

Subject: Scope of Practice/Procedure – Paramedic
ALS Defibrillation Protocol

Associated Policies:

- I. Therapeutic Effects
 - A. Attempts to completely depolarize the myocardium and provide an opportunity for the natural pacemaker centers of the heart to resume normal activity.
- II. Indications
 - A. Ventricular fibrillation.
 - B. Pulseless ventricular tachycardia.
 - C. Unstable ventricular tachycardia with a pulse.
- III. Contraindications
 - A. Absolute:
 - 1. Asystole.
- IV. Equipment
 - A. One (1) monitor/defibrillator.
 - B. One (1) set defibrillation pads or conductive gel, or, one (1) set remote defibrillation patches. (Fast patch if available.)
 - C. One (1) set infant pad adapters if not integral to device.
- V. Procedure
 - A. Ensure that CPR has been initiated. If available assistance is limited, defibrillation takes precedence over CPR.
 - B. Attach fast patches or use paddles for “quick look” and evaluate the cardiac rhythm.
 - C. Use pediatric adapters for pediatrics less than 10 kg.
 - D. If “hands off” defibrillation is not used, place defibrillation pads or apply conductive gel to paddles.
 - E. Select appropriate energy level:
 - 1. Adult: Start 200 J.
 - 2. Pediatric: Use resuscitation tape, or start, 2 J/kg.
 - 3. Use manufacture’s recommended doses for biphasic defibrillators.
 - F. Charge paddles.
 - G. Apply one paddle to the right of the upper sternum just below the right clavicle, the other, just to the left of the nipple in the midaxillary line.
 - H. Anterior posterior position may also be used. One paddle is positioned on the anterior chest over the heart and the other is positioned behind the heart on the back.

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- I. If pediatric paddles are unavailable and adult paddles are used, the anterior-posterior paddle position should be used.
- J. Exert firm pressure.
- K. Make sure no personnel are directly or indirectly in contact with the patient.
- L. State and look to be sure area is clear.
- M. Press both discharge buttons simultaneously to deliver shock.
- N. Deliver the shock sequence as indicated by specific treatment protocol.

Approved: K. C. 210

Approved as to Form:

Date: 6/16/14