

Change Notice

ACLS Instructor Manual

Print ISBN 978-1-68472-296-9, AHA Product Number 25-1107

eBook ISBN 978-1-68472-307-2, AHA Product Number 25-3101

| 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 |
| 103, 105, 107, 109, 111, 113, 115, 117, 119, 121, 123, 125, 127, 129, 258 | Cases 16-29 > Adult Bradycardia With a Pulse Learning Station Checklist > Adult Bradycardia With a Pulse Algorithm > green, 3 rd box > Assessment and support > Add bullet to the end of the list in algorithm in each case | Assessment and support <ul style="list-style-type: none"> • Maintain patent airway and provide oxygen • Assist breathing with positive-pressure ventilation as necessary • Attach cardiorespiratory monitor • Monitor pulse | Assessment and support <ul style="list-style-type: none"> • Maintain patent airway and provide oxygen • Assist breathing with positive-pressure ventilation as necessary • Attach cardiorespiratory monitor • Monitor pulse • Establish vascular access | 02/06/26 |

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 | |