

PROCEDURE FOR: Cardioversion, Emergent

POLICY: 1. A consent form permission is obtained as time permits.

EQUIPMENT: Defibrillator/External Pacemaker
Multifunction defib/monitoring/pacing pads (for hands-off) or
Gel defib-pads (if paddles are to be used)
Pulse oximeter
Noninvasive B/P cuff
Code Cart
Ambu bag, mask and flow meter, ventimask or nasal cannula
1 L IV fluid with maxi gtt tubing
Suction set with Yankauer
12-lead ECG machine
Sedative, as per MD/LIP order

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Patient may require supplemental O ₂ , i.e., ambu bag, ventilator support.	
2. Initiate IV access & infuse normal saline at KVO per MD order.	
3. Obtain baseline VS's, including a rhythm strip.	3. Document VS in patient record (on frequent VS sheet, conscious sedation record, or in electronic record) and mount strip in progress notes.
4. Apply pulse oximeter and document % saturation.	4. Pulse ox will be monitored throughout the procedure.
5. Monitor blood pressures, HR and rhythm q5 min. x 30 min, then per MD/LIP order.	
6. Premedicate if indicated, per MD/LIP order. During this time, monitor and document the patient's VS's, rhythm and O ₂ saturation.	6. Record VS in the patient's record as above; document the medication in the MAR or ED record.
7. Deliver synchronized shocks at successive energy levels as directed by the MD/LIP. A biphasic defibrillator and escalating energy (50J, 100J, 200J, 300J, 360J) is generally used. If the patient's condition becomes critical and you are unable to synchronize, then proceed with unsynchronized shocks.	7. Always clear the bed before delivering any shocks to the patient. Use of biphasic defibrillator and "hands-off" defib pads versus paddles is based on and the preference of the physician and the equipment available.

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POINTS OF EMPHASIS

8. General guidelines: If patient's rhythm is PSVT or A-Flutter, start shocks with 50J (biphasic). If the rhythm is A-fib or V-tach, start shocks at 100J (biphasic). Treat polymorphic V-tach or V-fib with successive unsynchronized shocks at 200J, 200-300J, 360J (biphasic) as needed.
9. When the patient is cardioverted, record the amount of energy required and the resulting rhythm.
10. If more than 1 cardioversion is required, continue to monitor and document VS's, rhythm, energy required, and O₂ saturations.
11. Oxygenate the patient with the appropriate means (per MD/LIP order) to maintain adequate oxygenation.
12. Obtain 12-lead ECG at the conclusion of the procedure.

8. Follow MD/LIP order for energy levels. Realize that energy levels may be lower when using a biphasic defibrillator.

APPROVAL: ICU Standards Committee
Nursing Standards Committee
AACN Procedure Manual for Critical Care
Cardiac Stepdown Standards Committee

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