



**REGION 11
CHICAGO EMS SYSTEM
PROCEDURE**

Title: Manual Defibrillation - ALS

Section: Cardiac Management

Approved: EMS Medical Directors Consortium

Effective: May 17, 2021

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-lateral placement or anterior-posterior placement (per manufacturer specific guidelines) and press down firmly. Pads should not be placed directly over implanted devices (cardiac defibrillators or pacemakers).
8. Assure safe environment – evaluate risk of sparks, combustibles, oxygen-enriched environment.
9. Select desired energy:
 - a. Adult: Per manufacturer’s guidelines
 - b. Pediatric: 2 J/kg (see Pediatric Resuscitation Card)
10. Charge the monitor/defibrillator while continuing chest compressions.
11. Verbalize “all clear” and visually ensure that all individuals are clear of the patient, stretcher and any equipment connected to the patient.



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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 equivalent or higher
 - b. Pediatric: 4 J/kg (See Pediatric Resuscitation Card)