

CPR & Emergency Cardiovascular Care

Q: What are the new updates as they relate to bystander response?

A: The *2017 AHA Focused Updates on Adult and Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality* emphasize that more people will survive in the event of cardiac arrest if the following three recommendations are acted upon:

1. Emergency medical dispatchers provide chest compression-only CPR instructions over the phone
2. Infants and children (pre-pubescent) should receive chest compressions with rescue breaths. If a rescuer is unwilling or unable to give breaths, all infants and children should, at a minimum, receive chest compressions.
3. Bystanders start immediate chest compressions if they see an adult collapse in a suspected cardiac arrest

Q: What are the new updates as they relate to prehospital providers?

A: It is reasonable that before placement of an advanced airway (supraglottic or tracheal tube), EMS providers perform CPR with cycles of 30 compressions and 2 breaths. It may be reasonable for EMS providers to use a rate of 10 breaths per minute (1 breath every 6 seconds) to provide asynchronous ventilation during continuous chest compressions before the placement of an advanced airway.

These updated recommendations do not preclude the 2015 recommendation that a reasonable alternative for EMS systems that have adopted bundles of care is the initial use of minimally interrupted chest compressions (ie, delayed ventilation) for witnessed shockable out-of-hospital cardiac arrest (OHCA).

Q: Will the AHA's CPR and ECC products be changing? Will I need to purchase new products?

A: For these *2017 Focused Updates*, there will be no changes to AHA products and no new materials are required.

Q: How do the prehospital provider updates impact training?

Instructors and Training Centers should note that the AHA recommendations for EMS-delivered CPR have been updated and now provide more flexibility:

- Instructors may allow students to practice *synchronous* or *asynchronous ventilations* during chest compressions in courses (BLS, ACLS, ACLS EP) consistent with the student's local protocol.
- However, for testing purposes, Instructors will continue to use the BLS Skills Testing Checklists and the Skills Testing Critical Skills Descriptor, which tests by using the 30:2 compression-to-ventilation ratio with pauses in chest compressions to give ventilations. Instructors must test students performing the skills according to the Skills Testing Checklists and the Skills Testing Critical Skills Descriptor.

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Q: Why the move to a continuous evidence evaluation process and more frequent focused updates?

A: Previously, Guidelines had been updated every 5 years. With these updates, the International Liaison Committee on Resuscitation (ILCOR) and the AHA are moving to a continuous evidence evaluation process and more frequent focused updates. Continuous evidence evaluation allows the rigor of a comprehensive review and expert consensus in as close to real time as possible.

Q: Does this mean that my courses and materials may change more frequently than every 5 years?

A: Product and training updates will depend on the nature of the changes in the focused updates, and the AHA will review how new recommendations should be implemented as they arise. The AHA does not expect to create all new products with every focused update.

Q: When will these recommendations take effect?

A: The *2017 AHA Focused Updates on Adult and Pediatric Basic Life Support and Cardiopulmonary Resuscitation Quality Update* were published on **November 7, 2017**.

Q: How can I get a copy of the new 2017 Focused Updates?

A: The AHA updated its Guidelines website to include the two new *2017 Focused Updates*. Visit Heart.org/ECCguidelines for downloadable PDFs of each *2017 Focused Update*, a highlights document, more information about EMS-delivered CPR recommendations, and a video from the Emergency Cardiovascular Care Committee Chair, Karl Kern, MD, explaining the recommendations.