



Synchronized Cardioversion - Draft

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Authority: California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 & 1797.221

I. Principles

- A. Purpose: To provide guidelines on the indications and procedure to provide synchronized Cardioversion.
- B. Indications:
 - 1. Unstable patient with a wide complex tachycardia, Dyspnea, and an SBP < 90mmHG per *treatment guideline 7102 Dysrhythmias*.
- C. Equipment:
 - 1. Cardiac monitor with pacing capabilities.
 - 2. Compatible adhesive pads and appropriately sized for the patient.

II. Scope Paramedic

III. Basic Life Support: None.

IV. Advance Life Support:

- A. Location:
 - 1. Chest wall in anterior/posterior position, or,
 - 2. Chest wall in sternal apex position.
- B. Procedure:
 - 1. Confirm Rhythm using cardiac monitor.
 - 2. Place pads appropriately according to manufacturer recommendations.
 - 3. Confirm monitor is placed in cardioversion mode.
 - 4. Consider pain management per *treatment guideline 7002 Sedation if patient is awake and aware*.

Adult

Pediatric (less than 15 years of age)

- A. Escalating synchronized cardioversion starting at 100J to a max of 300J (360J Monophasic).

- B. If patient is unresponsive
 - 1. Escalating synchronized cardioversion:
 - a. Start at 0.5 to 1 Joules/kg.
 - b. If no change, repeat cardioversion 2 Joules/kg.

V. Special Considerations: None.

VI. Base Orders: None.

VII. Contraindications: None.

VIII. Documentation on the EMS patient care report (PCR) shall include:

- A. Indications for performing the procedure.
- B. Any improvements post procedure.
- C. Complications.