**SKILL: SYNCHRONISED CARDIOVERSION**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | Determine the need for synchronised cardioversion |  |  |  |  |
|  | All other therapy inappropriate or unsuccessful |  |  |  |  |
|  | *Preparation* |  |  |  |  |
|  | Attach monitor |  |  |  |  |
|  | Establish patent IV line |  |  |  |  |
|  | Prepare all cardiac arrest drugs and intubation equipment |  |  |  |  |
|  | *Sedation and analgesia (only if time permits)* |  |  |  |  |
|  | Dilute 3ml Midazolam (15mg) with 12ml normal saline and 1ml Morphine (15mg) with 14ml normal saline |  |  |  |  |
|  | Administer appropriate doses of both  Morphine and Midazolam |  |  |  |  |
|  | *Cardioversion* |  |  |  |  |
|  | Turn “Sync” button on |  |  |  |  |
|  | Ensure adequate R-wave capture on monitor (markers) |  |  |  |  |
|  | Select correct joule setting |  |  |  |  |
|  | Gel paddles |  |  |  |  |
|  | Position paddles correctly |  |  |  |  |
|  | Charge defibrillator |  |  |  |  |
|  | Shout “stand clear” and ensure that everybody is clear |  |  |  |  |
|  | Cardiovert by depressing both paddle’s buttons simultaneously at end of patient’s expiration |  |  |  |  |
|  | Hold in discharge buttons until energy has been delivered |  |  |  |  |
|  | Return one paddle to the monitor and reassess pulse and ECG rhythm |  |  |  |  |
|  | Repeat as necessary, increasing joules (in a stepwise fashion) until successful cardioversion |  |  |  |  |
|  | Post successful cardioversion, consider loading with anti-arrhythmic e.g. Amiodarone / Lignocaine |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

References:

* PHECC

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_