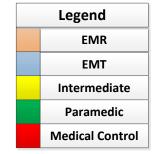


Implanted Cardiac Defibrillator Protocol





EMR

- 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

EMT

EMT

- 1. Continue EMR care.
- 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. (Transport can be initiated at any time during this sequence).
- 5. Zofran: 4mg ODT for nausea or vomiting

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.

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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.

Additional doses require Medical Control order.

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- 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.

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3. If patient becomes pulseless at any time, refer to the Cardiac Arrest Protocol.

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