

## Automated External Defibrillation (AED)

**POLICY # 7210**

These standing orders are for cardiac arrest patients age one year or greater. Large pads can be applied front and back as necessary. (excluding penetrating trauma to the head, neck, or trunk).

### I. One Shock Programmed Device:

- a. Determine patient to be unconscious, pulseless, and with absent or agonal respirations.
- b. Initiate CPR x 2 minutes (unwitnessed arrest); ventilate with 100% oxygen if possible. Witnessed arrest (by AED Provider): CPR until AED ready.
- c. Turn on Automatic External Defibrillator (AED), attach appropriate defibrillator pads; press analyze. (If the AED is equipped with a recording device, record patient incident scenario as soon as possible.)
- d. When ready (witnessed) or after 2 minutes CPR completed (unwitnessed), announce "analyzing rhythm-stand clear!" and allow AED to determine rhythm.
- e. If the AED determines that a shock is to be delivered, allow AED to charge while continuing CPR. Once the machine signals it is ready to defibrillate, announce "stand clear!" Verify that no one is in contact with the patient and press the shock button.
- f. Immediately resume CPR for 2 minutes. Re-analyze. Defibrillate if indicated.
- g. If "no shock advised", check carotid pulse for 5-10 seconds. If pulse present and no breathing, ventilate at 8-10 breaths per minute.
- h. ALS / LALS providers: if patient remains pulseless after the first two shocks, while CPR continues insert appropriate airway adjunct and ventilate 8-10 breaths per minute (if patient appears to be 4 feet or taller).
- i. If the machine prompts "check patient", analyze patient and continue with defibrillation and CPR in accordance with Policy #7200.

### II. Three Shock Programmed Device:

- a. After first shock may ignore prompts and deliver 2 min. of CPR, then analyze  
**Or**
- b. May follow manufacturer guideline of 3 stacked shock protocol. This may be necessary with automatic AEDs that analyze and delivers shock without user pushing button, or non-programmable AEDs.

### III. Transporting Responders and/ or ALS Rendezvous:

- a. After sixth shock is delivered, prepare patient for transport to basic emergency facility or rendezvous site.
- b. Once patient is in the rig, prior to leaving scene, you may reanalyze, if indicated by "check patient" prompt. Proceed as indicated by AED. If no shock advised, proceed with CPR and transport.
- c. While en route, if a "check patient" prompt is received, pull to the side of the road and analyze the rhythm. Proceed as indicated by AED. **This should be done only once during transport.**

### IV. Non-Transporting Responders:

- a. If patient persists in a shockable rhythm, continue administration of shocks, as per protocol until arrival of transport unit.

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- b. If patient presents with three (3) consecutive non-shockable rhythms, continue CPR and do not analyze unless AED prompts, "check patient". Minimize interruptions in CPR (e.g. to analyze rhythm, deliver shock). Keep interruptions as short as possible, 5-10 seconds if possible.

After six shocks, prepare for immediate transport, en-route rendezvous, or ALS/LALS

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**APPROVAL**



Bruce E. Haynes, M.D.  
EMS Medical Director