BLS Updates
- Early CPR is emphasized: C-A-B sequence.
- Apply AED ASAP.
- Use CPR coach with Audic Visual feedback.
- A sixth link (Recovery) has been added to the Chain of Survival.
- Enhanced algorithms and visual aids provide guidance for resuscitation team.
- New Opioid-Associated Arrest Algorithm for Lay Responders and healthcare workers.

ACLS Updates
- Early CPR, defibrillation and epinephrine administration is emphasized.
- Use end tidal CO2 and arterial line BP monitoring encouraged.
- Medication changes: Lidocaine 1-1.5mg/kg or Amiodarone after Epi. Atropine dose is 1mg every 3-5 minutes for unstable bradycardia.
- IV access preferred route of medicine administration.
- ROSC: close attn to oxygenation and BP is crucial. Perc coronary intervention, multimodal neuroprognostication, targeted temperature management are emphasized to prevent hyperoxia, hypoxemia, hypotension.
- Post-ROSC: caregivers and patients should be given support for their physical, cognitive, and psychosocial needs.
- Debriefing for healthcare workers is beneficial to support well-being.
- New Cardiac Arrest in Pregnancy Algorithm has been added to improve the chance of successful resuscitation.
- New Opioid-Associated Emergency Algorithms added for lay and trained rescuers.
- Three options for AHA courses:
  1. Instructor lead training
  2. Online
  3. Resuscitation Quality Improvement, or RQI®, is an AHA program that uses low-dose, high-frequency training to deliver quarterly coursework and practice to support the mastery of high-quality CPR skills.

PALS Updates
- 1 breath every 2 to 3 seconds (20-30/min).
- Use cuffed endotracheal tube (ETT) > uncuffed ETT.
- No cricoid pressure recommended.
- Early epinephrine for asystole and PEA.
- Use Arterial BP line and etCO2 capnography.
- Post ROSC: observe for seizures.
- Post-ROSC: both caregivers and cardiac arrest patients should be given support for their physical, cognitive, and psychosocial needs.
- Titrated fluid management and add Epi or Norepi gtt.
- Opioid OD management with CPR and naloxone.
- Use extracorporeal life support / ECMO.
- Special considerations for Congenital Heart Disease(CHD) and single ventricle physiology.
- Pulmonary hypertension management: use of inhaled nitric oxide, prostacyclin, analgesia, sedation, neuromuscular blockade, alkalosis induction, or ECLS therapy.