



Amherst Fire District Procedure

Defibrillation – Phillips FRx

Clinical Indications:

- Non-traumatic cardiac arrest in patients

Procedure:

1. Confirm the cardiac arrest. Instruct partners or First Responders to initiate CPR while the defibrillator is set up.
2. Turn the defibrillator on and begin documentation.
3. Attach the cables to the defibrillation pads and apply to the patient's bare skin:
 - (Patients over 55 lbs.) Right upper chest and left chest midaxillary line as shown on the pads.
 - (Patients less than 55 lbs.) Apply one pad on the patient's front between the nipples and the other on the center of the back as illustrated on the pink infant/child key.
Insert the "pink" infant/child key into the designated slot on the top of the defibrillator.
4. Stop CPR and clear the patient prior to rhythm analysis (the caution light will begin flashing as a reminder).
5. The defibrillator will automatically begin analyzing the patient's heart rhythm once it detects that the pads have been attached.
6. If a shock is needed the caution light stops flashing and will remain on. The orange shock button will begin to flash and the defibrillator will advise you to press the orange shock button.
6. Assertively state "CLEAR" and visualize that no one, including you, is in contact with the patient prior to defibrillation. Defibrillate if appropriate by depressing the orange "Shock" button.
7. The defibrillator will tell you when the shock has been delivered and when it is safe to touch the patient and continue CPR.
8. If the blue i-button comes on solid instead of the orange shock button the defibrillator senses that a shock is not needed and will tell you to continue CPR.
7. Begin CPR immediately after defibrillation or no shock indication.
8. If the patient remains pulseless, perform CPR for two minutes and then repeat steps 4 – 8
9. Continue treatment as indicated.

Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and the possible complications of the procedure.