

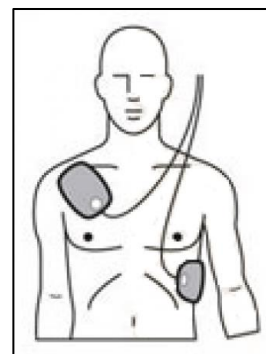
7J SYNCHRONIZED CARIOVERSION

PATIENT CARE GOALS

- Convert supraventricular tachycardia, atrial fibrillation or ventricular tachycardia with a pulse into a normal sinus rhythm in the symptomatic patient.

PARAMEDIC

1. Consider sedation for conscious patients as per **1D Anxiety and Sedation Management**.
2. Place pads on the patient's chest¹ in an Anterior-Lateral configuration (see figure, right).
3. Press the "SYNC" button. A small triangle should appear above each QRS complex.
4. Select the appropriate initial energy setting based upon the presenting rhythm using the "ENERGY SELECT" button.
 - Regular, narrow complex tachycardia (PSVT, atrial flutter): 50J-100J
 - Irregular, narrow complex tachycardia (atrial fibrillation): 120J-200J
 - Wide complex tachycardia (ventricular tachycardia with a pulse): 100J-200J
5. Use the "CHARGE" button to charge the monitor. Once the monitor is charged, ensure that no one is touching the patient.
6. Press and hold the red shock button until the energy is delivered to the patient.
7. Check patient's pulse and cardiac rhythm.
8. If the rhythm does not convert, the energy setting should be increased in a stepwise fashion and subsequent shocks delivered.²



Anterior-lateral pad placement

DOCUMENTATION KEY POINTS

- Indication for synchronized cardioversion including suspected cardiac rhythm.
- Energy level used and response (subsequent cardiac rhythm) to synchronized cardioversion.

NOTES

¹ Remove excess hair and ensure skin is dry prior to application of pads. Do not place pads over medication patches, implanted pacer/defibrillator or monitoring electrodes.

² The "SYNC" function is deactivated after each shock is delivered. Remember to press the "SYNC" button each time energy is to be delivered and ensure the triangles appear above the QRS complexes prior to delivering a shock.