenous (IV) access is the preferred route of medication administration during ACLS resuscitation.
- Intraosseous (IO) access may be considered if attempts at IV access are unsuccessful or not feasible.

Apply Here

- All cases where IV/IO access is required
- Megacode skill testing (Use 2020 ACLS testing checklists)

2. Ventilation in Respiratory and Cardiac Arrest

2020 Change

- For respiratory and cardiac arrest, provide 1 breath every 6 seconds (10 breaths per minute). This does not include the 30:2 CPR ratio/protocol.

Apply Here

- All cases that pertain to respiratory failure, respiratory arrest or cardiac arrest
- Airway management skills testing (Use 2020 ACLS testing checklist)



- High-quality BLS skills testing (Use 2020 ACLS testing checklist)
- Megacode skills testing (Use 2020 ACLS testing checklists)

3. Adult Cardiac Arrest Algorithm

2020 Change

- Early epinephrine was modified to emphasize the role of early epinephrine for nonshockable rhythms after starting CPR.

Apply Here

- All cases pertaining to Asystole/PEA cardiac arrest
- Megacode skill testing (Use 2020 ACLS testing checklists)

4. Post-Cardiac Arrest Algorithm

2020 Change

- Algorithm changed from “≥94%” in 2016 to “92% to 98%” in 2020

Apply Here

- All cases pertaining to post-cardiac arrest care
- Megacode skill testing (Use 2020 ACLS testing checklists)

5. Adult Bradycardia Algorithm

2020 Changes

- Updates to dosages:
 - Atropine was changed from 0.5 mg to 1 mg.
 - Dopamine was changed from 2 to 20 mcg/kg per minute to 5 to 20 mcg/kg per minute

Apply Here

- All cases pertaining to bradycardia
- Megacode skills testing (Use 2020 ACLS testing checklists)

6. Adult Tachycardia Algorithm With a Pulse

2020 Change

- Removed recommended doses for cardioversion and replaced it with “Refer to device-specific recommended energy level to maximize first shock success.”

Apply Here

- All cases pertaining to tachycardia
- Megacode skills testing (Use 2020 ACLS testing checklists)

7. Acute Coronary Syndromes Algorithm

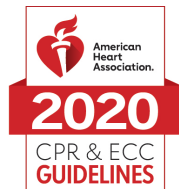
2020 Changes

- The first medical contact-to-balloon inflation (percutaneous coronary intervention) goal is 90 minutes or less.
- Acute coronary syndrome is now broken into 2 primary categories: ST-segment elevation myocardial infarction and non-ST-segment elevation acute coronary syndrome.
- Best practice is to bypass the emergency department and go straight to the cath lab if a cath lab team is available.

Apply Here

- Cardiovascular Cases: All cases pertaining to Acute Coronary Syndromes

8. Adult Suspected Stroke Algorithm



2020 Changes

- Best practice is to bypass the emergency department and go straight to the brain imaging suite per protocol.
- “Administer aspirin” was removed.
- Endovascular therapy can be done up to 24 hours from last known normal.
- Alteplase and endovascular therapy are both recommended for a patient if indicated.
- Acquisition of CT/MRI of the head: **within 20 minutes** instead of 25 minutes

Apply Here

- Cardiovascular Cases: All cases pertaining to Acute stroke

9. Revised Cardiac Arrest in Pregnancy ACLS Algorithm

2020 Change

- Changed cesarean delivery from “if no ROSC in 4 minutes” to “if no ROSC in 5 minutes”

Apply Here

- Cardiovascular Cases: Obstetrics In-hospital case

10. Opioid Overdose

2020 Changes

- Give naloxone for respiratory arrest.
- Consider naloxone for cardiac arrest.

Apply Here

- Clinical Pharmacology and Toxicology Cases: Opioid Toxicology EMS 1 and 2, Ed and In-Hospitals cases