



Jackson Hole Fire/EMS Operations Manual

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Title: **Procedure Guidelines:
BLS AED Defibrillation**

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BLS AED DEFIBRILLATION (Procedure Guideline)

All EMRs, EMTs, Advanced EMTs and Paramedics shall operate within their authorized Scope of Practice as limited to those skills and medication approved for use by the Physician Medical Director and Physician Task Force on Pre-Hospital Care as approve and authorized by the Wyoming Board of Medicine

ALL PROVIDERS

- This order authorizes AED certified members of Jackson Hole Fire/EMS to perform AED defibrillation on patients only if all of the following signs are present
 - Patient is more than 1 years old
 - No palpable carotid pulse, or if uncertain if pulse is present
 - Agonal or absent respirations
 - Patient is unconscious and unresponsive
- Precautions
 - Hypothermic patients may require re-warming before defibrillation is possible.
 - Hypovolemic (trauma) patients may require volume restoration prior to defibrillation
 - Be cautious of rainy weather, puddles and water in general
- Technique
 - Check ABC's
 - Verify that patient is pulseless for no more than 10 seconds with no more than agonal respiratory effort
 - Request ALS response if not already dispatched
 - If not already in progress, start one or two rescuer CPR depending on resources
 - Follow current CPR guidelines, utilizing Pit Crew approach as resources allow
 - Push hard and fast (100-120 compressions/minute)
 - Ventilate with 100% oxygen via BVM/Pocket Mask if available
 - Rotate compressors every 2 minutes during AED prompted analysis
 - Do not interrupt CPR for more than 10 seconds
 - Attach pads carefully as soon as available. Avoid electrical bridging (pads touching).
 - The AED will automatically begin analysis when the electrodes are attached to the patient. **DO NOT touch the patient or cables during analysis.**
 - "Clear" the patient, yourself, and others prior to defibrillation.
 - "Hover" over the chest during analysis and defibrillation, being ready to immediately begin compressions during charging and following defibrillation.
 - After 2 min. of CPR, check femoral and carotid pulses for perfusion with compressions and prepare to assess presence or absence of a pulse upon pausing compressions.
 - The AED will analyze the rhythm and repeat the process if indicated.
 - If patient remains pulseless >10-20 minutes, and the AED does not advise a shock, then continue CPR and contact medical control to discuss Termination of Resuscitation (TOR) or prepare for transport and/or ALS intercept.