

SYNCHRONIZED CARDIOVERSION

INDICATIONS:

- Treatment option for patients with severe signs/symptoms of cardiac ischemia or poor perfusion.
 - Supraventricular tachycardia (including atrial fibrillation and atrial flutter).
 - Ventricular tachycardia.

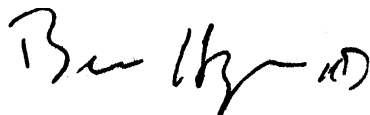
PROCEDURE:

- BH may consider premedication titrated to effect.
- Explain the procedure if the patient is conscious.
- Ventilate the patient if ventilatory assistance is necessary.
- Apply pads to chest in appropriate position.
 - Upper right side of sternum and left lower chest, mid-axillary line
 - Allow a minimum of 1 inch between pads
 - Pediatric patients: Follow pad manufacturer's directions for age and weight restrictions. If none listed:
 - Use infant-sized pads for patients younger than 1 year or less than 10 Kg
 - Use adult-sized pads for patients over 1 year or more than 10 Kg
 - The anterior-posterior placement should be used if the child's chest is too small to safely accommodate pads.
- Activate the SYNCHRONIZER switch.
- Turn gain up to provide maximal tracing on monitor, adjusting gain or leads to ensure synchronization on the QRS complex. Verify synchronization on R wave prior to proceeding.
- Select energy level per patient condition, treatment protocol, and BH direction.
- Activate the CHARGE button.
- Clear all personnel from patient contact. Call out, "All Clear" and assure that there is no patient contact.
- Depress the 'shock' button to deliver synchronized shock.
- Reassess vital signs, rhythm and signs/symptoms of cardiac ischemia or poor perfusion.
- Document the Joules administered.

NOTES:

- If the "synch mode" does not function, disengage the "sync" button and prepare to defibrillate at the same energy level indicated for synchronized cardioversion.
- If cardioverting using paddles:
 - Apply conductive medium or gel to paddles, distributing evenly
 - Place paddles on chest in appropriate position, exerting firm pressure
 - Discharge both buttons on the paddles. The buttons are to remain depressed until the energy is discharged or for at least 10 seconds.

Approved:



TxGuide98:procedures: PR-95
Implementation Date: 7/31/06