

PROCEDURES

DEFIBRILLATION

POLICY #7200

DEFIBRILLATION

INDICATIONS:

- Ventricular fibrillation.
- Pulseless ventricular tachycardia

PROCEDURE:

- Apply conductive gel or defibrillator pads
- Select energy level.

Monophasic	1 st	2 nd	3 rd /subsequent
Adult:	Max (360) J	Max (360) J	Max (360) J
Pediatric:	2 J/Kg	4 J/Kg	4 J/Kg
*Biphasic	1 st	2 nd	3 rd /subsequent
Adult:	*200 J	*200 J	*200 J
Pediatric:	2 J/Kg	4 J/Kg	4 J/Kg

- Press the charge button to energize the paddles.
- Clear all personnel from patient contact. Call out, "All Clear" and confirm that no one is in contact with the patient (discontinue ventilations and remove oxygen during defibrillation)
- Place the paddles on the chest (right sternal border and left lower chest @ anterior axillary line). The anterior / posterior placement should be used for obese patients
- Exert firm pressure on the paddles while simultaneously depressing the paddle buttons.
- Immediately resume CPR for 2 minutes
- Assess patient for any change in rhythm, check pulse for potentially perfusing rhythm

NOTES:

- ***Follow manufacturer's recommendations.** If none listed, utilize energy levels as noted above.
- Documentation should indicate if monophasic or biphasic energy was used and the amount of Joules administered.
- Count first responder countershock/AED use/ Public access defibrillation as part of the ALS algorithm.
- During transfer of care between two different types of defibrillators (monophasic or biphasic), providers should restart with the energy level prescribed in the defibrillation protocol for their type of equipment.
- When defibrillating pediatric patients:
 - Pediatrics less than 1 year/10 Kg weight: use "infant" paddles on patient.
 - Pediatrics ≥ 1 year/10 Kg: use anterior/posterior paddle or pads placement.
- Safety Concerns – do not defibrillate patient in water; remove NTG patch prior to defibrillation; paddles should be placed 5 inches from any pacemaker or implanted defibrillator.

Approved:



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