

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

- For polymorphic VTach
  - Treat like V-Fib

“2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers.” 2010, First American Heart Association Printing, November 2010.

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