

VIRGINIA DEPARTMENT OF HEALTH - OFFICE OF EMERGENCY MEDICAL SERVICES

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

(July 1, 2001 Revision)

BASIC LIFE SUPPORT / AUTOMATED EXTERNAL DEFIBRILLATION

SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma(MOI) or Medical(NOI) nature, and Number of Patients

ASSESSMENT

Perform initial assessment
Stop CPR if in progress
Verify pulselessness and apnea
Have partner resume CPR (if alone attach AED)
Attach AED

ANALYSIS AND DEFIBRILLATION

Turn on defibrillator power
Begin narrative if machine has tape recorder
Stop CPR
Clear patient
Initiate analysis of rhythm

If machine advises shock:

Deliver Shock
Re-analyze rhythm

If machine advises shock:

Deliver second shock
Reanalyze rhythm

If machine advises shock:

Deliver third shock
Check pulse

If machine advises no shock:

Check pulse

If no pulse:

Resume CPR for one minute
Repeat rhythm analysis second time
If shock advised:
Deliver if necessary, up to a total of two sets of three stacked shocks separated by one minute of CPR

If no shock advised and no pulse:
Resume CPR for one minute
Analyze rhythm third time

If shock advised:
Deliver if necessary up to two sets of three stacked shocks separated by one minute of CPR

If no shock advised:
Resume CPR and transport

If pulse:

Check breathing
If breathing adequately:
Give high flow oxygen by nonrebreather mask and transport
If not breathing adequately:
Artificially ventilate with high concentration oxygen and transport

Standing Operational Procedures

Assuming no on-scene ALS, the patient should be transported when one of the following occurs:

1. The patient regains a pulse.
2. Six shocks are delivered.
3. The machine gives three consecutive messages (separated by one minute of CPR) that no shock is advised.

One EMT-Basic operates defibrillator, one does CPR.

Defibrillation comes first, Do not hook up oxygen or do anything that delays analysis of rhythm or defibrillation.

All contact must be avoided during analysis of rhythm: State "Clear the patient" before delivering shocks.

AGE AND WEIGHT GUIDELINE

Airway and ventilation is of prime importance.

AED is not used in cardiac arrest in children under 8 years of age or less than 55 lbs. (25 Kg)

(Verify local protocol)

PERSISTENT VENTRICULAR FIBRILLATION AND NO AVAILABLE ALS BACKUP

After six shocks on scene, (three initial, three after one minute of CPR), prepare for transport.

Additional shocks may be delivered at the scene or enroute by approval of local medical direction.

AEDs cannot analyze rhythm when emergency vehicle is in motion.

Must completely stop vehicle in order to analyze rhythm if more shocks are ordered.

It is not safe to defibrillate in a moving ambulance.

RECURRENT VENTRICULAR FIBRILLATION - DEFIBRILLATION WITH NO AVAILABLE ACLS

If enroute with unconscious patient check pulse frequently (every 30 seconds). If pulse is not present, then:

Stop vehicle and start CPR if defibrillator is not immediately ready.

Analyze rhythm and deliver shock, if indicated.

Continue resuscitation as per protocol.

If enroute with conscious patient having chest pain who becomes unconscious, pulseless and apneic, then:

Stop vehicle and start CPR if defibrillator is not immediately ready.

Analyze rhythm and deliver up to 3 shocks, if indicated.

Continue resuscitation as per protocol.

If "no shock" message is delivered and no pulse is present:

Start or resume CPR.

Analyze rhythm until 3 consecutive "no shock" messages given, total of 6 shocks given, or patient regains pulse.

Continue transport.

SINGLE RESCUER WITH AN AED

Follow sequence:

Perform initial assessment, assure pulselessness and apnea.

Turn on AED power and attach electrode pads.

Initiate analysis of rhythm and deliver shock if indicated.

Follow protocol.

Defibrillation is initial step; CPR should not be performed prior to rhythm analysis.

EMS system activation should not occur until "no shock" indicated", pulse returns, three shocks delivered, or help arrives.