
LifePak 20
Defibrillation, Cardioversion, & External Pacemaker

Defibrillation

Purpose:

To accurately and safely defibrillate a patient during emergency situations.

Policy

Only a MD or RN may defibrillate a patient.

Procedure:

Responsible Party	Action	Rationale
RN / MD	<ol style="list-style-type: none">1. Apply conductive pads to chest wall.2. Depress "ON" button3. Select energy to be delivered with "Energy Select" switch.4. Push and release "Charge" button on defibrillator front panel or on "Apex" paddle5. Place defibrillator paddles firmly on patient/s chest.	<ol style="list-style-type: none">1. Places one pad on patient's lower left chest and the other on right side of upper sternum.2. Button will illuminate, "Available Energy" will light and "O" will be displayed.3. Energy delivery is limited to 50 joules if internal paddles are connected.4. "Charge" button and Charge Indicator will flash and numbers will "scroll up" in Energy Display window until energy reaches pre-selected level.5. "Sternum" paddle placed near the upper right side of sternum and "apex" paddle placed on lower left chest wall. *Defibrillator is ready when the energy selected (No.) is lit in

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| | | the energy display window and the message "Available Energy" is backlit. |
| 6. Announce intent to discharge by loudly stating "CLEAR". | | 6. Allows others to remove themselves from direct contact with the patient and the bed. Ambu bags are nonconductive, so it is not necessary to remove hands from the Ambu bag. |
| 7. Discharge defibrillator by depressing both paddle discharge buttons simultaneously. | | 7. An audible sound is present when the defibrillator is discharged. |
| 8. Observe patient and monitor to determine results. If counter shock is necessary, push the "Charge" button and repeat as above. | | 8. To dump unwanted charge, rotate "Energy Select" control to zero, or turn the unit off. |
| 9. Push the "On" button to turn the unit off. | | |

***The defibrillator will not discharge while Charge Indicator is flashing, energy display is flashing, numbers are scrolling up or down, or while energy display is blanked or indicates zero.**

*Refer to the LifePak 20 manuals or under nursing equipment manual on LSUHSC-S website for any further questions.

Pacemaker - External

Purpose:

1. For emergency use in the face of third degree heart block (complete A:V dissociation); second degree heart block type II; or in second degree heart block type I or bradycardia in which the patient is symptomatic and when Atropine 2 mg and an Isuprel drip prove ineffective.
2. For emergency use while a transvenous pacemaker is set up and placed.

Equipment:

Anterior and posterior Quik-Pace electrodes
Life pak 20
Fast Patch/Combo Patch

**Procedure:
Responsible Party**

Action

MD/RN

1. Insert Quik-Pace Cassette into defibrillator portion of Lifepak-8 monitor or connect LifePak 12 or 20 electrodes to patient.
2. Connect ECG electrodes and cable to patient. Turn monitor on - using a Lead II.
3. Attach pacing cable (Part Number 802905) to Lifepak 8 Quik-Pace Cassette.
4. Connect pacing electrodes to the pacing cable, correctly matching colors (red and black).
5. Position electrodes on chest: Place the black (negative) electrode on the left anterior chest halfway between the xiphoid process and the left nipple, with the upper edge of the electrode just below the nipple line. Place the red (positive) electrode on the posterior left chest, below the scapula and lateral to the spine. Electrodes adhere best on a relatively flat surface. It may be necessary to shift the anterior electrode slightly to avoid placement over breast tissue. The chest may also need to be shaved prior to placement of electrodes.
6. Sedate if practical.
7. Turn on pacing cassette.
8. Set desired rate.
9. Set preferred current.
10. Set mode (either demand or non-demand).

RN

11. Monitor and record vital signs and patient response.
12. Set up for temporary transvenous pacemaker if ordered.

Synchronized Cardioversion

Purpose:

To establish safe guidelines for a synchronized cardioversion.

Policy:

Elective synchronized cardioversion is performed by MD or RN and the MD must be at the bedside

Equipment:

Life pak 20

Conductive pads

Combo/Quick pads

Life Pak EKG cable

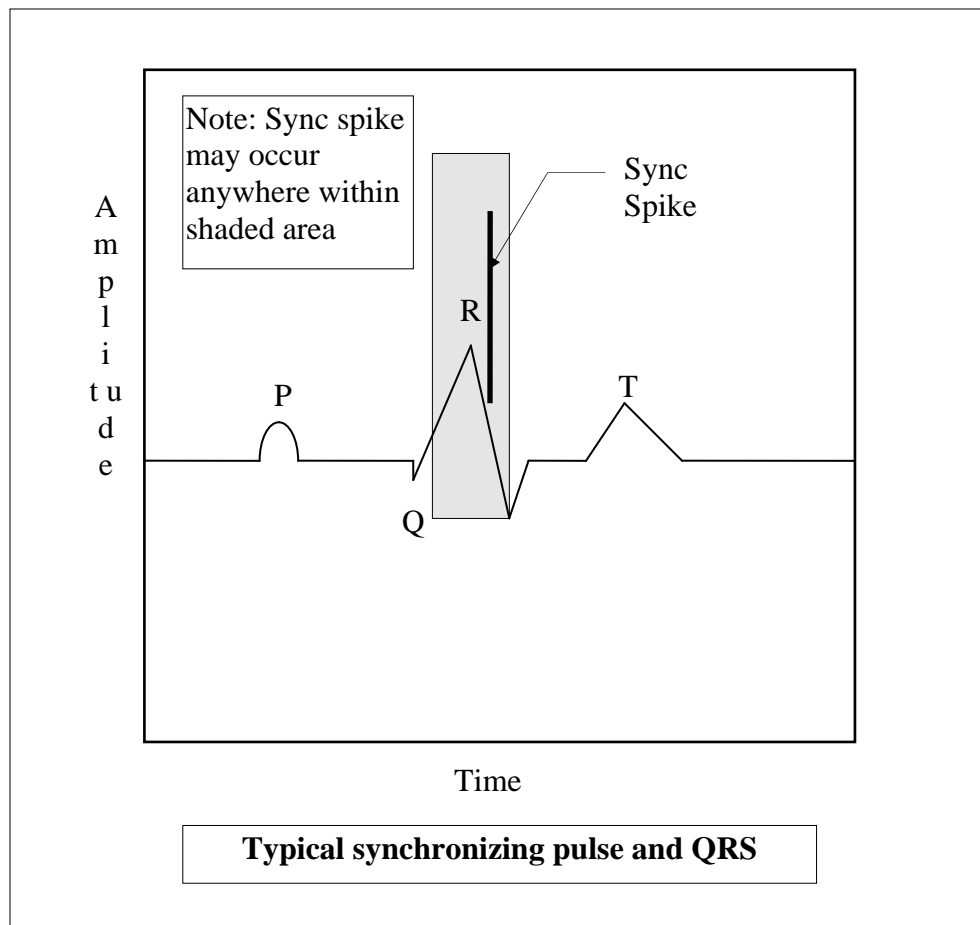
Ambu bag connected to O₂

Suction

PROCEDURE:

Responsible Party	Action	Rationale
RN / MD	1. Maintain intravenous access with TKO fluid.	1. Allows for administration of emergency drugs.
MD	2. Obtain informed consent.	2. All procedures require informed consent unless emergent.
RN / MD	3. Explain procedure to patient.	
	4. Connect patient to monitor via EKG or Combo/Fast pads	
	5. Attach monitoring cable to defibrillator.	
	6. Obtain rhythm strip.	5. Documents pre-procedure rhythm.
	7. Verify connection of ECG leads.	8. QRS complex must be in upright position selecting lead with tallest R wave to assure appropriate synchronization.
	9. Perform Time Out	
	10. Sedate conscious patient with ordered medication.	
	11. Press synchronized button on defibrillator. Note that the indicator lights on R waves.	
	12. Place conductive/combo pads on patient.	

	Conductive pads MUST be placed if not using Combo/Fast pads.	
RN / MD	13. Set required delivered energy on the Energy select. (Determined by MD)	13. Range may vary from 25-200 Joules or more for subsequent shocks.
MD	14. Charge paddles.	14. Observe Energy level meter and verify proper energy level. Audible tone sounds when proper level is reached.
	15. Position paddles on patient; instruct others to stand clear. Do a visual check to make sure that all others are clear of the patient.	
	16. Depress paddle buttons to deliver charge. Obtain rhythm strip from monitor during procedure.	
	17. Repeat as ordered or until patient converts to desirable rhythm.	
RN / MD	18. Turn off defibrillator	
RN	19. Documents procedure in nursing notes.	
	20. Monitor patient status as ordered until patient is stable.	



References:

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Nursing/Oper_Manuals/Life_Pak20.pdf