



Section 14: Appendix 2: Medical Procedures

SECTION 14: SYNCHRONIZED CARDIOVERSION

P PARAMEDIC P

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none">• Unstable patient with a tachydysrhythmia• Patient is not pulseless	<ul style="list-style-type: none">• Symptomatic narrow complex tachycardia• Symptomatic wide complex tachycardia• Grossly symptomatic atrial fibrillation• Grossly symptomatic atrial flutter	<ul style="list-style-type: none">• A pulseless patient

PROCEDURE

1. Apply limb leads
2. Consider sedation with versed or valium prior to administering synchronized cardioversion.
3. Attach defibrillation pads to the patient and monitor.
4. Push the SYNC button.
5. Observe the EKG rhythm. Confirm that the triangle sense marker appears near the middle of each QRS complex.
6. If the sense markers do not appear or they are displayed in the wrong location adjust the EKG size or select another lead.
7. The location of the sense marker may vary slightly with each QRS complex.
8. Rotate the ENERGY SELECT dial and select the proper setting as required by protocol.
9. Push the CHARGE button.
10. Make sure that everyone is clear of the patient.
11. After confirming that the monitor is still in SYNC mode, push and hold the SHOCK button until it discharges.
12. Reassess the patient and the cardiac rhythm. Repeat steps 4 - 9 as indicated by the protocol.

KEY POINTS

- When attempting to cardiovert, double check to make sure that the SYNC button is ON.
- Monitor the patient for ventricular fibrillation.
- If the patient converts into ventricular fibrillation or pulseless ventricular tachycardia, reassess the patient. Immediately defibrillate the patient at and refer to the Ventricular Fibrillation / Pulseless Ventricular Tachycardia Protocol and treat accordingly.
- If the SHOCK button is not pushed, the energy will be internally removed. It will be necessary to recharge to the indicated energy setting.
- When synchronized cardioverting a patient, there may be a delay from when the button is depressed to when the shock is delivered.
- Use EXTREME caution in patients with rapid atrial fibrillation or atrial flutter. Cardioversion of these patients is associated with high risk of embolus. Prehospital cardioversion of these patients is reserved for life-threatening situations only.