

DEFIBRILLATION

1. Level: Paramedic, RN
2. Clinical Indications: Cardiac arrest with ventricular fibrillation or pulseless ventricular tachycardia
3. Procedure:
 - 3.1. Clinically confirm the diagnosis of cardiac arrest and identify the need for defibrillation.
 - 3.2. Apply hands free, Quick Combo pads to the patient's chest as follows: right of sternum at 2nd ICS and anterior axillary line at 5th ICS.
 - 3.3. Set the appropriate energy level
 - 3.3.1. Adult 1st shock/all shocks – 360 J
 - 3.3.2. Pediatric 1st shock – 4 J/kg
 - 3.4. To minimize off the chest time, charge the defibrillator to the selected energy level when chest compressions have been performed for 1 minute 45 seconds of a 2 minute cycle. The defibrillator takes approximately 10 seconds to charge.
 - 3.5. Assertively state, "CLEAR" and visualize that no one, including you, is in contact with the patient.
 - 3.6. Confirm rhythm.
 - 3.7. Deliver the shock by depressing the shock button for hands free operation.
 - 3.8. Immediately perform CPR for 2 minutes without checking for a pulse or change in cardiac rhythm.
 - 3.9. Adult energy levels for subsequent defibrillations should be 360 J.
 - 3.10. Pediatric energy levels for subsequent defibrillations should be 8 J/kg.
 - 3.11. Document the dysrhythmia and the response to defibrillation with ECG strips on/with the electronic Patient Care Record (ePCR).
 - 3.12. Repeat the procedure as indicated by patient response and ECG rhythm.
4. Special Considerations:
 - 4.1. The energy level for defibrillation is based on the 4 J/kg for initial defibrillation and 8 J/kg for second and subsequent shocks. The cardiac monitor is not capable of delivering the exact energy levels for all weights on the Broselow Tape. The defibrillation energy levels on the Pediatric Broselow—Color Coded Drug List by Volume have been revised to represent actual energy levels capable of being delivered using the cardiac monitor.