Top 5 Changes to Special Circumstances

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.

2. 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.

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.

4. 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.

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.

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

* For more Canadian content by the HSFC, check out http://goo.gl/fHu8ic

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