



**SOUTHWESTERN CONNECTICUT
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

611 OLD POST ROAD FAIRFIELD, CONNECTICUT 06430 (203) 255-4411

GUIDELINES FOR AUTOMATED EXTERNAL DEFIBRILLATION (AED)

INDICATIONS:

Any patient eight (8) years and older or >55 pounds in cardiac arrest from any etiology, including but not limited to:

- Drowning
- Electrocution
- Lightning Strike

NOTE: IN TRAUMATIC ARREST DO NOT DELAY TRANSPORT.

CONTRA-INDICATIONS:

- Valid DNR orders as per local sponsor hospital guidelines
- Patients under the age of eight (8) or <55 pounds (or per device recommendation).

AUTOMATED EXTERNAL DEFIBRILLATORS

- A. The defibrillator will be brought to the side of any patient complaining of chest pain, any respiratory difficulty, an altered mental state of any etiology, syncope, near syncope, or palpitations.
- B. An initial assessment and routine BLS care will be instituted. If cardiac arrest is confirmed, effective CPR will be performed. Paramedic intercept/response will be confirmed/requested as soon as possible.
- C. The defibrillator electrodes will be applied to every patient who is in respiratory or cardiac arrest. For defibrillators with voice recording capabilities, once electrodes are applied, clearly state:
 - Date and time
 - Age, sex and weight of the patient
 - History of present event
- D. Rhythm analysis will be initiated as soon as practical following application of the device.



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- E. Stop CPR and check pulse. If no pulse, press "analyze" to assess patient rhythm.
- F. If pulse present, or "no shock advised", follow routine BLS care.

NOTE: CPR should not be interrupted for longer than 90 seconds to defibrillate.

- G. If "shock is advised," ensure patient is clear, state loudly, "CLEAR" and press "shock" at 200 joules.
- H. Press "analyze". If "shock advised," ensure patient is clear, state loudly, "CLEAR" and press "shock" at 200 or 300 joules.
- I. Press "analyze". If "shock is advised," ensure patient is clear, state loudly, "CLEAR" and press "shock" at 360 joules.
- J. Reassess for pulse. If pulse present, or "no shock advised" follow routine BLS care.
- K. If no pulse, resume CPR for one minute.
- L. Press "analyze" button. If "shock is advised", restart sequence beginning at 360 joules.
- M. Reassess for pulse. If pulse present, follow routine BLS care. If no pulse, resume CPR.
- N. Package patient and begin transport to either paramedic intercept or nearest emergency department, whichever is closest.

NOTE: Analysis of patient rhythms and defibrillation must not be performed in a moving vehicle or when someone is touching the patient.



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ADDENDUM

POST RESUSCITATIVE CARE

1. Maintain patient airway using appropriate adjuncts.
Hyperventilate patient using supplemental oxygen.
2. Carotid pulse should be monitored closely.
3. If, at any time, the patient re-arrests, restart sequence but do not delay transport. The energy level selected should be the energy level used to convert the patient out of cardiac arrest. The new sequence will consist of one (1) set of three (3) shocks maximum.
4. The status of paramedic intercept/response will be confirmed.
5. The receiving hospital should be contacted en route if paramedic intercept is not available.

DOCUMENTATION

At the conclusion of the call, all activities and times will be documented and copies of all run forms and ECGs will be submitted to the EMS Coordinator at the receiving hospital. Additional information will be provided to the sponsor hospital as per established requirements.

MAC Approved 6/17/98
Executive Board Approved 7/9/98
Revised 1/14/99; 1/19/00; 6/20/01