INDICATIONS:

1. Supraventricular tachycardia with severe signs/symptoms of poor perfusion or cardiac ischemia.
2. Ventricular tachycardia with severe signs/symptoms of poor perfusion or cardiac ischemia.

PROCEDURE:

- Explain the procedure if the patient is conscious.
- Ventilate the patient if ventilation assistance is necessary.
- Apply pads to anterior chest or in anterior-posterior position.
  - Pediatric patients (Base Hospital Contact and Order Required): Modern biphasic wave generating defibrillators will sense when child size pads are attached and adjust cardioversion and defibrillation energy accordingly. Follow pad manufacturer's directions for age and weight restrictions.
    - Use child-sized pads for children (1-14 years-old) or over an estimated weight of 10 Kg.
      - The anterior-posterior placement should be used if the child's chest is too small to safely accommodate pads.
- Activate defibrillator and place in SYNCHRONIZED or CARDIOVERSION mode.
- Adjust monitor gain to provide maximal tracing on screen, adjusting gain or leads to ensure synchronization on the QRS complex. Verify synchronization on monitor R wave prior to proceeding.
- Set defibrillator energy level to manufacturer's recommended cardioversion energy.
- Clear all personnel from patient contact. Call out, "All Clear" and assure that there is no patient contact.
- Activate the CHARGE button.
- Depress the SHOCK button to deliver synchronized shock.
- Reassess vital signs, rhythm and signs/symptoms of cardiac ischemia or poor perfusion.
- If no conversion and continued unstable tachycardia; using above procedure, repeat one cardioversion shock using manufacturer's recommended cardioversion energy.
- Document number of cardioversion and/or defibrillation attempts made.
- If no conversion or as needed, contact Base Hospital for further medical direction.

NOTE:

- If the "synch mode" does not function, disengage the "sync" mode and defibrillate at manufacturer's recommended defibrillation energy.