




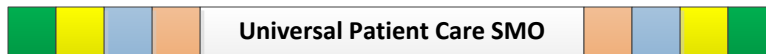


**Implanted Cardiac
Defibrillator Protocol**

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control



EMR	<ol style="list-style-type: none"> 1. Universal Cardiac Care. 2. Oxygen: Consider titrating the O2 to maintain SpO2 above 94% 3. If patient becomes pulseless at any time, refer to the Resuscitation of Pulseless Rhythms Protocol. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG as soon as possible. Transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms. 3. Contact receiving hospital as soon as possible. Don't wait until you have a short ETA. 4. Request ALS/ILS intercept as soon as possible. (<i>Transport can be initiated at any time during this sequence</i>). 	EMT
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I	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Initiate IV/IO Normal Saline TKO. 3. Ondansetron (Zofran): 4mg IV/IO over 2 minutes or IM/ODT for nausea and/or vomiting. 4. If SBP < 90 mmHg, lungs clear, administer 1-2L fluid bolus IV – REASSESS – no improvement, repeat if lung sounds are clear. 5. Fentanyl 50 mcg SLOW IV push. If no relief, you may repeat x 1 for total dose of 100mcg. Fentanyl 50 mcg IN, if unable to access IV. May repeat x 1 for total dose of 100 mcg. 6. Initiate ALS intercept if necessary and transport as soon as possible. 	I
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P	<ol style="list-style-type: none"> 1. Continue EMT-I care 2. If patient is getting shocked by their AICD, give Midazolam (Versed): 2mg IV/IO OR Ketamine 2.5mg/kg IV/IO for patient comfort. Re-check vital signs 5 minutes after administration. Repeat dose one time if systolic BP > 100mmHg and respiratory rate is > 10 breaths per minute. Additional doses require Medical Control order. 	P
MC	<ol style="list-style-type: none"> 3. If patient becomes pulseless at any time, refer to the Cardiac Arrest Protocol. 	MC