

## Synchronized Cardioversion ( $\geq$ PL5)

### Clinical Indications:

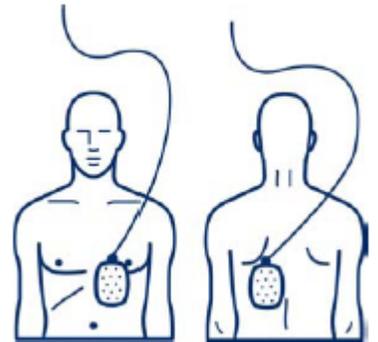
1. Unstable tachydysrhythmia with a pulse in accordance with the appropriate tachydysrhythmia guideline:
  - a. Monomorphic regular ventricular tachycardia, Supraventricular tachycardia (SVT), Atrial Fibrillation or Atrial Flutter with Rapid Ventricular Response (RVR), etc.

### Contraindications:

1. Repetitive, self-terminating, or short-lived tachycardia
  - a. Example: runs of non-sustained ventricular tachycardia
2. Sinus tachycardia

### Preparation for Use:

1. Confirm that the rhythm on the monitor coincides with a patient in an unstable condition.
2. Place defibrillation pads, preferably anterior and posterior chest.
3. Set the cardiac monitor to synchronized cardioversion and confirm markers are synchronized with R wave of each QRS complex.
  - a. If the R wave markers do not appear, or appear elsewhere on the ECG, adjust the ECG size or gain up or down until they appear on each R-wave.
    - i. If markers still do not appear, select another lead or reposition the ECG electrodes
    - ii. If these methods are ineffective unsynchronized cardioversion may be required



### Precautions:

1. Do not delay emergent synchronized cardioversion in a hemodynamically unstable patient to administer pain or sedation medications.

### Procedure:

1. If the patient is conscious, explain the procedure to the patient within reason.
2. Ensure firm pad contact with patient's skin.
3. Consider the use of pain/sedating medications.
4. Charge device to appropriate energy level per patient care guidelines and clear all personnel from direct patient contact.
5. Depress and hold discharge buttons until electrical charge is delivered. There may be substantial delay between pressing the button and the actual discharge of energy.
6. Reassess the patient.
7. If rhythm deteriorates into VF/pulseless VT, switch to asynchronous mode and immediately defibrillate per Patient Care Guidelines.
8. Document the procedure, time performed and patient response in the patient care report.