



**REGION 11  
CHICAGO EMS SYSTEM  
PROCEDURE**

Title: Manual Defibrillation - ALS

Section: Cardiac Management

Approved: EMS Medical Directors Consortium

Effective: March 6, 2025

## **MANUAL DEFIBRILLATION - ALS**

### **INDICATIONS**

- Ventricular fibrillation
- Pulseless ventricular tachycardia

### **CONTRAINDICATIONS**

None

### **EQUIPMENT**

- Cardiac monitor/defibrillator
- Therapy electrode pads
- Therapy cable

### **PROCEDURE**

1. Apply personal protective equipment: gloves.
2. Verify patient is in cardiac arrest (unconscious, pulseless, not breathing normally).
3. If pulseless, begin CPR and Incident Command for Cardiac Arrest (ICCA).
4. Turn device on.
5. Attach therapy pads to therapy cable and connect to the cardiac monitor/defibrillator.
6. If necessary, clean and dry skin or remove excess chest hair with razor.
7. Apply pads in the Anterior-Posterior position. First, separate CPR device (puck) from back pad. Apply the back pad to the left of the spine just below the scapula at the heart level (as shown in the picture below). Apply CPR device aligned with the sternal notch. Apply the apex/front electrode over the cardiac apex with the nipple under the adhesive area in a male. Position under breast in a female patient. For pediatric pads, attach as shown in the picture below.



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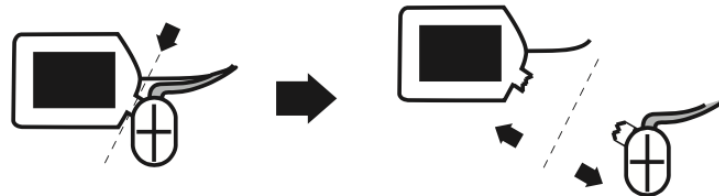
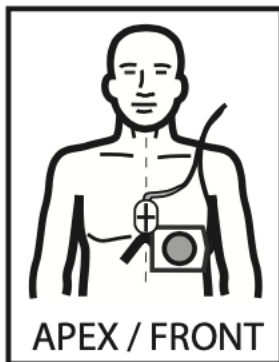
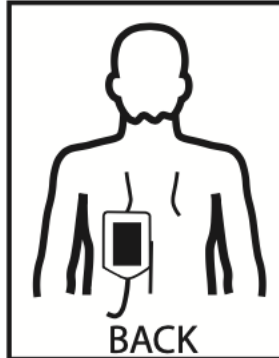
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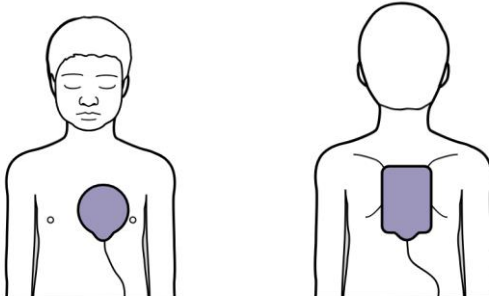
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**Adult CPR Stat Padz Placement in Anterior-Posterior Position**



CPR Device = puck

**Pediatric OneStep Electrodes with Green Connector Placement**



8. Assure safe environment – evaluate risk of sparks, combustibles, oxygen-enriched environment.
9. Select desired energy:
  - a. Adult: 200 J
  - b. Pediatric: 2 J/kg (see Pediatric Resuscitation Card)
10. Charge the monitor/defibrillator while continuing chest compressions.



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11. Verbalize “all clear” and visually ensure that all individuals are clear of the patient, stretcher and any equipment connected to the patient.
12. Confirm ECG rhythm requires defibrillation. Confirm available energy.
13. Press the shock button to deliver shock to the patient.
14. Immediately resume compressions.
15. Pre-charge defibrillator prior to 2-minute rhythm check.
16. Reassess rhythm every two minutes.
17. For persistent ventricular fibrillation or pulseless ventricular tachycardia, administer second and subsequent shocks:
  - a. Adult: Second and subsequent doses should be 200 J
  - b. Pediatric: 4 J/kg (See Pediatric Resuscitation Card)