

## Double Sequential Defibrillation (≥ PL5)

### Clinical Indications:

1. Refractory to at-least 3 shock pads placed Anterior / Anterior (Vector 1), and
2. Refractory to 1 additional shock pad placed Anterior / Posterior (Vector 2), and
3. V-fib / pulseless V-tach never converted.

### Contraindications:

1. None.

### Procedure:

1. The Code Commander should complete the Cardiac Arrest Checklist to assure all interventions have been performed and causes of cardiac arrest have been considered.
2. Ensure high-quality CPR is being performed and the above criteria have been met.
3. Prepare the sites for attachment of additional sets of external defibrillation pads by drying the sites and minimizing interference of hair or other obstacles to good pad conduction.
4. Apply a new set of external defibrillation pads in the anterior/posterior while ensuring they do not contact the initial set of pads.
5. Assure that controls for the second cardiac monitor are accessible to the Code Commander.
6. Select the maximum energy setting on both devices. Charge both devices 15 seconds in advance of the anticipated break in CPR. Assure chest compressions continue while the device is charging.
7. At the prescribed time in the compression cycle, discontinue compressions and assess the rhythm.
8. If a shock is indicated, then assertively state *Clear* and visualize from the patient's head to toes to assure no one is touching the patient and deliver the double sequential external defibrillation (DSED) by depressing both shock buttons simultaneously.
9. Immediately resume chest compressions. After 2 minutes of continuous CPR, pause briefly (< 10 seconds) to perform pulse check and analyze rhythm.
10. Repeat the procedure every 2 minutes as indicated by the patient's response and rhythm.