SOUTHWESTERN CONNECTICUT
EMERGENCY MEDICAL SERVICES COUNCIL, INC.

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

GUIDELINES FOR MANUAL CARDIAC DEFIBRILLATION

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

- •Drowning
- •Electrocution
- •Lightning Strike

CONTRA-INDICATIONS:

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

MANUAL 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 will be turned on, the electrodes attached, and the strip recorder started for every patient in respiratory or cardiac arrest.

D. Stop CPR and assess rhythm and pulse.
NOTE: CPR should not be interrupted for longer than 90 seconds to defibrillate.

E. If pulse is absent and patient is in ventricular fibrillation, or wide QRS tachycardia, a shock at 200 joules will be delivered. Reassess patient rhythm. If pulse is absent and patient is in a

non-shockable rhythm, resume CPR. If pulse is present follow routine BLS care.

F. Reassess patient rhythm. If ventricular fibrillation, or wide QRS tachycardia, a shock of 300 joules will be delivered. Reassess patient rhythm. If pulse is absent and patient is in a non-shockable rhythm, resume CPR. If pulse is present follow routine BLS care.

G. If ventricular fibrillation, or wide QRS tachycardia, a shock of 360 joules will be delivered. Reassess patient rhythm. If pulse is absent and patient is in a non-shockable rhythm, resume CPR. If pulse is present follow routine BLS care.

H. Package patient and begin transport to either paramedic intercept or nearest emergency department, whichever is closest.

I. The receiving hospital should be contacted en route if paramedic intercept is not available.

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 10/16/96
Executive Board Approved 11/7/96
Revised 1/19/00; 6/20/01