

Change Notice

Advanced Cardiovascular Life Support Provider Manual

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Print Page Number	Location	Original Text	Change	When Change Was Made
2	Part 1 > Course Prerequisites and Preparation > 2 nd paragraph > last sentence	Print your certificate of completion and bring it with you to the course.	Print your certificate of completion and score report and bring them with you to the course.	At next printing or update after 12/18/20
29	Part 2 > Acute Coronary Syndromes > Rhythms for ACS > 2nd sentence	Anticipate these rhythms, and be prepared for immediate interventions, including defibrillation or cardioversion as well as administration of drugs or pacing for stable bradycardias.	Anticipate these rhythms, and be prepared for immediate interventions, including defibrillation or cardioversion as well as administration of drugs or pacing for unstable bradycardias.	At next printing or update after 11/12/20
42	Part 2 > Acute Coronary Syndromes > STEMI > Adjunctive Treatments > 3rd bullet > sub-bullet, last sentence	The timing of administration of P2Y12 should be at the discretion of local site practices.	{Insert "inhibitors" after "P2Y12"} ...administration of P2Y12 inhibitors should be at the discretion of...	At next printing or update after 2/12/2021
50	Part 2 > Acute Stroke > Application of the Adult Suspected Stroke Algorithm > Activate EMS Systems Immediately > 2nd paragraph, 5th bullet	EMS can provide prehospital notification, ...	{Replace "can" with "should"} EMS should provide prehospital notification, ...	At next printing or update after 2/12/2021
61	Part 2 > Acute Stroke > Fibrinolytic Therapy > Table 8, above the Abbreviations list		{A new sub-table, Alteplase Considerations in the 3- to 4.5-Hour Time Window in Addition to Those in the 0- to 3-Hour Window, was added. See attached PDF.}	At next printing or update after 10/7/2020
66	Part 2 > Bradycardia > Rhythms for Bradycardia > last paragraph > 3rd sentence	Recognizing a stable bradycardia due to AV block is a primary goal, and recognizing the type of AV block is secondary.	Recognizing an unstable bradycardia due to AV block is a primary goal, and recognizing the type of AV block is secondary.	At next printing or update after 11/12/20

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71	Part 2 > Bradycardia > Managing Bradycardia > Treatment Sequence: Atropine > 1st paragraph, 1st sentence	If you find no immediately reversible causes, atropine remains the first-line drug for acute stable bradycardia.	{Replace "stable" with "unstable"} If you find no immediately reversible causes, atropine remains the first-line drug for acute unstable bradycardia.	At next printing or update after 2/12/2021
116	Part 3 > Cardiac Arrest: VF/pVT > Managing VF/pVT: The Adult Cardiac Arrest Algorithm > Asystole/PEA Path > 1st paragraph > 2nd sentence	The asystole/PEA pathway of the algorithm outlines the sequence of actions to perform if the rhythm is nonshockable. You will practice this sequence in the Asystole and PEA Cases.	{Delete the second sentence so that the paragraph is 1 sentence} The asystole/PEA pathway of the algorithm outlines the sequence of actions to perform if the rhythm is nonshockable.	At next printing or update after 2/12/2021
116	Part 3 > Cardiac Arrest: VF/pVT > Managing VF/pVT: The Adult Cardiac Arrest Algorithm > Asystole/PEA Path > 2nd paragraph	During the VF/pVT Case, you will practice performing rapid treatment on the VF/pVT pathway in the Adult Cardiac Arrest Algorithm.	{Delete entire 2nd paragraph.}	At next printing or update after 2/12/2021
132	Part 3 > Cardiac Arrest: PEA and Asystole > Managing Asystole/PEA: The Cardiac Arrest Algorithm > Managing Asystole/PEA > first 2 sentences	This patient has an organized rhythm on the monitor but no pulse. The condition is PEA (Step 9). Resume chest compressions immediately.	{Replace the existing first 2 sentences with 2 new sentences} If this patient has no discernible electrical activity and no pulse, it is asystole (Step 9). If this patient has an organized rhythm on the monitor but no pulse, it is PEA (Step 9).	At next printing or update after 2/12/2021
152	Part 3 > Post-Cardiac Arrest Care > Multiple System Approach to Post-Cardiac Arrest Care > second paragraph > 2nd sentence	If the patient is hypotensive (SBP less than 90 mm Hg or mean arterial pressure of greater than 65 mm Hg), you can administer fluid boluses.	If the patient is hypotensive (SBP less than 90 mm Hg or mean arterial pressure of less than 65 mm Hg), you can administer fluid boluses.	At next printing or update after 11/12/20
186	Appendix > Glossary > Under "C" > Cardiopulmonary resuscitation (CPR) definition	A basic emergency procedure for life support, consisting of mainly manual external cardiac massage and some artificial respiration	A basic emergency procedure for life support, consisting of mainly manual external compressions and some artificial respiration	At next printing or update after 11/12/20
201	Provider Manual > Index > 2 nd column > entry "Thrombectomy-Capable Stroke Center (TCSC), 53, 54"	Thrombectomy-Capable Stroke Center (TCSC), 53, 54	Thrombectomy-Capable Stroke Center (TSC), 53, 54	At next printing of update after 03/12/21

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; LOE B-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; LOE B-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; LOE B-NR)§