Cardioversion SOP

Great North Air Ambulance Service

Further reading

Corpuls user manual
Resuscitation council 2021 - Peri-arrest arrythmias

Related SOPs

Procedural sedation SOP **Acute coronary syndrome SOP** **Post cardiac arrest SOP**
Prehospital emergency anaesthesia SOP

Indications

1. Pulsed vertricular tachycardia in an **unstable patient**
2. Narrow complex tachycardia in an **unstable patient**

Features of an unstable patient

- Shock – hypotension (systolic <90 mm Hg), pallor, sweating, cold, clammy extremities, confusion or impaired consciousness
- Syncope – transient loss of consciousness due to global reduction in blood flow to the brain
- Myocardial ischaemia – typical ischaemic chest pain and/or evidence of myocardial ischaemia on 12-lead ECG
- Heart failure – pulmonary oedema and/or raised jugular venous pressure

In stable but symptomatic patients, consider drug therapy options instead

(eg. amiodarone/magnesium)

Asymptomatic patients are unlikely to require any prehospital treatment and just require transport to hospital with close monitoring

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Technique

- <c>ABCDE approach
- Consider underlying cause
- Consider sedation if required

Pulsed VT

- Attach therapy pads in standard (apex/sternum) position
- Select manual on defib and ensure '**sync'** is selected
- Charge to 150J
- Press and hold the shock button until shock delivered
- If cardioversion unsuccessful, repeat at 150J, then at 200J
- If still unsuccessful, give 300mg amiodarone over 10-20mins, then reattempt cardioversion at 200J

150J — 150J — 200J

Narrow complex tachycardia

- Attempt vagal manoeuvers whilst preparing for cardioversion
- Attach therapy pads in the anterior/posterior position
- Select manual on defib and ensure '**sync'** is selected
- Charge to 80J
- Press and hold the shock button until shock delivered
- If cardioversion unsuccessful, repeat at 100J, then at 150J
- If still unsuccessful, give 300mg amiodarone over 10-20mins, then reattempt cardioversion at 150J

80J — 100J — 150J

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