

This clinical pathway is intended to supplement, rather than replace, professional judgment and may be modified according to a patient's individual needs.
Failure to comply with this pathway does not represent a breach of the standard of care.



1. See **Adult Bradycardia (< 50/min)/Tachycardia (> 150/min) (with Pulse)** for indications.
2. **Explain the procedure to the patient**
3. **Consider procedural sedation and analgesia**
4. Place the defibrillation pads on the chest of the patient as per the package instructions
5. Connect the pads cable to the pacing machine if not already connected
6. **Turn the defibrillator ON.**
7. Select the appropriate energy level, e.g., 50- 100 J. In paediatrics, begin with 0.5-1 J/kg; if not effective, increase to 2 J/kg.
8. **Activate the synchronise mode** by pressing the synchronise button.
9. Check to verify that the machine is correctly sensing the R wave. Observe for **markers (*)** indicating the R-wave on the screen.
10. Charge the machine to the ordered energy level.
11. Before discharging the current, shout '**CLEAR**' and ensure no one (including yourself) is touching the patient, bed or equipment connected to the patient.
12. **SHOCK** the patient.
13. If no change in rhythm, increase the energy level, e.g. by 50J in adults or to 2J/Kg in paediatrics, and **repeat steps 8 -12**
14. Consult a **Cardiologist** without delay.

Trouble Shooting

- **In case you do not get a rhythm change after giving a shock, consider;**
 - Potential underlying causes, e.g. Hs and Ts
 - Poor pads connection
 - Need for higher energy levels
- **In all cases, consult a **Cardiologist**.**