2017 AHA Adult BLS Focused Update:
Implications for Training EMS Providers

American Heart Association
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CPR & Emergency Cardiovascular Care

The *2017 American Heart Association Focused Update on Adult Basic Life Support and Cardiopulmonary Resuscitation Quality* contains updated, revised, and unchanged recommendations. This *Focused Update* was based on the *2017 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations Summary* and systematic review.

One item in the review considered the use of interrupted versus continuous chest compressions when emergency medical services (EMS) providers performed CPR by using chest compressions and ventilation before placement of an advanced airway. As a result of the review, the AHA EMS-delivered CPR recommendations have been updated and now provide more flexibility. The recommendations are as follows:

1. It is reasonable that before placement of an advanced airway (supraglottic or tracheal tube), EMS providers perform CPR with cycles of 30 compressions and 2 breaths. It may be reasonable for EMS providers to use a rate of 10 breaths per minute (1 breath every 6 seconds) to provide asynchronous ventilation during continuous chest compressions before the placement of an advanced airway.

2. These updated recommendations do not preclude the 2015 recommendation that a reasonable alternative for EMS systems that have adopted bundles of care is the initial use of minimally interrupted chest compressions (ie, delayed ventilation) for witnessed shockable out-of-hospital cardiac arrest.

AHA Instructors and Training Centers should note that the AHA recommendations for EMS-delivered CPR have been updated and now provide more flexibility:

- Instructors may allow students to practice *synchronous* or *asynchronous ventilation* during chest compressions in courses (BLS, ACLS, ACLS-EP) consistent with the student's local protocol.

- However, for testing purposes, Instructors will continue to use the BLS Skills Testing Checklists and the Skills Testing Critical Skills Descriptor, which test by using the 30:2 compression-to-ventilation ratio with pauses in chest compressions to give ventilations. Instructors must test students performing the skills according to the Skills Testing Checklists and the Skills Testing Critical Skills Descriptor.

As recommendations are changed or updated in the future, the AHA will continue to review how they can be implemented in training.