

APPENDIX: 11**TITLE: AED Protocol****REVISED: November 1, 2017****THIS SUPPLEMENT IS FOR BLS PERSONNEL WHEN A PARAMEDIC IS NOT PRESENT, AND AN AED IS IMMEDIATELY AVAILABLE.**

The following procedure is generic and should be used unless the manufacturers instructions are available and give specific recommendations not covered here. Most AED units are self-instructional when power is turned on. Most cardiac monitors used in ACCESS have an AED function.

An AED may be used in place of a manual defibrillator as needed to allow other essential care to be done.

IF A PUBLIC ACCESS DEFIBRILLATOR (PAD) IS UTILIZED PRIOR TO YOUR ARRIVAL, SWITCH FROM PAD TO YOUR DEFIBRILLATOR AND PROCEED WITH PROTOCOL.**INDICATIONS:**

- Sudden cardiac arrest patients

AND

- Patients who are unresponsive, apneic, and pulseless

POTENTIAL ADVERSE EFFECTS:

- Burns to skin
- Injury to patient, self and /or bystander
- Deactivation of patient's implanted pacemaker

CONTRAINDICATIONS:

- Patients who are conscious with stable signs and symptoms.
- Patients suffering from major traumatic injury. Rapid transport is indicated.

PRECAUTIONS

- Make sure patient and environment are dry
- Avoid placing patches over pacemakers, internal defibrillators or nitroglycerin patches
- DO NOT touch the patient while the AED is assessing the patient or charging
- ENSURE that no one is touching the patient when the shock button is pushed
- NEVER analyze while moving the patient or when in a moving ambulance

1. Use BSI precautions. Perform an initial assessment. If pulseless and non-breathing (in cardiac arrest):
 - For a one-person EMS response, continue with AED protocol.
 - For a two-person EMS response, begin one-rescuer CPR while partner continues with AED protocol. If PAD is in place, use your AED.
2. Turn on defibrillator power and apply electrodes according to manufacturer instructions.

3. Stop CPR per AHA guidelines, clear patient and begin analysis of rhythm.
 - If a shockable rhythm is determined, continue with protocol.
 - If no shockable rhythm is determined and pulse is absent, continue CPR, using appropriate interventions, such as bag-valve mask, airway and oxygen. Reassess patient every two minutes. Contact medical control and make transport determination.
4. If AED advises deliver first shock.
5. Begin CPR starting with chest compression.
6. After two minutes of CPR (5 cycles) re-analyze rhythm. (If the machine advises no shock, check pulse.)
7. If AED advises, clear the patient and deliver second shock.
8. Begin CPR starting with chest compression.
9. After two minutes of CPR (5 cycles) re-analyze rhythm. (If the machine advises no shock, check pulse.)
10. Continue the CPR/AED sequence till ALS arrives.

AED Use In Children and Infants

For attempted defibrillation of children 1 to 8 years of age with an AED, the rescuer should use a pediatric dose-attenuator system if one is available. If the rescuer provides CPR to a child in cardiac arrest and does not have an AED with a pediatric dose-attenuator system, the rescuer should use a standard AED. For infants (< 1 year of age), a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with pediatric dose attenuations desirable. If neither is available, and AED without a dose attenuator may be used.

AED Pad / Paddle Placement

The anterior-posterior and anterior-lateral locations are generally acceptable in patients with implanted pacemakers and defibrillators. In patients with implantable cardioverter-defibrillators or pacemakers, pad or paddle placement should not delay defibrillation. It might be reasonable to avoid placing the pads or paddles directly over the implanted device.