Electrical Cardioversion Algorithm (Not in Arrest)
ACLS recommendations & protocols (AHA 2010)

See individual sections for more detailed analysis & recommendations
Specifically see: Defibrillators: Automated/ Manual (Procedures)
See also ACLS Notes

Tachycardia With Serious Signs/ Symptoms
- Ventricular Rate <150
- Ventricular Rate >150

Ventricular Rate <150
1. Give meds based on Specific dysrhythmia

Ventricular Rate >150
1. Immediate Cardioversion
   o May consider brief trial of meds based on specific dysrhythmia
2. Monitor O2 sat & BP
3. Have at bedside
   o O2 saturation monitor
   o Suction device
   o IV line
   o Intubation equipment
4. Premedicate if possible (sedative + analgesic)
   o Sedatives
     • Versed
     • Valium
     • Thiopental
     • Etomidate
     • Ketamine
     • Methohexital
   o Analgesics
     • Fentanyl
     • Morphine
     • Meperidine
5. Synchronized cardioversion
   o Atrial fibrillation
     • 120 – 200 J (biphasic), increase in standard sequence
   o For PSVT or atrial flutter,
     • may start at 50 J – 100 J
   o Stable monomorphic VT
     • 100 J increase in standard sequence
   o Standardized sequence 100, 200, 300, 360 J
     • Monophasic energy dose OR
     • Clinically equivalent biphasic energy dose
- For polymorphic VTach
  - Treat like V-Fib


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