



Read the complete 2015 AHA Guidelines at this link:
<https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

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Vasopressin is OUT

In an effort to streamline and simplify cardiac arrest algorithms, vasopressin has been removed. Epinephrine & vasopressin have equivalent outcomes.

Ultrasound for ETT confirmation

Ultrasound has been added as an additional method for confirming endotracheal tube placement.



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If you can't shock, give epi ASAP

Non-shockable rhythms (e.g. PEA) may have distinct pathophysiologic origins. It is reasonable to administer epinephrine ASAP to these non-shockable rhythms.

Use maximum Oxygen during CPR

Use maximum FiO₂ during CPR. This recommendation was strengthened, but remember to titrate your oxygen after ROSC.



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ECMO is a possible alternative

Venoarterial extracorporeal membrane oxygenation (ECMO) is a possible alternative to conventional CPR in patients with refractory cardiac arrest if the etiology is thought to be reversible.

From: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>
* For more Canadian content by the HSFC, check out <http://goo.gl/fHu8lc>

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