

2010 AHA Guidelines: The ABCs of CPR Rearranged to "CAB"

- The AHA has rearranged the A-B-Cs (Airway-Breathing-Compressions) of CPR to C-A-B (Compressions-Airway-Breathing).
- Chest compressions are therefore the first step for lay and professional rescuers to revive an individual with sudden cardiac arrest.
- This change in CPR sequence applies to adults, children, and infants, but excludes newborns.
- "Look, Listen and Feel" has been removed from the basic life support algorithm.
- Other changes in CPR recommendations for basic life support include the following:
 - Rate of chest compressions should be at least 100 times a minute.
 - Rescuers should push deeper on the chest, resulting in compressions of at least 2 inches in adults and children and 1.5 inches in infants.
 - Between each compression, rescuers should avoid leaning on the chest so that it can return to the starting position.
 - Rescuers should avoid stopping chest compressions and avoid excessive ventilation.
 - All 9-1-1 centers should assertively give telephone instructions to start chest compressions (Hands-Only CPR) when cardiac arrest is suspected in adults who are unresponsive, with no breathing or no normal breathing.
- Dispatchers should provide instructions in conventional CPR for individuals who have presumably drowned or have had other likely asphyxial arrest.
- For attempted defibrillation with an automated external defibrillator of children 1 to 8 years old, the rescuer should use a pediatric dose-attenuator system if one is available, or a standard automated external defibrillator if the pediatric dose-attenuator system is not available.
- A manual defibrillator is preferred for infants younger than 1 year.
- Key guideline recommendations for healthcare professionals include the following:
 - Effective teamwork techniques should be learned and practiced regularly.
 - To confirm intubation and monitor CPR quality, professional rescuers should use quantitative waveform capnography to measure and monitor carbon dioxide output.
 - Therapeutic hypothermia should be incorporated into the overall interdisciplinary system of care after resuscitation from cardiac arrest.
 - For management and treatment of pulseless electrical activity (asystole), atropine is no longer recommended for routine use.
- The new guidelines do not recommend routine use of cricoid pressure in cardiac arrest.
- For the initial diagnosis and treatment of stable, undifferentiated regular, monomorphic wide-complex tachycardia, adenosine is recommended.
- Pediatric advanced life support guidelines offer new strategies for resuscitating infants and children with certain congenital heart diseases and pulmonary hypertension.
- The pediatric advanced life support guidelines emphasize organizing care around 2-minute periods of uninterrupted CPR.