2025 vs 2020: What Changed

ACLS / BLS / PALS — headline changes only

Adult BLS

- **IV before IO:** attempt IV first for drug access in cardiac arrest; IO only if IV fails.
- **Choking (new order):** 5 back blows, then 5 abdominal thrusts, repeat until clear or unresponsive.
- **Bra during defib:** adjust it instead of removing it for pad placement.
- **Mechanical CPR devices:** OK in select cases if manual compressions are unsafe; not routine.

Pediatric BLS

- **Infant compressions:** 2-finger technique dropped. Use heel-of-1-hand or 2-thumb encircling.
- **Choking, matches adult:** 5 back blows + 5 abdominal thrusts (children) or chest thrusts (infants, no abdominal).
- **CPR pauses:** keep pauses under 10 seconds, minimize interruptions.

PALS

- **Epinephrine timing:** give first dose ASAP for nonshockable rhythms; under 3 min tied to best outcomes.
- **New BP target during CPR:** diastolic ≥25 mmHg (infants), ≥30 mmHg (children 1+).
- **New post-arrest BP target:** keep systolic/MAP above 10th percentile for age.
- **Resistant SVT:** procainamide, amiodarone, or sotalol now options if adenosine/cardioversion fail.
- **Neuro-prognosis:** new guidance; use multiple tests together, not cough/gag reflex alone.

Adult ALS

- **Higher cardioversion energy:** ≥200 J initial shock for AFib and A-flutter cardioversion.
- **Vasopressin dropped:** no longer an alternative to epinephrine alone.
- **Epinephrine timing:** give after defib attempts fail, for shockable rhythms.
- **Dbl. sequential defib:** still unproven for refractory VF/VT after 3+ shocks.
- **Head-up CPR:** not recommended outside of clinical trials.

Post-Cardiac Arrest Care

- **Temperature control:** 36 hrs minimum for unresponsive patients (shortest yet recommended).
- **New MAP target:** maintain ≥65 mmHg after ROSC.
- **New diagnostics:** head-to-pelvis CT and echo/POCUS now reasonable post-ROSC.

Special Circumstances

- **LVAD patients:** start chest compressions immediately if unresponsive + poor perfusion.
- **Pregnancy arrest:** aim to complete resuscitative delivery by 5 minutes.
- **Opioid overdose:** may give naloxone if it doesn't delay standard CPR.

Source: AHA "Highlights of the 2025 Guidelines for CPR and ECC." Headline items only — not a complete list of changes. See full algorithm PDFs for step-by-step protocols and dosing.