

**2005 American Heart Association Guidelines  
for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care  
Comparison chart of Major Changes Affecting ALL RESCUERS**

<b>2005 Recommendation</b>	<b>2000 Recommendation</b>	<b>Explanation</b>
Emphasis on effective chest compressions – all rescuers should “push hard and push fast” at a rate of 100 compressions per minute for all victims (except newborns). Allow the chest to recoil completely after each compression. Limit interruptions in chest compressions.	Emphasis was not placed on importance of quality and rate of chest compressions, chest wall recoil and need to minimize interruption.	The better the chest compressions performed the more blood flow they produce. Studies have shown that half of chest compressions by professional rescuers are too shallow and there is frequent interruption.
The AHA recommends a compression-to-ventilation ratio of 30:2 for all single rescuers to use from infants through adults.	For adult CPR, a 15:2 compression-to-ventilation ratio was recommended. For infant and child CPR, a 5:1 compression-to-ventilation ratio was recommended.	The experts wanted to simplify CPR so that rescuers would learn, remember and perform better CPR. They also wanted to ensure that all rescuers would deliver longer series of uninterrupted chest compressions.
Each rescue breath should be given over 1 second. Each rescue breath should make the chest rise.	Breaths were to be delivered in 1 second or 1 to 2 seconds.	During CPR blood flow is less than normal. Rescue breaths can safely be given in 1 second. Rescue breaths given during CPR increase pressure in the chest. This pressure reduces the amount of blood that refills the heart and in turn reduces the blood flow generated by the next group of chest compressions. Hyperventilation is not necessary.
When attempting defibrillation, all rescuers should deliver 1 shock followed by immediate CPR beginning with chest compressions. All rescuers should check the victim’s rhythm after giving about 5 cycles (about 2 minutes) of CPR.	Treatment of a “shockable” rhythm included delivering up to 3 shocks without CPR in between. Rescuers checked the rhythm before and after shocks.	Rhythm analysis by AED’s after each shock typically results in delay of 37 seconds or longer before delivery of compression. Most defibrillators eliminate VF 85% of the time after first shock. Resumption of CPR is of greater value than another shock.
AEDs are recommended for use in children 1 year of age and older. For SCA witnessed in a child, use AED as soon as available. If unwitnessed SCA, use AED after about 5 cycles (2 minutes) of CPR. Many AEDs now equipped to deliver smaller doses through child pads.	AEDs recommended for children ages 1 to 8 years.	AEDs are now being equipped to deliver energy doses suitable for children.