



1832

ALS Cardioversion (AEMT-OS and Paramedic Scope ONLY)

Nor-Cal EMS Policy & Procedure Manual

ALS Procedures

Effective Date: 03/01/2025

Next Revision: 03/01/2028

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SIGNATURE ON FILE

INDICATIONS

- Patients who are symptomatic (e.g. hypotension, ALOC, signs of shock, ischemic chest discomfort, acute heart failure,) with the following dysrhythmias:
 - Atrial Fibrillation (usually AFib RVR).
 - Supraventricular tachycardia (SVT).
 - V-tach with pulses.

CONTRAINDICATIONS

- No contraindications.

PRECAUTIONS

- Possible complications:
 - Complications from blood clots. Some people who have irregular heartbeats such as Atrial Fibrillation can have blood clots form in the heart. Shocking the heart can cause these blood clots to move to other parts of the body such as the lungs or brain.
 - Subsequent irregular heart rhythms. Following cardioversion some people can go into other irregular heart rhythms, additional medication or shocks can be given to correct rhythm.
 - Skin Burns. Rarely, some people can get minor burns from the pads placed on their chest.

PROCEDURE

- Place patient on monitor with defibrillation pads:
 - Preferably anterior and posterior, however right upper chest and left lateral side are acceptable.
 - PRESS SYNC** – must press sync button when doing cardioversion to avoid R on T Phenomenon.
 - Once sync'd set the correct energy for specific rhythm.

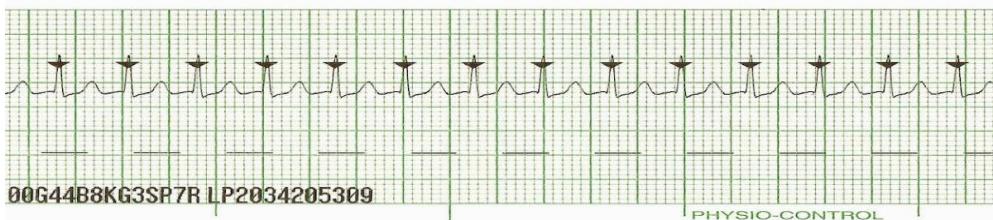
Narrow Regular	50-100 J
Narrow Irregular	120-200 J

Wide Regular

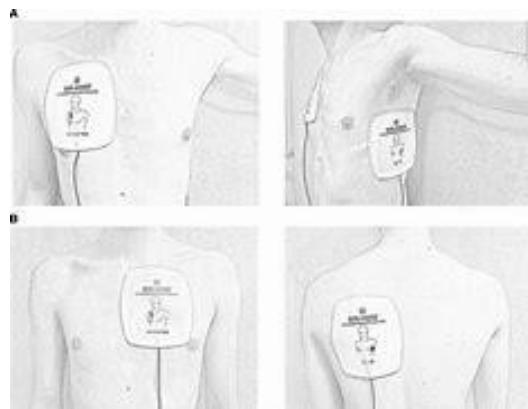
100 J

- Press print to capture shock with hopeful change in rhythm.
- If no response to initial shock, increase dose in stepwise fashion for subsequent attempts.

SVT with SYNC'd Rhythm



Pad Placement



KEY TAKEAWAYS

- Consider Sedation.
- Consider hypovolemia and hypoxia before using electrical cardioversion.
- It is unlikely that symptoms of instability are caused primarily by tachycardia if HR <150bpm.