C–A–B: In the patient who is unconscious/unresponsive, not breathing normally and in whom no pulse is detected, immediately perform chest compressions at a rate of at least 100/min, ≥2 inches while turning on and attaching the defibrillator. Once AED is applied, give verbal report and count compressions. At completion of 30 compressions, clear patient, analyze rhythm, and shock if indicated. Resume chest compressions and continue for ~2 minutes (five cycles of 30 compressions followed by 2 ventilations) before next rhythm analysis. Always complete any started cycle of 30 compressions prior to any rhythm analysis and always resume chest compressions immediately after rhythm analysis/shock. Do not create an added pause by ventilating (or checking pulse) immediately before any rhythm analysis.

Except in obvious cases of asphyxia, i.e., known drowning victim, opening the airway and ventilation (2 breaths) are not performed until completion of the first 30 chest compressions or after rhythm analysis.

**Exception:** When the patient goes into VF while monitored or attached to an AED, a defibrillatory shock may be administered immediately.

Teaching points: In the A-B-C sequence chest compressions are often delayed while the responder opens the airway to give mouth-to-mouth breaths or retrieves a barrier device or other ventilation equipment. By changing the sequence to C-A-B, chest compressions will be initiated sooner (30 compressions should be accomplished in approximately 18 seconds).

- Because cardiac arrest victims may present with a short period of seizure-like activity or agonal gasps that may confuse potential rescuers, dispatchers should be specifically trained to identify these presentations of cardiac arrest to improve cardiac arrest recognition.
- Dispatchers should instruct untrained lay rescuers to provide Hands-Only CPR for adults with sudden cardiac arrest.
- Refinements have been made to recommendations for immediate recognition and activation of the emergency response system once the healthcare provider identifies the adult victim who is unresponsive with no breathing or no normal breathing (i.e., only gasping). The healthcare provider briefly checks for no breathing or no normal breathing (i.e., no breathing or only gasping) when the provider checks responsiveness. The provider then activates the emergency response system and retrieves the AED (or sends someone to do so). The healthcare provider should not spend more than 10 seconds checking for a pulse, and if a pulse is not definitely felt within 10 seconds, should begin CPR and use the AED when available.
- “Look, listen, and feel for breathing” has been removed from the algorithm.
• Increased emphasis has been placed on high-quality CPR (compressions of adequate rate and depth, allowing complete chest recoil between compressions, minimizing interruptions in compressions, and avoiding excessive ventilation).
• Use of cricoid pressure during ventilations is generally not recommended.
• Rescuers should initiate chest compressions before giving rescue breaths (C-A-B rather than A-B-C). Beginning CPR with 30 compressions rather than 2 ventilations leads to a shorter delay to first compression.
• Compression rate is modified to at least 100/min from approximately 100/min. Compression depth for adults has been slightly altered to at least 2 inches (about 5 cm) from the previous recommended range of about 1 to 2 inches (4 to 5 cm).
• Continued emphasis has been placed on the need to reduce the time between the last compression and shock delivery and the time between shock delivery and resumption of compressions immediately after shock delivery.
• There is an increased focus on using a team approach during CPR.

Approved by:
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