

EL DORADO COUNTY EMS AGENCY

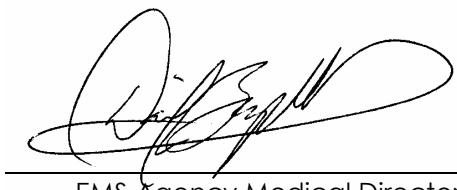
FIELD PROCEDURES

Effective: July 1, 2011

Reviewed: July 1, 2012, 2018

Revised: N/A

Scope: BLS/ALS personnel



EMS Agency Medical Director

AUTOMATED EXTERNAL DEFIBRILLATION (AED)

PURPOSE:

This procedure shall be utilized as indicated per the BLS section of the Pulseless Arrest Protocol.

INDICATIONS:

- Unresponsive with absent respirations and absent pulses

CONTRAINDICATIONS:

- None

PRECAUTIONS:

- Ensure scene safety. Clear personnel making sure there is no contact with patient or any electrical conducting materials when defibrillating.
- **Defibrillations shall not be delivered by an AED device in a moving vehicle.**
- Remove any medication patches from the patient's skin prior to defibrillating.
- Ensure skin is clean and dry. Remove metal necklaces and underwire bras. Check for implanted medical devices or piercings, place pads at least 3cm (1 inch) away from implanted devices or piercings.
- **If patient is hypothermic Limit to one (1) shock refer to: COLD EXPOSURES protocol**
- For all pediatric patients a pediatric dose attenuator is desirable, however if one is not available an adult AED may be used. Attach pads in anterior/posterior position.

PROCEDURE:

1. Simultaneously check for pulse and no breathing or only gasping for no more than 10 seconds. If **pulse is present**, evaluate airway and breathing. Assist as needed until the arrival of the ALS unit.
2. **Unwitnessed arrest:**
 - CPR per current guidelines (5 cycles of 30:2) starting with compressions should be initiated while the AED equipment is being retrieved and applied.
 - Attach the AED in an anterior/posterior position. However, sternal/apical placement on anterior chest is acceptable for adolescents and adults as long as there is at least 3 cm (1 inch) of space between AED pads.
 - Shock if indicated, should be attempted as soon as the device is ready for use. If shock advised, charge unit and deliver shock. Immediately follow shock, and each subsequent shock, with 2 minutes (5 cycles) of CPR. If no shock advised, continue CPR in 2 minute cycles.

Witnessed arrest:

3. Continue CPR and follow AED instructions until care can be transferred to ALS personnel.
4. If spontaneous movement of the patient is detected at any time, check for a pulse. If **pulse is present**, evaluate airway and breathing. Assist as needed until the arrival of the ALS unit.