

Sample A.E.D. Protocols
For CPR-trained employees
(Revisions will be made after selection of AED is made)

1. **Confirm that the patient is pulseless and apneic.**
2. Assess airway, breathing, and circulation. Call for an AED, if not readily available.
3. Initiate CPR and ready AED.
Press the **ON / OFF** button to turn on the AED. If properly functioning, the following prompts will occur:

Audible prompts:

"Apply pads to patient's bare chest."

"Plug in pads connector next to flashing light."

Screen prompts:

Apply Pads

Plug in Connector

Attach {AED TYPE} defibrillation pads (upper right and lower left chest).

4. Insert the defibrillation pads connector into the socket located (**Location of connector socket**).
5. Once the connector is inserted into the connector socket, the defibrillator will (**either/automatically or press to analyze button**) analyze the cardiac rhythm.
6. The following prompt will occur: (**Do not move or touch the patient during analysis**)

Audible prompts:

"Analyzing heart rhythm"

"Do not touch the patient"

Screen prompts:

Analyzing / Do not touch patient

If shockable rhythm is advised:

7. Unit will say *"shock advised"* and an audible charging tone will be heard and the **Press to shock** button will begin to flash.
8. Unit will advise *"deliver shock now, press the Press to shock button now."* Make sure everyone is clear of patient, and press the **Press to shock** flashing button to shock.
9. The cardiac rhythm will again be assessed automatically.
10. The above (7-9) will repeat for a total of **3 Times** as long as a shockable rhythm is present.
11. After a third shock you will hear: *"Paused, it is safe to touch the patient, check airway, check breathing, check pulse, if needed, begin CPR."*
12. Initiate 1 minute of CPR, if indicated.
13. If more shocks are advised, repeat procedure as outlined above. There is no maximum number of shocks (in stacks of 3) that can be delivered as long as the AED advises to shock.
14. Transfer PC data to central site for review (methods of transfer will vary depending on agency).
 - If at any time the rhythm is interpreted as "non-shockable," the following will be heard; *"no shock advised, it is safe to touch the patient, check airway, check breathing, check pulse, if needed, begin CPR."*
 - **Once charged, the {AED TYPE} will only disarm under the following conditions:** (1) a no shock is reached; (2) the {AED TYPE} On/Off button is

pressed and the device is turned off, or; (3) the defibrillation pads are removed.

AED APPLICATION IN PEDIATRIC PATIENTS

- AED used in pediatric cardiac arrest patients is now acceptable when used in conjunction with **{AED TYPE} Child/Infant Electrode Pads**, which are designed to automatically reduce Electrode Pads, which are designed to automatically reduce AED defibrillation energy to a more clinically appropriate output.
- Modification to AED pad placement: Research has found that the best pediatric pad placement is achieved utilizing an **anterior/posterior** placement (one pad on the chest and the other on the back) for infants' and children with tiny torsos. This method of placement prevents pad overlap which could lead to arching. However, it is still acceptable to use conventional pad placement (anterior/anterior) when needed.



INDICATIONS:

- Pulseless and apneic patients age eight (8) or greater, or fifty-five (55lbs.) twenty-five (25kg.) or greater of body weight if utilizing standard AED electrode pads
- **Pulseless and apneic patients age eight (8) or less (including newborns) or fifty-five (55lbs) twenty-five (25kg.) or less body weight when used in conjunction with {AED TYPE} Child/Infant Electrode Pad**

CONTRAINDICATIONS:

- Consciousness or presence of breathing or a pulse.
- **Age less than eight (8) or body weight less then or fifty-five (55lbs) twenty-five (25kg) unless used in conjunction with {AED TYPE} Child/Infant Electrode Pad**

Note: A simple one page sheet will be prepared for employees that have not received CPR training to ensure that the device can be used even when CPR may not be performed or when pre-arrival instructions include compression-only CPR.