ANZCOR Guidelines

RECENT UPDATES

Updated on 25/11/2026

Acute Coronary Syndromes

Guideline 14.2 – Acute Coronary Syndromes: Initial Medical Therapy

Major changes from previous guideline:
Update 21 November: 1.0 Symptomatic Therapy

Supplemental oxygen should be initiated if the patient has hypoxia or signs of heart failure or shock. Oxygen administration should be targeted to achieve SpO2 of 90 to 96%, or 88 to 92% if the patient has COPD or hypercapnic respiratory failure. This is consistent with the National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand: Australian Guidelines for the management of Acute Coronary Syndromes 2025.

The use of oxygen saturation monitoring is useful in guiding oxygen therapy. Oxygen supplementation does not improve outcomes among patients without hypoxemia, and hyperoxaemia is potentially harmful in uncomplicated myocardial infarction. Supplemental oxygen is not advised to treat breathlessness where target SpO2 is achieved with air. In patients with ACS where peripheral oxygen saturations are unobtainable due to poor tissue perfusion, oxygen should be administered.

Correction of Error 18 July 2026:
Supplemental oxygen should be initiated if the patient has hypoxaemia (**oxygen saturation (SpO_2) < 94% or < 88%** with chronic obstructive pulmonary disease (COPD)/known carbon dioxide (CO_2) retention), or signs of heart failure or shock.

Go to guideline:
https://anzcor.org/home/acute-coronary-syndromes/guideline-14-2-acute-coronary-syndromes-initial-medical-therapy

Updated on 25/11/2026

Basic Life Support

Guideline 6 – Compressions

Major changes from previous guideline:

25 November 2026:

Infant CPR:

- For infants under 1 year of age, ANZCOR suggests a compression-to-ventilation ratio of 30:2, performing chest compressions with the two-thumb encircling technique, as it results in consistently greater chest compression depth and less fatigue [ANZCOR Good Practice Statement].
- ANZCOR suggests that chest compressions for an infant using the heel of one hand may be considered if the rescuer is unable to achieve optimal compression depth using the two-thumb encircling technique [ANZCOR Good Practice Statement].

Lifting hands off the chest during compressions to aid recoil:

> During CPR, ANZCOR guidance requires rescuers to allow complete recoil of the chest after each compression. There was no evidence identified regarding deliberate lifting of the hands from the chest to aid recoil in a rapid evidence review conducted by the ANZCOR BLS Guideline Development Group Chair.
>
> ANZCOR does not have a treatment recommendation regarding deliberate lifting of the hands from the chest between compressions to facilitate recoil. Accordingly, we would recommend that trainees be assessed for adequate recoil during compressions and should not be failed in assessment solely for not lifting their hands completely off the chest between compressions.

Go to guideline: https://anzcor.org/home/basic-life-support/guideline-6-compressions

Updated on 25/11/2026

Basic Life Support

Guideline 4 – Airway

Major changes from previous guideline:

25 November 2026

Suction-based airway clearance devices

The use of suction-based airway clearance devices for the management of foreign body airway obstruction is currently under review by ILCOR. No treatment recommendation regarding the use of these devices is currently available.

Go to guideline: https://anzcor.org/home/basic-life-support/guideline-4-airway

Updated on 17/11/2026

First Aid

Guideline 9.2.3 – Recognition and First Aid Management of the Seriously Ill person, including Shock and Sepsis

Major changes from previous guideline:

17 November 2026:

- Parental or carer concern has been elevated in the list of red flags following publication of Mills et al study (15)

Exact diagnosis has been de-emphasised and recognition and treatment combined in the one guideline.

Guidelines superseded:	9.2.3 – Shock: First Aid Management of the Seriously Ill or Injured Person November 2019 9.2.12 – Recognition and First Aid Management of the Seriously Ill person including Sepsis April 2021

Go to guideline: https://anzcor.org/home/first-aid/guideline-9-2-3-shock-first-aid-management-of-the-seriously-ill-or-injured-person

Updated on 28/09/2026

Adult Advanced Life Support

Guideline 11.6.1 – Targeted Oxygen Therapy in Adult Advanced Life Support

Major changes from previous guideline:

No major changes to the clinical aspects of the guideline. Updating of review evidence, references, and terminology to increase consistency with GRADE terminology.

Go to guideline:
https://anzcor.org/home/adult-advanced-life-support/guideline-11-6-1-targeted-oxygen-therapy-in-adult-advanced-life-support

Updated on 19/08/2026

Adult Advanced Life Support

Guideline 11.10 Resuscitation in Special Circumstances

Major changes from previous guideline:

Anaphylaxis update to include initial and refractory management algorithms. Emphasis on advanced airway management when required.

Endorsement of Australasian Australian and New Zealand Society of Cardiac and Thoracic Surgeons (ANZSCTS) and Australian and New Zealand Intensive Care Society (ANZICS) guidelines on cardiothoracic advanced life support (CALS-ANZ).

Hypothermia section included.

Tension pneumothorax included.

Trauma now covered by Guideline 11.10.1 Management of cardiac arrest due to trauma.

Go to guideline:
https://anzcor.org/home/adult-advanced-life-support/guideline-11-10-resuscitation-in-special-circumstances

Updated on 28/07/2026

First Aid

Guideline 9.5.1 – First Aid Management of Poisoning

Major changes from previous guideline:

Amendment

If ingestion of a button battery is suspected in a person under the age of one:

· Encourage a person under the age of one to swallow 10 mL (2 teaspoons) of jam every 10 minutes until they reach higher level of care. Do not use honey.

Go to guideline:
https://anzcor.org/home/first-aid/guideline-9-5-1-first-aid-management-of-poisoning