2015 AHA Guideline Highlights

Top 5 Changes to Special Circumstances

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

1

Manual Left Uterine Displacement

When resuscitating pregnant patients, previous editions of the guidelines listed alternatives (e.g. Tilt) that were not compatible with high-quality CPR. As such, manual left uterine displacement should be used.

4 minutes, and go!

For cardiac arrests in pregnant women with probable fetal viability, a perimortem c-section should be performed after 4m without circulation OR earlier if the mother's resuscitation is felt to be futile.

2

3

Pulmonary Embolism & Lytics

Thrombolysis and thrombectomy are reasonable emergency treatments in cases of arrest due to pulmonary embolism (PE). Thrombolysis may also be considered if PE is the most likely cause.

Toxicology: Lipids to the rescue!

If you suspect that the cardiac arrest is due to a drug overdose (especially anesthetics), consider treatment with intravenous lipid emulsion.

4

5

Toxicology: Naloxone for OD

Trained providers should administer naloxone to respiratory arrest patients with suspected opioid overdose. Lay-people likely to see opioid overdoses may be trained to administer naloxone during targeted BLS training.

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

This infographic has been brought to you by the BoringEM.org Team.

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