



EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



Approved 9/8/21, Effective 1/17/22, replaces all prior versions

4E – DOUBLE SEQUENTIAL EXTERNAL DEFIBRILLATION ADULT

PARAMEDIC

Indication:

Adult refractory Ventricular Fibrillation/Pulseless Ventricular Tachycardia. See also Protocol 4G - Ventricular Fibrillation & Pulseless Ventricular Tachycardia.

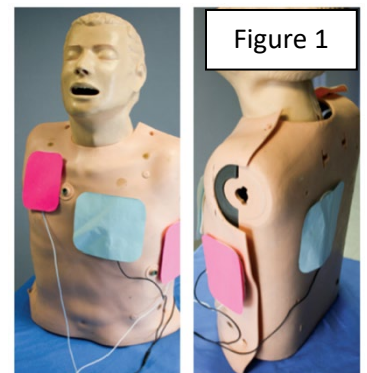
Contraindications:

Spontaneous pulse.

All cardiac rhythms except ventricular fibrillation/pulseless ventricular tachycardia

Technique:

1. If two LifePak12 or 15 monitor/defibrillators are available, power the second one ON.
2. Connect therapy electrodes (defibrillation pads) to therapy cable and confirm cable connection to monitor/defibrillator per Protocol 4D.
3. Prepare the patient's skin and apply second set of therapy electrodes (defibrillation pads) to the patient, in the right parasternal and cardiac apex positions next to, but NOT overlapping the anterior pad of the first set of therapy electrodes (defibrillation pads). (Figure 1)
4. Proceed to charge each defibrillator to 360J. Once fully charged, have either one paramedic discharge both defibrillators or if using two paramedics, using a 3-2-1 verbal countdown, **discharge the defibrillators sequentially using a very specific count of "one thousand one" between the discharge of defibrillator one and the discharge of defibrillator two. FAILURE TO ALLOW A ONE SECOND PAUSE BETWEEN SEQUENTIAL DEFIBRILLATIONS CAN IRREVERSIBLY HARM A DEFIBRILLATOR, RENDERING IT PERMANENTLY INOPERABLE.**
5. Throughout the use of double sequential external defibrillation, follow all standard safety measures as with routine defibrillation as outlined in Protocol 4D.



CLINICAL PEARLS:

DO NOT CONTINUE TO PROVIDE CHEST COMPRESSIONS WHEN THE MONITOR/DEFIBRILLATOR IS DISCHARGING / DEFIBRILLATING.