

Policy and Procedures

99

Title: Automated External Defibrillation Program

Date issued / last revision: December 5, 2003

Date effective: Immediately

Automated External Defibrillation Program

Statement:

Cooperstown Medical Transport, Inc. (CMT) is establishing policy and procedure for the use of an AED by a BLS provider when an ILS or ALS provider is not readily available.

Purpose:

To reiterate protocols for the automated external defibrillator (AED) use as outlined by NYS Basic Life Support Protocol '*Adult Respiratory Arrest, Adult and Pediatric Arrest (Non-Traumatic)*' and '*Automated External Defibrillation (AED) Protocol*'

Scope:

This policy applies to all employees of Cooperstown Medical Transport, Inc. (CMT) that will participate in this program.

Policy:

1. All personnel that wish to be authorized the use of the AED must:
 - a. Complete an approved didactic and practical training class taught by an approved instructor
 - b. Complete annual re-fresher training as needed
2. NYS Basic Life Support Protocol '*Adult Respiratory Arrest, Adult and Pediatric Arrest (Non-Traumatic)*' and '*Automated External Defibrillation (AED) Protocol*' will be utilized in addition to any other established protocols.
3. ALS will be requested for any patient in cardiac arrest.
4. Contraindications / Precautions:
 - a. Successful defibrillation depends largely on the amount of time a patient has been in Ventricular Fibrillation (V-Fib) or Pulseless Ventricular Tachycardia (V-Tach). Therefore, in a cardiac arrest situation, it is essential to analyze the rhythm and defibrillate as early as possible.
 - b. In the pediatric patient, defibrillation is weight dependent. When using an AED the minimum setting is 200 joules. Therefore the typical AED cannot be used on a pediatric patient (less than 8 years old) or weighing less than 25 kg. (55 lbs.)
 - i. Some AEDs are being designed specifically for pediatric patients. Always be familiar with you equipment.
5. Procedure:
 - a. While one person is doing a primary survey and initiating CPR (to include BLS airway management, ventilations and compressions), a second person should be obtaining a patient history, if possible. One person should be preparing the AED unit for use.

- b. The AED operator should turn on the unit and attach the electrode pads as follows:
 - i. Place the *sternum pad* on the right border of the sternum with the top edge of the pad touching the right clavicle
 - ii. Place the *apex pad* on the left lower ribs at the anterior axillary line
- c. Insure the electrodes are attached to the AED
- d. Stop CPR and check for a pulse. If no pulse, clear the patient and press the *analyze* button.
- e. If a shockable rhythm, as advised by the AED, clear all providers and press the *shock* button.
- f. If an un-shockable rhythm, as advised by the AED, resume CPR
- g. Transport the patient as soon as possible.
- h. Analyze the patient's rhythm, by use of the AED, every two (2) to four (4) minutes.
- i. Once a shock has been delivered. Press the *analyze* button to re-determine the rhythm
- j. If the patient still has a shockable rhythm, up to two (2) more shocks can be delivered (one at 300 joules and then at 360 joules)
 - i. A rhythm check must be done after every shock.
 - ii. A pulse check must be done after every set of shocks.
- k. If the patient continues to have a shockable rhythm but no pulse, do CPR for one (1) minute then analyze and shock the patient up to three (3) more times, if indicated.
- l. If a pulse returns after any defibrillation:
 - i. Continue the administration of 100% oxygen
 - ii. Monitor the patient's vital signs
- m. If the patient has an un-shockable rhythm and no pulse:
 - i. Continue CPR
 - ii. Initiate transport, if ALS has not yet arrived and intercept enroute
 - iii. Analyze the patient's rhythm every two (2) to four (4) minutes
 - iv. If a shockable rhythm occurs, deliver 3 shocks as indicated above