

2025 AHA Updates

EMORY
SPORTS MEDICINE

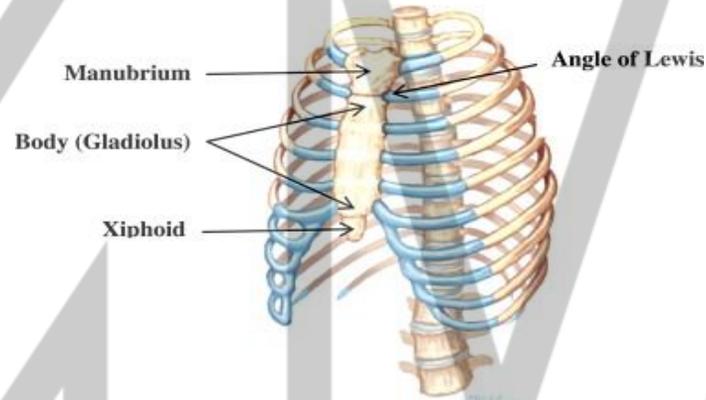
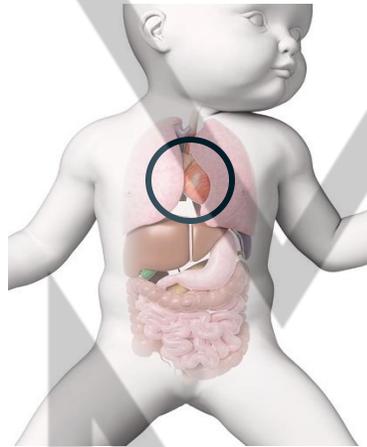


What you need to know about CPR changes, NOW

Emory Sports Medicine Meeting – October 23, 2025

Mason Briles MS, LAT, ATC

Hand Placement in Infant and Pediatric CPR



Hand placement on distal third of sternum **SUPERIOR TO XIPHOD**
PROCESS – compressing Xiphoid Process will almost **ALWAYS** cause
the liver to rupture



For infants, the two finger method is shown to be comparatively ineffective for delivering compressions. **Encircling method is preferred and single hand secondary for those unable to encircle infant's chest**

Recommendations for CPR Technique		
COR	LOE	Recommendations
1	B-NR	1. For infants, rescuers should compress the sternum using either the 1-hand technique (heel of one hand on sternum) or the 2 thumb-encircling hands technique. If the rescuer cannot physically encircle the chest, it is recommended to compress the chest with the heel-of-1-hand technique.
2b	C-LD	2. For children, it may be reasonable to use either a 1- or 2-hand technique to perform chest compressions.

2 hands now acceptable for child CPR



Breaths Needed for Infants and Peds

Children and Infants Need Breaths and Compressions
there is no Hands Only CPR for these populations

1. Call for help



Act fast and get help.

- If the child or infant is unresponsive, shout for help.
- Call 911.
- Ask someone to get an AED.
- If the child or infant is not breathing normally, **immediately start CPR.**

2. Give compressions and breaths



Children and infants need compressions *and* breaths!

- Start CPR. Use the heel of 1 hand (for infants) or 2 hands (for children) to push hard and fast in the center of the chest.
- After 30 compressions, give 2 breaths.
- Continue giving 30 compressions and 2 breaths until the AED or medical help arrives.

3. Use the AED



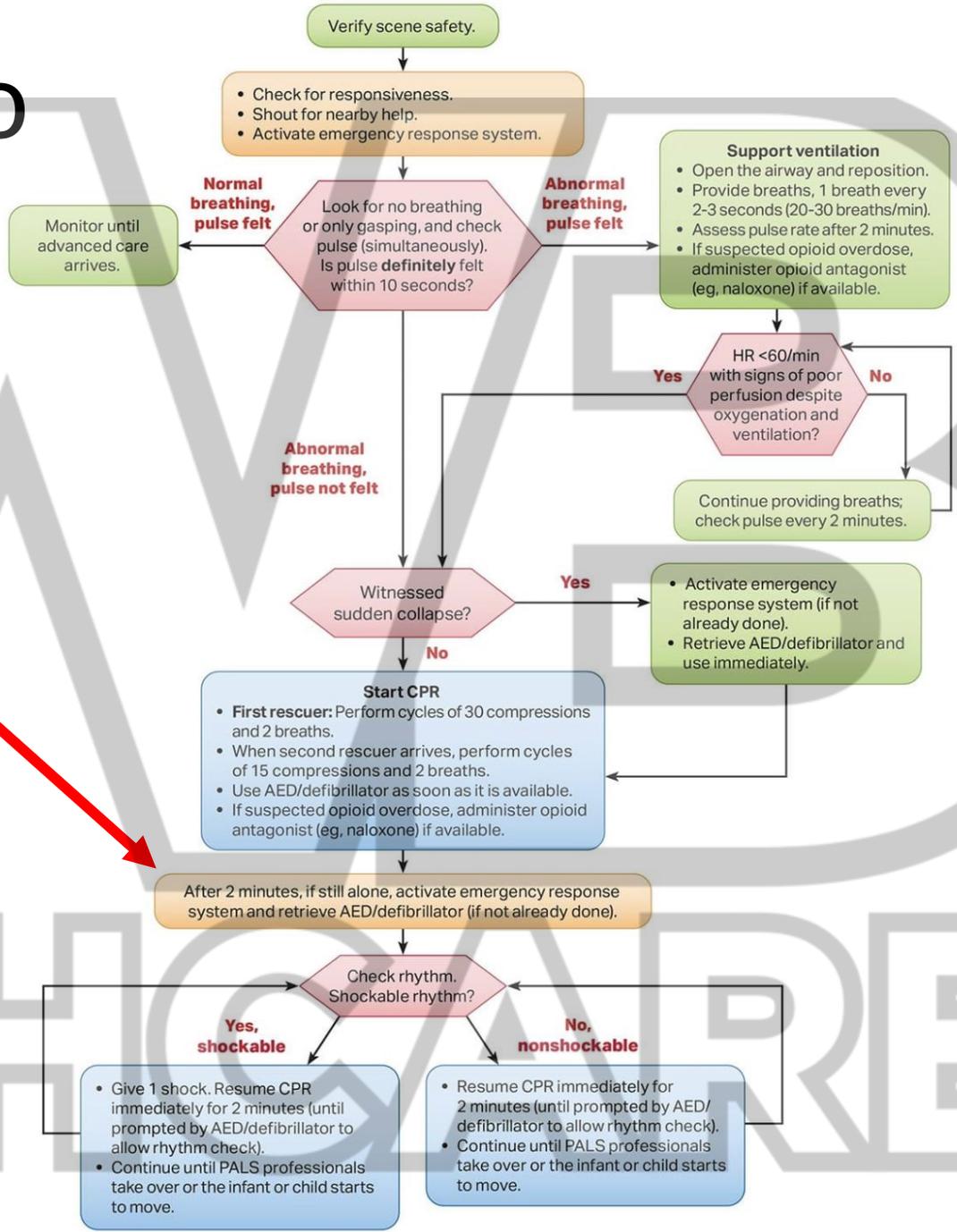
When that AED arrives, use it immediately!

- Turn on the AED and follow the prompts.
- Use child or infant pads, if available; if using adult pads, make sure the pads do not touch each other.
- Continue CPR and breaths until medical help arrives.

When to call 911 as a solo rescuer

- **Infant through Puberty**
 - Complete 5 cycles of CPR **BEFORE** activating emergency response and retrieving an AED
- **Adult**
 - Retrieve AED and activate emergency response first

If solo rescuer has a cell phone: call for help simultaneously with first initiated step



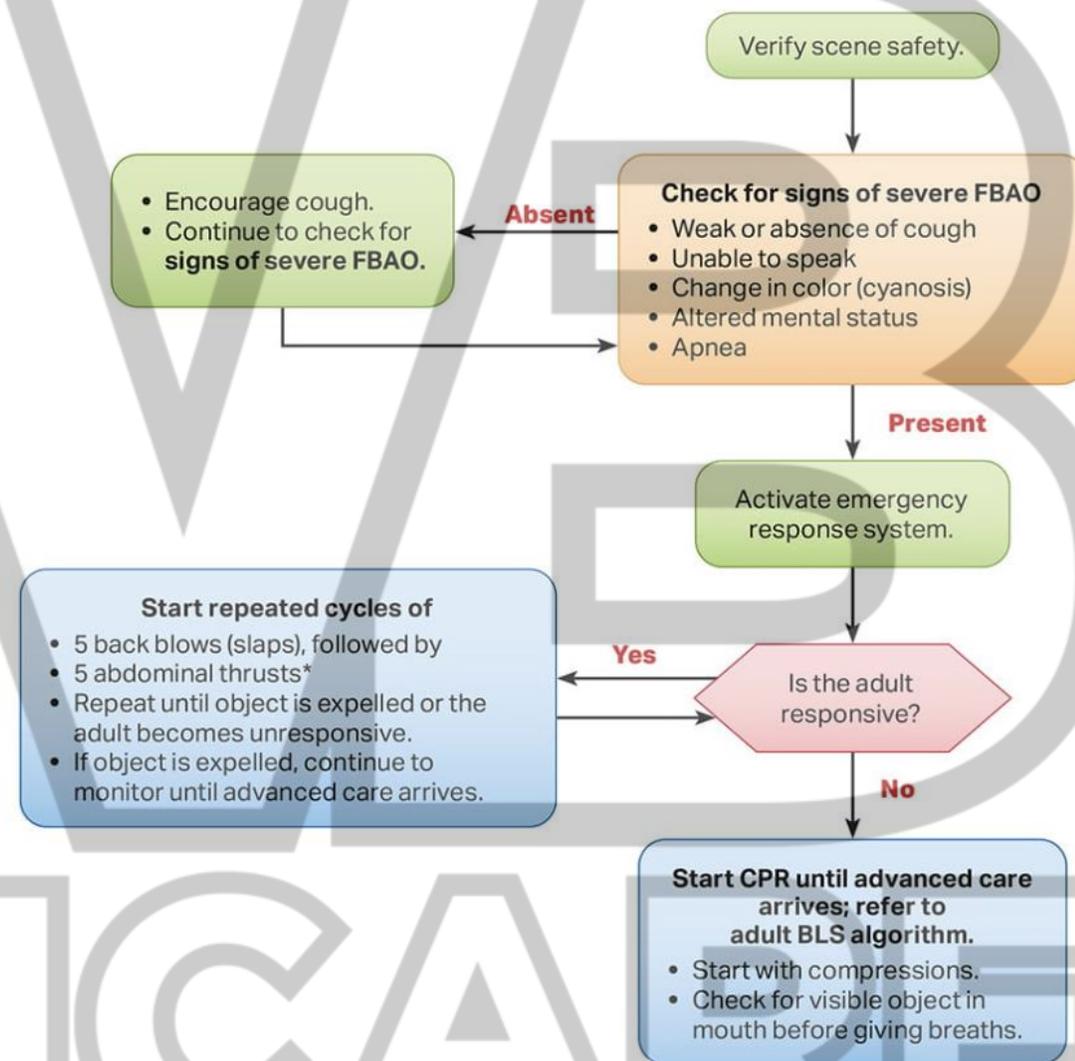
Choking

- Adding Back Blows to **ADULT** Responsive Choking **BEFORE** Abdominal Thrusts
- Adding Back Blows to **PEDIATRIC** Responsive Choking **BEFORE** Abdominal Thrusts
- Adding Back Blows to **INFANT** Responsive Choking **BEFORE** Chest Thrusts

Recommendations for Relief of FBAO in Conscious Adult Patients

COR	LOE	Recommendations
1	B-NR	1. For adults with severe FBAO, repeated cycles of 5 back blows (slaps) followed by 5 abdominal thrusts should be performed until the object is expelled or the person becomes unresponsive.

Adult Foreign-Body Airway Obstruction



*For patients in the late stages of pregnancy, or when the rescuer is unable to encircle the patient's abdomen, 5 chest thrusts should be used instead.

Establishing an Airway

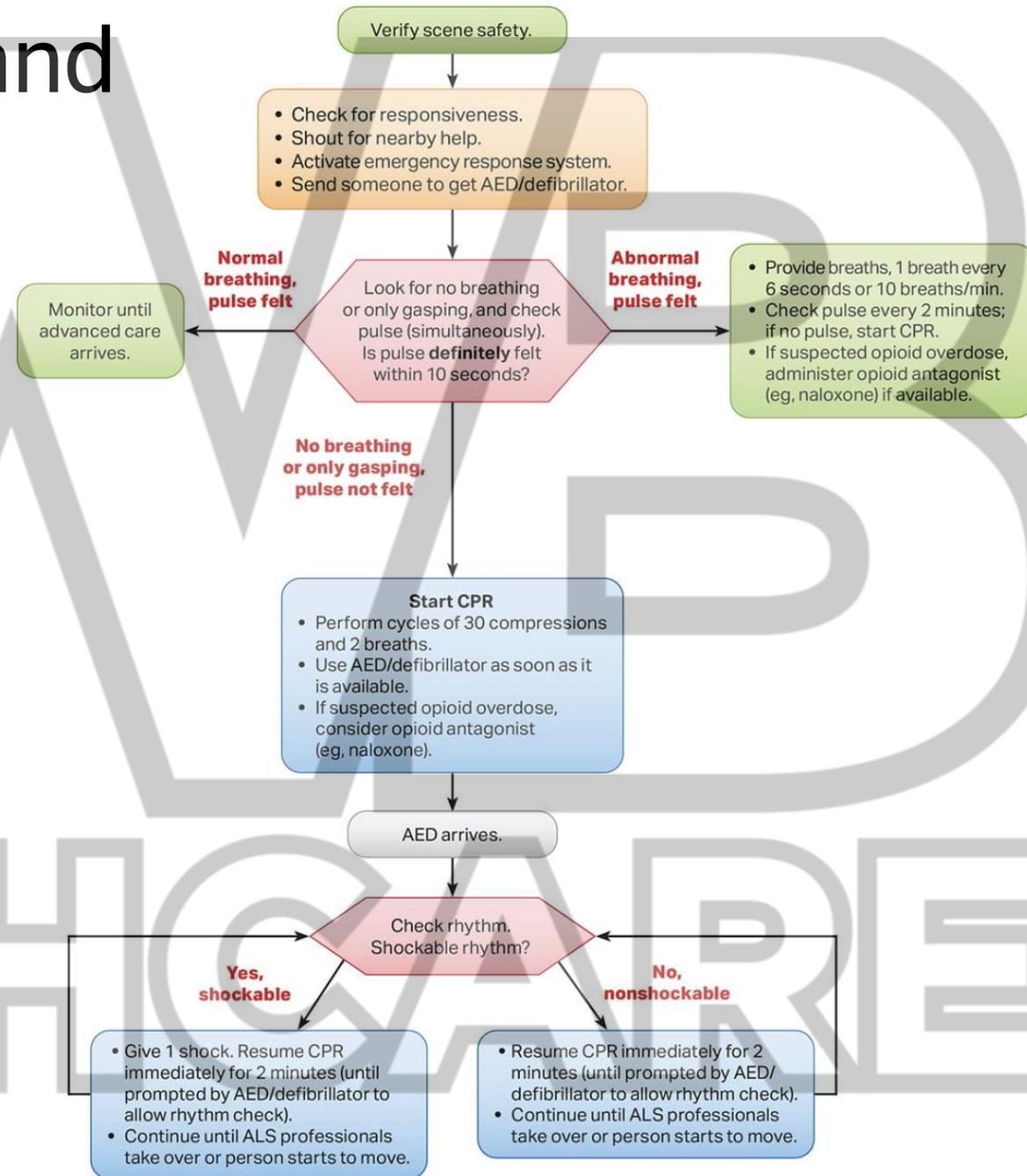
- Jaw thrust with an adjunct airway is still preferred in patients with suspected c-spine injury
- If unable to establish airway in this manner, rescuers should utilize head-tilt chin-lift
- **Prioritize Life Over Limb**

HEAD TILT-CHIN LIFT & JAW THRUST maneuver procedure



Adult Rescue Ventilations and Opioid Overdose

- Change from 1 ventilation every 5 seconds to **1 ventilation every 6 seconds**
- Extra emphasis is now placed on seeing chest rise to evaluate if ventilations are working
- Also now included in the algorithm is naloxone by the lay rescuer; thus its use should be taught in courses



CPR Education Updates

- **Cultural Competence and Social Determinants of Health MATTER**
- Education should be tailored to the population you're teaching – we should be teaching all socioeconomic levels CPR
- Address barriers to accessing and providing care - **especially as it relates to females**
 - Talk about hand placement (same as men)
 - Talk about baring the chest and pad placement (same as men)
 - 2025 recommendations say shifting the bra is **acceptable** for AED pad placement if it increases the comfort of the **lay rescuer**
 - Talk about pregnant females – same hand placement
 - Talk about good Samaritan laws that protect against litigation

Recommendations for Disparities in Education		
COR	LOE	Recommendations
1	B-NR	1. It is recommended to focus and tailor layperson CPR training to specific racial and ethnic populations as well as neighborhoods and to incorporate awareness efforts in these areas.
1	B-NR	2. It is recommended to focus on low SES populations and neighborhoods for layperson CPR training and awareness efforts.
1	B-NR	3. It is recommended to address barriers in performing layperson CPR on females through educational training and public awareness efforts.