AUTOMATED EXTERNAL

DEFIBRILLATION (AED)

*(Revised 12/16)*

INDICATIONS

Electrical defibrillation is currently the most effective method for converting ventricular fibrillation (VF) or pulseless ventricular tachycardia (VT) to a life sustaining rhythm.

*STATEMENT ON THE USE OF BIPHASIC AEDS*

*The American Heart Association has stated regarding AEDs using biphasic waveforms, “The data indicates that biphasic waveform shocks of relatively low energy (= or < 200 J) are safe and have equivalent or higher efficacy for termination of VF compared with higher-energy escalating monophasic waveform shocks (Class IIA).” “The growing body of evidence is now considered sufficient to support a Class IIa recommendation for this low energy, BTE waveform.”*

*Therefore, in addition to monophasic waveform AEDs, biphasic AEDs are also approved for use..*

CONTRAINDICATIONS/PRECAUTIONS

1. Success of defibrillation depends largely on the amount of time the patient has been in VF or VT. For this reason, in the cardiac arrest situation, it is essential to check the rhythm and defibrillate as early as possible.
2. In the pediatric patient, defibrillation should occur as per the AHA 2005 Guidelines.

PROCEDURE

1. While one team member is doing a primary survey and starting CPR, a second team member (if available) should be obtaining a patient history. One AED trained member should be preparing the AED unit and apply the electrode pads to the patient.
2. The AED operator should turn on the AED and attach the defibrillation pads as follows:
3. Pressing the Sternum pad on the right border of the sternum, with the top edge of the pad just touching the right clavicle.
4. Pressing the Apex pad on the left lower ribs, at the anterior axillary line.
5. Connect the AED unit electrode wires with:
6. The white connector to the Sternum pad.
7. The red connector to the Apex pad.
8. Have the team members stop CPR and check for a pulse. If no pulse, clear the patient and press the ANALYZE button.

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DEFIBRILLATION (AED)

(Continued)

1. If a treatable rhythm, clear all persons from the patient and press the SHOCK button.
2. If an untreatable rhythm, resume CPR and transport the patient as soon as possible. Analyze the patient’s rhythm every five cycles of CPR (about two minutes).
3. Once the shock has been delivered, continue as per the 2015 AHA Guidelines.
4. If the patient has an untreatable rhythm and no pulse:
5. Continue CPR.
6. Start transporting the patient.
7. ANALYZE the patient’s rhythm every five cycles of CPR (about two minutes).
8. If a treatable rhythm occurs, STOP THE VEHICLE and follow the defibrillation procedure outlined in this section.

**Continue the use of the AED as per the 2015 AHA Guidelines**