

New 2010 ECC CPR Guidelines - BLS for Healthcare Errata Document-

Approximately every 5 years updates to current ECC guidelines are released by the International Liaison Committee on Resuscitation (ILCOR). These guidelines are then released in the United States by the American Heart Association (AHA). Program authors, like DDS Training & Sedation Support Services, then incorporate the new guidelines in their new training programs. Until such time, we are providing this BLS course errata document for students completing this BLS for Dental Healthcare Providers course.

Here are some highlights of the 2010 ECC guideline changes:

The A-B-C Sequence is Now C-A-B

Old 2005 Guidelines:

Previously providers were instructed to open the patient's airway with a head-tilt, chin-lift (the "A"), check for normal breathing and provide two rescue breaths to a non-breathing patient (the "B"). Providers then checked for a carotid pulse for at least 5 seconds and no longer than 10 seconds. In pulseless patients compressions were then provided (the "C"). Providers were to continue cycles of compressions and breaths at a ratio of 30:2 until an AED or EMS arrived. This was called the A-B-C sequence.

New 2010 Guidelines:

Providers should briefly assess for responsiveness while simultaneously assessing for normal breathing (<10 second total). Healthcare Providers should also check for the presence of an obvious pulse (<10 seconds). If pulse is absent, 30 compressions should be immediately provided (the "C"). After the first cycle of compressions, providers open the airway with the head-tilt, chin-lift (the "A") and then provide 2 rescue ventilations (the "B"). Continue this 30:2 ratio until an AED or EMS arrives. This is now called the C-A-B sequence.

No Longer "Look-Listen-Feel" for Breathing

Old 2005 Guidelines:

Providers were instructed to look-listen-feel for breathing after opening the patient's airway. Providers were to assess for breathing for a minimum of 5 seconds and no longer than 10 seconds.

New 2010 Guidelines:

Providers should now, simultaneously assess for signs of responsiveness and normal breathing. Complete assessment of responsiveness and breathing should be performed in less than 10 seconds.

Increased Compression Rate & Depth

Old 2005 Guidelines:

Adults – rate of approximately 100 compressions per minute; depth of 1-1/2 to 2 inches

Pediatric – rate of approximately 100 compressions per minute; depth of 1/3 to 1/2 depth of the chest

New 2010 Guidelines:

Adults – rate of at least 100 compressions per minute; depth of at least 2 inches

Pediatric – rate of at least 100 compressions per minute; depth of at least 1/3 depth of the chest

Attach and Use an AED on all Patients in Cardiac Arrest

Old 2005 Guidelines:

It was previously stated by the AHA, “*there is no evidence for, or against, the use of an AED on infants under 1 year of age.*” Therefore, AED use on infants was not taught or advised.

New 2010 Guidelines:

AED use is now included in the BLS guidelines for infants (<1 year of age). Pediatric pads (or pediatric shock levels) should be used if possible. If not, adult pads or adult shock levels can be used.

Cricoid Pressure

Old 2005 Guidelines:

Cricoid pressure was recommended only if the victim was deeply unconscious.

New 2010 Guidelines:

The routine use of cricoid pressure is no longer recommended, with the exception of assisting in the visualization of the vocal cords in tracheal intubation.