Title on CEM	Synchronised DC Cardioversion
Applies to	RAH & IRH Emergency Departments
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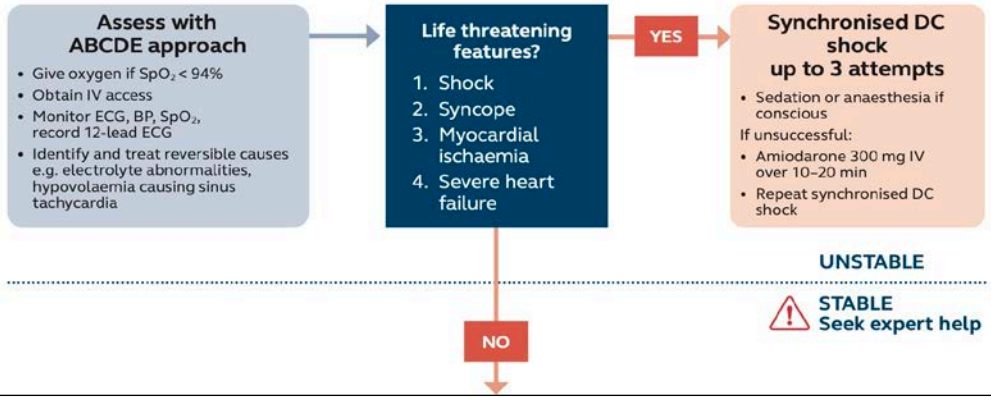
Synchronised DC Cardioversion

- Patient must be in Resus with full monitoring attached
- Conscious patients will require IV analgesia and sedation



If stable, consider vagal manoeuvres and/or chemical cardioversion (e.g. Amiodarone)
Discuss with a Consultant or Cardiology Registrar (not GJNH unless definite STEMI)

- Place pads on patient's chest as indicated on packaging
  (Initially anterior/lateral placement unless chest trauma/implanted device*)
- Turn on defib and select Manual mode (bottom left soft key)
- Press Sync On/Off button to activate Sync mode
  Confirm you see the word Sync on the screen (see picture below)
- Select desired energy value (see table below)**
- Press charge button. Ensure environment is safe for defibrillation
- Press and HOLD the illuminated shock button until the shock is delivered

DCCV Defibrillation Protocol Clyde Hospitals

VT (BCT)	120J	150J	200J
Atrial Fibrillation (AF)*	200J	200J	200J
Atrial Flutter*/Regular NCT	70J	100J	150J

*Anterior/posterior pad placement is more effective for AF/Atrial Flutter but may not always be feasible

- If sinus rhythm is not restored, increase energy according to increment in table above (up to 3 attempts may be required)
- Always ensure defib is in Sync mode before each charge

- If cardioversion fails to terminate arrythmia after 3 shocks and adverse features persist, give Amiodarone 300mg IV over 10-20 min and attempt further synchronised DC cardioversion
- Consider new pad positions (anterior/posterior)
- The initial loading dose of Amiodarone can be followed by an infusion of 900mg over 24 hours into a large vein

**Check patient's notes if previously DC cardioverted to see successful energy levels used