

Synchronized Cardioversion

Indication: Unstable tachyarrhythmia, as defined by altered mental status, loss of consciousness, or shock state (e.g. hypotension, diaphoresis, pallor, cool skin, etc.).

GENERAL CONSIDERATIONS:

• **EXTREME** caution should be exercised in patients with rapid atrial fibrillation / flutter. Cardioversion of these patients carries a high risk of cardiac embolus, that can result in acute stroke. **MCEP consultation is advisable in patients with rapid atrial fibrillation in whom cardioversion is being considered.** If possible, determine if patient is anticoagulated, compliance with anticoagulation, duration of anticoagulation, and duration of symptoms to assist MCEP with risk stratification.

• **NOTE:** Rapid atrial fibrillation / flutter may be a compensatory response to an unrelated shock state (e.g. sepsis). If the condition permits, it is reasonable to consider a 500mL fluid bolus and reassessment prior to considering cardioversion.

• It is **CRITICAL** that the monitor be synchronized with the patient's electrical rhythm before cardioversion. Omission of this step can result in ventricular fibrillation or ventricular tachycardia.

PROCEDURE:

1. Apply limb leads. Limb leads are necessary for LifePak to synchronize with the rhythm.
2. Consider sedation with **Midazolam** 1-5mg IV/IO/IM/IN to a max of 10mg.
3. Attach defibrillation pads to the patient and monitor rhythm.
 - Placement of pads can be in either anterior/lateral placement or anterior/posterior placement.
4. Push the **SYNC** button on the monitor.
 - LP monitors will have a flashing green light if SYNC is on.
5. Confirm that the triangle sense marker appears near the middle of each QRS complex.
 - If the sense markers do not appear or they are displayed in the wrong location, adjust the EKG size or select another lead.
 - The location of the sense marker may vary slightly with each QRS complex.
6. Select the proper Joule setting per the protocol by using the circular dial or the **ENERGY SELECT** arrows to set the proper joule setting.
7. Push the **CHARGE** button.
8. Make sure all persons are clear from touching the patient.
9. After confirming that the monitor is still in SYNC mode, push and hold the **SHOCK** button until it discharges.
10. Reassess the patient and the cardiac rhythm.
11. Repeat steps 4-10 if indicated by the protocol.

