

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	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Synchronized cardioversion initial recommended doses: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Targeted temperature management <ul style="list-style-type: none"> 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% 	<ul style="list-style-type: none"> Temperature control <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 6 links for both chains (IHCA and OHCA): added a Recovery link to the end of both chains 	<ul style="list-style-type: none"> 6 links for 1 universal chain
ACLS topic	2025	
Stroke	<ul style="list-style-type: none"> Adding tenecteplase as a thrombolytic agent 	
ACS	<ul style="list-style-type: none"> Removed LBBB as a definitive diagnosis for STEMI Removing clopidogrel as primary antiplatelet Adding fentanyl (opioids) for secondary pain control (in addition to morphine) Adding enoxaparin or fondaparinux (anticoagulants) Adding ACE inhibitors 	
Airway	<ul style="list-style-type: none"> 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 	