4C – AUTOMATED EXTERNAL DEFIBRILLATION (AED) ADULT & PEDIATRIC

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

Indications:

Adults and pediatrics that are unresponsive, apneic or agonally breathing, and pulseless.

Contraindications:

None, though futile in obvious death (decapitation, rigor mortis, dependent lividity, and/or decomposition).

Technique (Physio-Control LifePak®1000):

1. Turn ON AED. (Figure 1)

2. Apply AED. Follow illustration for correct defibrillation pad placement. (Figure 2)
   a. Avoid air spaces/incomplete skin contact under pads.
   b. Avoid placing pads over suspected implanted pacemakers and/or implanted defibrillators.
   c. **NOTE (Pediatric):** If victim is less than 8 years old or under 25 kg (55 lbs), connect the Infant/Child Reduced Energy Defibrillation Electrodes to the AED and proceed to STEP 3. If Infant/Child Reduced Energy Defibrillation Electrodes are unavailable, place pads in anterior left chest and posterior left chest position when using a standard AED.
   d. **NOTE (Infant <1 year of age):** Manual defibrillation preferred. Follow STEP 2c if manual defibrillation/paramedic unavailable.

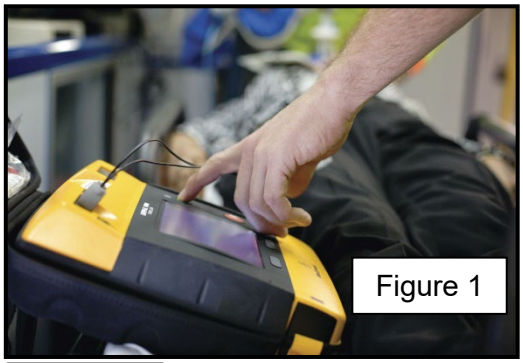
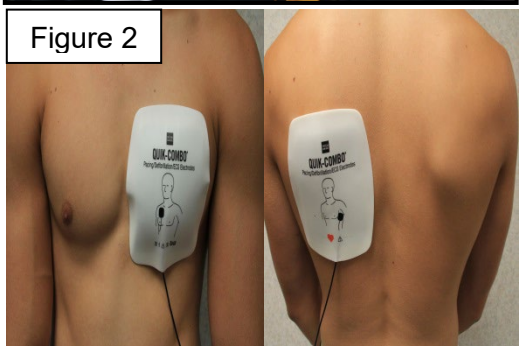


Figure 1

Figure 2



Protocol 4C: Automated External Defibrillation (AED) – Adult& Pediatric, cont.

3. Follow AED visual and voice prompts.
   a. If cardiac arrest duration estimated >4 minutes and without good quality bystander CPR, perform CPR for 2 minutes prior to AED analysis for defibrillation determination.
   b. If cardiac arrest duration estimated ≤4 minutes, immediate AED analysis for defibrillation determination.
4. Follow all AED manufacturer recommendations for safe, effective, and accurate rhythm analysis and defibrillation.
5. Restart chest compressions while the AED is charging. **DO NOT CONTINUE TO PROVIDE CHEST COMPRESSIONS WHEN THE AED IS DISCHARGING / DEFIBRILLATING.**
6. Resuscitate victims of cardiac arrest per applicable protocol(s), minimizing pauses in chest compressions (see Protocol 4B – Resuscitation Team Roles).