



## **2025 Interim Training Materials: *BLS Provider Manual Changes***

### **Purpose**

These instructions will help update the current *Basic Life Support (BLS) Provider Manual* with science from the *2025 Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care*.

Instructors should print these materials and provide copies to students when teaching the new 2025 Guidelines courses while using 2020 Guidelines provider materials until our 2025 Guidelines materials become available.

### **BLS Provider Manual Changes**

#### **1. Adult and Pediatric Chains of Survival**

##### *2025 Changes*

- A single Chain of Survival is intended to be applicable to adult and pediatric in- and out-of-hospital cardiac arrest. In creating this singular chain, it is acknowledged that, before cardiac arrest, prevention and preparedness can both avoid and optimize resuscitation.
  - The systems of care guidelines follow the unified cardiac arrest Chain of Survival, beginning with prevention and preparedness to resuscitate, proceeding with early identification of cardiac arrest, and then progressing to effective resuscitation through to post–cardiac arrest care, recovery, and survivorship. The unified cardiac arrest Chain of Survival includes the following links:
    - Recognition and Emergency Activation
    - High-Quality CPR
    - Defibrillation
    - Advanced Resuscitation
    - Post–Cardiac Arrest Care
    - Recovery and Survivorship

##### *Apply Here*

- **Part 2: The Chain of Survival**
  - **Section: Chain of Survival Elements**

#### **2. Ventilations/Breaths**

##### *2025 Change*

- When ventilating an adult in cardiac arrest, it is reasonable to give enough tidal volume to produce visible chest rise. Rescuers should avoid hypoventilation (too few breaths or too little volume) or hyperventilation (too many breaths or too large a volume).

##### *Apply Here*

- **Part 1: General Course Concepts**
  - **Section: Course Description**
- **Part 3: BLS for Adults**



- Section: Give Breaths
- Section: Pocket Masks
- Section: Bag-Mask Devices
- Section: Adult 2-Rescuer BLS
- Part 8: Alternate Ventilation Techniques
  - Section: Rescue Breathing
  - Section: Mouth-to-Mouth Breathing for Adults and Children

### 3. Defibrillation Pads

#### 2025 Changes

- When placing pads for defibrillation for an adult in cardiac arrest, it might be reasonable to adjust the position of a bra instead of removing it.
  - Women experience significantly lower rates of public-access defibrillation compared with men<sup>1</sup>. The need to apply pads or paddles directly to the bare chest may be a contributing factor. The option to adjust rather than remove a bra could mitigate factors like a rescuer's discomfort with exposing a woman's chest.
- When applying defibrillation pads to the person's bare chest, place one pad vertically on the person's right upper chest. The top of the pad should be just under the clavicle (collarbone). Place the second pad horizontally on the left lateral ribs. The middle of the pad should be below the axilla (armpit) at the midaxillary line.

#### Apply Here

- Part 4: Automated External Defibrillator for Adults and Children 8 Years of Age and Older
  - Section: Operating an AED: Universal Steps
  - Section: Special Circumstances

### 4. Toxicology: Opioid-Associated Emergencies

#### 2025 Change

- For lay and trained rescuers, opioid antagonist (e.g., naloxone) administration may be reasonable for adults and children in cardiac arrest with suspected opioid-associated emergency, provided that the opioid antagonist administration does not interfere with the delivery of standard resuscitation, including high-quality CPR with breaths.

#### Apply Here

- Part 3: BLS for Adults
  - Section: Adult BLS Algorithm for Healthcare Providers
- Part 9: Opioid-Associated Life-Threatening Emergencies
  - Section: Antidote to Opioid Overdose: Naloxone
  - Section: Opioid-Associated Life-Threatening Emergency Response Sequence
- Appendix
  - Section: Opioid-Associated Emergency for Healthcare Providers Algorithm and Sequence



## 5. Foreign-Body Airway Obstruction

### *2025 Changes*

- For adults with severe foreign-body airway obstruction, repeated cycles of 5 back blows (slaps) followed by 5 abdominal thrusts should be performed until the object is expelled or the person becomes unresponsive.
  - A new algorithm for the management of adult foreign-body airway obstruction has been added to show the approach of using back blows as the initial manoeuvre, followed by abdominal thrusts. For patients with severe obstruction, the rescuer is directed to activate the emergency response system promptly because there can be a rapid progression to cardiac arrest once the person becomes unconscious.
- For children with severe foreign-body airway obstruction, repeated cycles of 5 back blows alternated with 5 abdominal thrusts should be performed until the object is expelled or the child becomes unresponsive. Rescuers should activate the emergency response system.
  - For adults and children, perform 5 back blows by using the heel of your hand to forcefully strike the person's back in between their shoulder blades. If back blows do not relieve choking, perform 5 abdominal thrusts. Make a fist with one hand, grab it with your other hand, and press your fist into the person's abdomen with a quick, forceful upward thrust. Give each new thrust with a separate, distinct movement. Continue alternating 5 back blows followed by 5 abdominal thrusts until the object is dislodged or the person becomes unresponsive.
- For infants with severe foreign-body airway obstruction, repeated cycles of 5 back blows alternating with 5 chest thrusts should be performed until the object is expelled or the infant becomes unresponsive. Rescuers should activate the emergency response system.
  - To perform chest thrusts for infants, hold the infant face up, with your forearm resting on your thigh. Keep the infant's head lower than their trunk. Provide 5 quick downward chest thrusts with the heel of one hand in the middle of the chest, over the lower half of the sternum. Deliver chest thrusts at a rate of about 1 per second, each with enough force to dislodge the object. Repeat the sequence of up to 5 back blows and up to 5 chest thrusts until your actions have removed the object or the infant becomes unresponsive.



*Apply Here*

- Part 11: Choking Relief for Adults, Children, and Infants
  - Section: Choking Relief in a Responsive Adult or Child
  - Section: Choking Relief in Infants

## 6. Components of High-Quality CPR

*2025 Changes*

- For infants and children in cardiac arrest, interruptions in CPR should be minimized, and pauses in chest compressions should be less than 10 seconds.

*Apply Here*

- Part 6: BLS for Infants and Children
  - Section: Perform High-Quality Chest Compressions

## 7. Infant Compressions

*2025 Changes*

- For infants, rescuers should compress the sternum with the heel of one hand or using the 2-thumb–encircling hands technique. If the rescuer cannot physically encircle the chest, it is recommended to compress the chest with the heel of one hand.
  - The 2-finger technique for infant CPR is no longer recommended.



*Apply Here*

- Part 6: BLS for Infants and Children
  - Section: Perform High-Quality Chest Compressions
- Appendix
  - Section: Infant and Child 1-Rescuer BLS Sequence
  - Section: Infant and Child 2-Rescuer BLS Sequence
  - Section: Summary of High-Quality CPR Components for BLS Providers

## References

1. Dainty KN, Colquitt B, Bhanji F, et al. Understanding the importance of the lay responder experience in out-of-hospital cardiac arrest: a scientific statement from the American Heart Association. *Circulation*. 2022;145(17):e852-e867. doi:10.1161/cir.0000000000001054