Indications

Ventricular Fibrillation or pulseless ventricular tachycardia

Precautions

1. Always clear the patient before delivering a defibrillation shock. Do not delay defibrillation for VF/VT.
2. Asystole should not be shocked.
3. Treat VF/VT in hypothermic patient as follows:
    a. Core temp > 86 - Treat normally
    b. Core temp < 86 – Give one shock. If rhythm doesn't convert, withhold further shocks until temperature increases above 86.
4. If patient in VF/VT has an automatic implantable cardioverter/ defibrillator (AICD), perform external defibrillation as usual. If AICD is delivering shocks, wait 30-60 sec. for completion of its cycle.
5. If patient has implanted pacemaker, place paddles several centimeters from the pacing generator.

Technique

1. Establish unresponsiveness and pulselessness.
2. Start CPR unless defibrillator is immediately available.
3. Place hands off defibrillation pads.
4. Use quick look to determine rhythm. Document rhythm with paper recording if possible.
5. Charge defibrillator, clear patient and deliver shock.
    a. **Adult –** one shock, 200J for biphasic, 360J for monophasic
    b. **Pediatric -** 2J/kg. for first shock, 4J/kg. subsequent shocks.
6. If these shocks fail to convert VF/VT, continue shocks at 2 min intervals. If repeated defibrillation attempts are unsuccessful, higher energy defibrillation may be tried.
7. If VF/VT recurs, shock again at the last successful energy level.