

ILLINOIS REGION 3 PROTOCOLS

SYNCHRONIZED CARDIOVERSION (ALS)

- I. Indications:
 - A. Supraventricular or ventricular tachycardias resulting in decompensation of the patient.
 - 1. Heart rate greater than 150
 - 2. Symptomatic: cold, clammy, dyspnea, chest pain, hypotension
- II. Contraindications:
 - A. Pulseless rhythms
- III. Precautions:
 - A. Consider sedation for the conscious patient.
 - B. All rescuers/bystanders must be clear of the patient and stretcher prior to delivery of the shock.
 - C. Assure no flammable gases are in the area (including oxygen)
 - D. Assure sync button is engaged. Note: reactivation of sync mode is required after each attempted cardioversion.
- IV. Complications
 - A. Shock of rescuer or bystander
 - B. Burns
 - C. Explosion if flammable gases are present.
 - D. Conversion to undesirable cardiac rhythm
- V. Equipment
 - A. Cardiac monitor/defibrillator with sync capability
 - B. Fast Patches
 - C. Sedative and/or analgesic medication for conscious patient

VI. Procedure Sequence:

- A. Takes universal precautions
- B. Confirms physician order, if applicable
- C. Confirms dysrhythmia indicating synchronized cardioversion
- D. Sedates patient, if necessary
- E. Turns on monitor/defibrillator
- F. Assures synchronizer switch is in the “on” position
- G. Apply Fast Patches
- H. Some defibrillators cannot deliver synchronized cardioversion unless the patient is also connected to monitor leads; in other defibrillators, ECG leads are incorporated into the defibrillation pads. Lead select switch may need to be on lead I, II, or III and not on paddles.
- I. Charge to appropriate setting
Joule Setting
 - For regular narrow-complex tachycardias, such as reentry SVT and atrial flutter, start with 50 J to 100 J. If initial dose fails, increase in stepwise fashion.
 - For irregular narrow-complex tachycardia consistent with atrial fibrillation, use 200 J initial monophasic shock, or 120 to 200 J initial biphasic shock, and then increase in stepwise fashion.
- J. Press charge button, clear the patient, and press both shock buttons simultaneously. Be prepared to perform CPR or defibrillation.
- K. Assures the synchronizer is marking the “R” wave
- L. Instructs personnel to “clear” and clears self
- M. Assures no one is touching patient
- N. Re-verifies rhythm
- O. Presses and holds discharge button until shock is delivered
- P. Rechecks rhythm and patient for changes

If no changes noted, repeats procedure at appropriate joule setting

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