

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	<p>– To create the 2 courses in Atlas, there are 2 options available to complete this task. The instructor must either</p> <ul style="list-style-type: none"> ■ 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 PETCO ₂ value)	PETCO 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 PETCO ₂ value)	PETCO ₂ >20 mm Hg	10/22/25

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177	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 PETCO ₂ value)	PETCO ₂ >20 mm Hg	10/22/25
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 PETCO ₂ value)	PETCO 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
203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > Go to 5 or 7 gray box > Delete “or 7”	Go to 5 or 7	Go to 5	10/29/25
203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > Last gray box (“If no signs...” > Delete “or 11” in 1 st bullet	Go to 10 or 11	Go to 10	10/29/25
203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > CPR Quality box > Separate “Push fast: 100-120/min” as own bullet	<ul style="list-style-type: none"> • Push hard (at least 2 inches [5 cm]) and fast (100-120/min) and allow complete chest recoil. 	<ul style="list-style-type: none"> • Push hard (at least 2 inches [5 cm]). • Push fast (100-120/min) and allow complete chest recoil. 	10/29/25

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203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > CPR Quality box > Add new bullet under “If no advanced...” bullet	<ul style="list-style-type: none"> • If no advanced airway, 30:2 compression-ventilation ratio 	<ul style="list-style-type: none"> • If no advanced airway, 30:2 compression-ventilation ratio • If advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions. 	10/29/25
203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > Advanced Airway box > Delete 3 rd bullet	<ul style="list-style-type: none"> • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions 	<ul style="list-style-type: none"> • Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions 	10/29/25
203	Adult Cardiac Arrest Learning Station Checklist (VF/pVT/Asystole/PEA) > Return of Spontaneous Circulation (ROSC) box > Delete entire box	<p>Return of Spontaneous Circulation (ROSC)</p> <ul style="list-style-type: none"> • Pulse and blood pressure • Abrupt sustained increase in Petco₂ (typically ≥40 mm Hg) • Spontaneous arterial pressure waves with intra-arterial monitoring 	<p>Return of Spontaneous Circulation (ROSC)</p> <ul style="list-style-type: none"> • Pulse and blood pressure • Abrupt sustained increase in Petco₂ (typically ≥40 mm Hg) • Spontaneous arterial pressure waves with intra-arterial monitoring 	10/29/25
69	Agenda for HeartCode ACLS Hands-On Skills Session > Single day table > Row 6, column 3	Group 1	Group 2	12/19/25
95	Case 9: Emergency Department Respiratory Arrest (Stroke) > Additional information (if needed) text box > 1 st bullet after Instructor notes	<ul style="list-style-type: none"> • Set heart rate: 12-16/min 	<ul style="list-style-type: none"> • Set respiratory rate: 12-16/min 	12/19/25
203	Case 66: In-Hospital—Cardiac Arrest (Post-CABG) > Additional Information (if needed) text box > Instructor notes > 2 nd	Internal cardioversion can be considered if ventricular fibrillation recurs.	Internal defibrillation can be considered if ventricular fibrillation recurs.	12/19/25

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	paragraph > 2 nd sentence			
LPs_Pt6_21	Lesson 6a > Discussion > 2 nd bullet, 3 rd subbullet	Reentry supraventricular tachycardia	Narrow-complex tachycardia	12/19/25
187	Part 5: Appendixes > Appendix A: Learning Station Scenarios, Megacode Scenarios, and Debriefing Tool > Case 58: Emergency Department Cardiac Arrest/Post-Cardiac Arrest Care (STEMI) > Initial Information box > 3 rd bullet, last word > Change “nitrogen” to “nitroglycerin”	<ul style="list-style-type: none"> EMS initially treated the patient with ASA, oxygen, and 2 doses of nitrogen. 	<ul style="list-style-type: none"> EMS initially treated the patient with ASA, oxygen, and 2 doses of nitroglycerin. 	01/26/26

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	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Synchronized cardioversion initial recommended doses: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Targeted temperature management <ul style="list-style-type: none"> 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% 	<ul style="list-style-type: none"> Temperature control <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 6 links for both chains (IHCA and OHCA); added a Recovery link to the end of both chains 	<ul style="list-style-type: none"> 6 links for 1 universal chain
ACLS topic	2025	
Stroke	<ul style="list-style-type: none"> Adding tenecteplase as a thrombolytic agent 	
ACS	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	