

Changes: December 2011

2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers

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Page	Location	Original	Change
6	Cardiac Arrest Algorithm, in gray box, under “Shock Energy,” “Biphasic” bullet	“Manufacturer recommendation (120-200 J); if unknown, use maximum available.”	“Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available.”
7	Cardiac Arrest Circular Algorithm, in gray box, under “Shock Energy,” “Biphasic” bullet	“Manufacturer recommendation (120-200 J); if unknown, use maximum available.”	“Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available.”
24	Under “Step 2” box, fourth line	“Significant closed head/facial trauma within the previous 3 weeks ”	“Significant closed head/facial trauma within the previous 3 months ”
24	First footnote at the bottom of the page	“*Contraindications for fibrinolytic use in STEMI consistent with ‘Thrombolytic Therapy and Balloon Angioplasty in Acute ST Elevation Myocardial Infarction (STEMI)’ at Agency for Healthcare Research and Quality National Guideline Clearinghouse (www.Guidelines.gov). ”	“*Contraindications for fibrinolytic use in STEMI are viewed as advisory for clinical decision making and may not be all-inclusive or definitive. These contraindications are consistent with the 2004 ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction. ”
41	Bottom half of page, second bullet under “Indications” for atropine sulfate	“May be beneficial in presence of AV nodal block or ventricular asystole. Will not be effective for infranodal (Mobitz type II) block. ”	“May be beneficial in presence of AV nodal block. Not likely to be effective for type II second-degree or third-degree AV block or a block in non-nodal tissue. ”
41	Bottom half of page, third bullet under “Precautions” for atropine sulfate	Will not be effective for infranodal (type II) AV block and new third-degree block with wide QRS complexes.	May not be effective for infranodal (type II) AV block and new third-degree block with wide QRS complexes.
46	Top of page, first bullet under “AMI in adults (see ACS section)”	“ST elevation (>1 mm in ≥2 contiguous leads) or new or presumably new LBBB.”	“ST elevation (threshold values: J-point elevation of 2 mm in leads V₂ and V₃* and 1 mm in all other leads) or new or presumably new LBBB.” A footnote has been added at the bottom of page 46: “ *2.5 mm in men <40 years; 1.5 mm in all women. ”
70	Newborn Resuscitation Algorithm, bottom of page	There was a curved arrow between the eighth and the ninth boxes in the center column with the word “No” beside it.	The curved arrow was replaced with a bidirectional arrow between the ninth box (“HR below 60?”) and the blue box on its left (“Take ventilation corrective steps/Intubate if no chest rise!”). The “No” that appeared next to the curved arrow was deleted.