

2023 ACLS Focused Update: Implications for Training ACLS Providers



CPR & Emergency Cardiovascular Care

The 2023 American Heart Association Focused Update on Adult Advanced Cardiovascular Life Support (2023 ACLS Focused Update) brings new insight into multiple areas of science. A major point of this Focused Update redefines the concept of targeted temperature management to **temperature control**, thereby including strategies of hypothermic temperature control, normothermic temperature control, and temperature control with fever prevention.

Temperature control includes choosing one temperature between 32°C and 37.5°C and then holding that temperature for at least 24 hours. This recommendation applies to all adults with return of spontaneous circulation (ROSC), irrespective of arrest location (in hospital or out of hospital) or presenting rhythm. Patients with spontaneous hypothermia after ROSC who are unresponsive to verbal commands should not routinely be actively or passively rewarmed faster than 0.5°C per hour. It is also recommended that hospitals develop protocols for postarrest temperature control.

The 2023 ACLS Focused Update reaffirms that routine use of rapid infusion of cold intravenous fluids for prehospital cooling of patients after ROSC is not recommended.

For purposes of teaching ACLS courses, AHA Instructors should be aware that these new guidelines may be followed, should a student choose to use these guidelines in practice and testing.

As new training materials are developed, the AHA will continue to review how the recommendations can be implemented in training.

Below are the 2023 ACLS Focused Update recommendations for temperature control:

Indications for Temperature Control		
COR*	LOE**	Recommendation
1	B-R	1. We recommend all adults who do not follow commands after ROSC, irrespective of arrest location or presenting rhythm, receive treatment that includes a deliberate strategy for temperature control.

Performance of Temperature Control		
COR*	LOE**	Recommendations
1	B-R	1. We recommend selecting and maintaining a constant temperature between 32°C and 37.5°C during postarrest temperature control.
1	B-NR	2. We recommend hospitals develop protocols for postarrest temperature control.
2a	B-NR	3. It is reasonable that temperature control be maintained for at least 24 h after achieving target temperature.
2b	B-NR	4. There is insufficient evidence to recommend a specific therapeutic temperature for different subgroups of cardiac arrest patients.
2b	C-LD	5. It may be reasonable to actively prevent fever in patients unresponsive to verbal commands after initial temperature control.
2b	C-EO	6. Patients with spontaneous hypothermia after ROSC unresponsive to verbal commands should not routinely be actively or passively rewarmed faster than 0.5°C per hour.
2b	B-R	7. The benefit of strategies other than rapid infusion of cold intravenous fluids for prehospital cooling is unclear.
3: No Benefit	B-R	8. We do not recommend the routine use of rapid infusion of cold intravenous fluids for prehospital cooling of patients after ROSC.

*Class of Recommendation

**Level of Evidence