Science Summary Table

This table compares topics from 2020 with 2025, providing a quick reference to what has changed and what is new in the science of ACLS.

ACLS topic	2020	2025
Tachycardia	• Follow your specific device's recommended energy level to maximize the success of the first shock • Wide QRS complex, irregular rhythm: defibrillation dose (not synchronized)	• Synchronized cardioversion initial recommended doses: – Narrow-complex tachycardia: 100 J – Monomorphic VT: 100 J – Atrial fibrillation: 200 J – Atrial flutter: 200 J – Polymorphic VT: defibrillation dose (not synchronized) • Removed sotalol from the algorithm • Changed supraventricular tachycardia to narrow-complex tachycardia
Post–Cardiac Arrest Care	• Targeted temperature management – 32-36 °C – Hold temperature for 24 hours – Do not give OHCA patients with ROSC targeted temperature management • Hypotension: <90 mm Hg • Oxygen saturation: 92%-98%	• Temperature control – 32-37.5 °C – Hold temperature for at least 36 hours – OK to give OHCA patients with ROSC temperature control as long as it is not cold IV fluids • Hypotension: MAP ≥65 mm Hg • Oxygen saturation: 90%-98%
Cardiac Arrest, Chain of Survival	• 6 links for both chains (IHCA and OHCA): added a Recovery link to the end of both chains	• 6 links for 1 universal chain

ACLS topic	2025
Stroke	• Adding tenecteplase as a thrombolytic agent
ACS	• Removed LBBB as a definitive diagnosis for STEMI • Removing clopidogrel as primary anticoagulant • Adding fentanyl (opioids) for secondary pain control (in addition to morphine) • Adding enoxaparin or fondaparinux (anticoagulants) • Adding ACE inhibitors
Airway	• Removed 600-800 mL for ventilations, adding "one third" squeeze and focusing on chest rise. "Squeeze the bag one third and one half, enough to see visible chest rise." • Removed delivering medications down an ET tube