Change Notice

ACLS Instructor Manual

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Print Page Number	Location	Original Text	Change	When Change Was Identified
35	Course Audience > Students Obtaining BLS Cards in an ACLS Course > 6th bullet > add a 2nd-level subbullet with 3rd-level subbullets	NA	– To create the 2 courses in Atlas, there are 2 options available to complete this task. The instructor must either ■ Create the "Basic Life Support Card in ACLS Course" with a start time before the ACLS course, ensuring each has an appropriate starting time with no overlap of the course timings or ■ Have an additional BLS instructor (that will be performing the BLS skills testing during the combined course) listed as the Primary instructor for the "Basic Life Support Card in ACLS Course" on Atlas	10/22/25
141	Adult and Pediatric Durable Left Ventricular Assist Device Learning Station Checklist > Adult and Pediatric Durable Left Ventricular Assist Device Algorithm > Assessing Perfusion table > Last bullet	Petco2 >20 mm Hg (if available and should be used only when an ET tube or tracheostomy is used to ventilate the patient; use of a supraglottic [eg, King] airway results in a falsely elevated P_{ETCO_2} value)	P_{ETCO_2} >20 mm Hg	10/22/25
163	Adult and Pediatric Durable Left Ventricular Assist Device Learning Station Checklist > Adult and Pediatric Durable Left Ventricular Assist Device Algorithm > Assessing Perfusion table > Last bullet	Petco2 >20 mm Hg (if available and should be used only when an ET tube or tracheostomy is used to ventilate the patient; use of a supraglottic [eg, King] airway results in a falsely elevated P_{ETCO_2} value)	P_{ETCO_2} >20 mm Hg	10/22/25
177	Adult and Pediatric Durable Left	Petco2 >20 mm Hg (if available and	P_{ETCO_2} >20 mm Hg	10/22/25

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	Ventricular Assist Device Learning Station Checklist > Adult and Pediatric Durable Left Ventricular Assist Device Algorithm > Assessing Perfusion table > Last bullet	should be used only when an ET tube or tracheostomy is used to ventilate the patient; use of a supraglottic [eg, King] airway results in a falsely elevated P_{ETCO_2} value)		
263	Adult and Pediatric Durable Left Ventricular Assist Device Algorithm > Assessing Perfusion table > Last bullet	Petco2 >20 mm Hg (if available and should be used only when an ET tube or tracheostomy is used to ventilate the patient; use of a supraglottic [eg, King] airway results in a falsely elevated P_{ETCO_2} value)	P_{ETCO_2} >20 mm Hg	10/22/25
Add pages: Appendix B	ACLS Code Timer/Recorder Sheet	NA	{Available on Atlas}	10/22/25
Add pages: Appendix B	Medication Sheets	NA	{Available on Atlas}	10/22/25
Add pages: Appendix B	Science Summary Table	NA	{Attached}	10/22/25

Science Summary Table

This table compares topics from 2020 with 2025, providing a quick reference to what has changed and what is new in the science of ACLS.

ACLS topic	2020	2025
Tachycardia	• Follow your specific device's recommended energy level to maximize the success of the first shock • Wide QRS complex, irregular rhythm: defibrillation dose (not synchronized)	• Synchronized cardioversion initial recommended doses: – Narrow-complex tachycardia: 100 J – Monomorphic VT: 100 J – Atrial fibrillation: 200 J – Atrial flutter: 200 J – Polymorphic VT: defibrillation dose (not synchronized) • Removed sotalol from the algorithm • Changed supraventricular tachycardia to narrow-complex tachycardia
Post–Cardiac Arrest Care	• Targeted temperature management – 32-36 °C – Hold temperature for 24 hours – Do not give OHCA patients with ROSC targeted temperature management • Hypotension: <90 mm Hg • Oxygen saturation: 92%-98%	• Temperature control – 32-37.5 °C – Hold temperature for at least 36 hours – OK to give OHCA patients with ROSC temperature control as long as it is not cold IV fluids • Hypotension: MAP ≥65 mm Hg • Oxygen saturation: 90%-98%
Cardiac Arrest, Chain of Survival	• 6 links for both chains (IHCA and OHCA): added a Recovery link to the end of both chains	• 6 links for 1 universal chain

ACLS topic	2025
Stroke	• Adding tenecteplase as a thrombolytic agent
ACS	• Removed LBBB as a definitive diagnosis for STEMI • Removing clopidogrel as primary anticoagulant • Adding fentanyl (opioids) for secondary pain control (in addition to morphine) • Adding enoxaparin or fondaparinux (anticoagulants) • Adding ACE inhibitors
Airway	• Removed 600-800 mL for ventilations, adding "one third" squeeze and focusing on chest rise. "Squeeze the bag one third and one half, enough to see visible chest rise." • Removed delivering medications down an ET tube