Cardioversion / Defibrillation / Transcutaneous Pacer
Helpful Hints [ZOLL]

Universal Cable must be connected to APEX paddle or inserted into Defib Short Block [side] to pass automated 2 am Self Check.

The automatic 2am Zoll self check does not count as the GWUH defib check!

Q Shift 30J Defibrillator Check (Mandatory)
Universal Cable connected to APEX paddle
Confirm paddles are placed securely in side slots
1) insert the lower side of paddle first
2) then click the top into place

1. Turn control dial to Defib Mode
2. Select 30 joules
3. Press Charge
4. Press both Orange shock buttons on the defib paddles simultaneously.
5. Confirm 30 J test passed
6. Document on Code Cart Checklist

If Defib Short Block is used: the Orange shock button on the front of the defibrillator will illuminte to press for 30 J check.

Universal cable may be inserted to the side “Defib Short Block” to perform 30 J check.

RED X in window means the defibrillator failed the 2am self check.
1) Connect the universal cable to the paddles or defib short block
2) Perform the 30J check.
Changing Paper
1) Press button on top to open
2) Place flat paper pack with black arrows facing toward the back of machine
3) Close lid carefully, printed side faces you press record to make sure paper moves freely.

Proper Paddle / Universal Cable connection
Cable should be connected to APEX paddle with no kinks in the cord
The paddle cord should sit straight in the grove of the cable.

To Connect External Pads
Remove Universal Cable from Apex Paddle
1) Pull black trigger in the direction of the black arrow
2) Pull universal cable straight out (avoid rocking or twisting)
3) Connect universal cable to pad ARROW to ARROW

Pressing the Analyze button activates the AED mode
To de-activate AED mode: press Analyze button again

SWelch 2018 Zoll Helpful Hints
CARDIOVERSION / DEFIBRILLATION
TRANSCUTANEOUS PACING TIPS

Demonstrate Preparation and paddle placement (for Defib and Cardioversion)

Avoid
- Pacemakers
- Ports [Mediports]
- Patches [medication]
- Piercings / jewelry
- Products: wires / drains /powder

Paddle placement:
- Prepare paddles with Electrolyte Gel or Defib gel pads
- STERNUM: Right of the sternum below the clavicle
- APEX: Placed to the Left of the nipple line with the center of the paddles in the midaxillary line

Use Quick Look Paddles
- Gel (gelpad) and place the paddles as above
- Lead select on the Defibrillator MUST be on PADDLES.
  - (Not Lead I, II, or III)
- This will give you the same EKG view as Lead II

Defibrillation
Identify the rhythms requiring defibrillation
1) V-Fib
2) V-Tach without a pulse

Set Joules
- Biphasic 200 Joules (all shocks)

Demonstrate Defibrillation
- Charging: Everybody Clear & (Take a Look)

Shocking with paddles
1) Energy Select on Sternum paddle
   Default to 200 Joules
2) Charge Button on APEX paddle
3) Shock: press both orange buttons.

For patient’s going to Cath Lab
Defib Pad wires should not cross the chest

Pressing Analyze puts the defibrillator into AED mode. Press Analyze again to stop AED mode.
CARDIOVERSION:

Rhythms requiring cardioversion
IF THE PATIENT IS UNSTABLE OR SYMPTOMATIC
1) Rapid A-Fib            3) SVT
2) Rapid A-Flutter        4) Vtach with a Pulse

Preparation for Cardioversion

REMEMBER S M S

Sedate
Sedative or amnesic or analgesic

Monitor (Select Defib Mode)
* Place LEADS Connect Defib leads to patient (RA = White / LA = Black / LL = Red)
* Select LEAD Use the Defib Lead Select to display the best QRS waveform.
  Choose Lead I, II or III
  DO NOT use PADDLES to synchronize:
  if your hand moves, the defibrillator may think it sees an R wave and shock

Synchronize

- Pressing synch allows the ECG to identify and synchronize to the R wave
  An arrow on the R wave shows synchronization
- The defibrillator will ONLY deliver the shock when it sees the R wave in order to avoid T wave.
- Shocking on the T wave could result in V-fib (R on T)

Resynchronize before every shock [Press Synch & Confirm Synch before each shock]
- GWUH defibrillators automatically default back to defibrillation after each synchronized cardioversion.
TRANSCUTANEOUS PACING
EXTERNAL PADS

Identify Rhythms requiring Transcutaneous Pacing
ANY Symptomatic Bradycardia
Sinus Brady                Slow Afib
Junctional rhythms       Idioventricular Rhythm
Advanced Heart Blocks
2nd degree Type I and II , 3rd degree

PLACE PADS and LEADS
Zoll recommends ANTERIOR AND POSTERIOR pad placement : PICTURES ARE ON THE PADS

1) Place anterior pad at the apex
2) Place posterior pad on the left side of the patient’s back below the scapula.

Connecting External pads to UNIVERSAL CABLE
DO NOT FORCE THE CABLE: IT ONLY FITS ONE WAY

Zoll Pediatric Paddles
• Located under the adult paddles.
• Pinch the black black button toward the outside of the paddle
• Slide the adult paddle off.
• Defib 2 joules / Kg
• Cardiovert 1joule / ke

Zoll Internal Paddles
• ICU: located in ICU –2 Chest cart
• Operating Room
• ED: located in the defibrillator carts in Trauma bay ( CC3 )
• CVC : beside the crash cart


To check underlying rhythm
Press 4:1 button allows you to look at the underlying rhythm Paces every 4th beat while button is depressed

Pacer Mode:
1) Turn control dial counterclockwise to Green pacer Controls
2) Set Rate
3) Set mA to capture + 10%
   Increase mA (output) until you get Ventricular capture
   (spike followed by a wide QRS + palpable pulse that correlates with set pace rate)

Pacer defaults to Demand: screen should say PACE
   NOT: ASYNCH PACE)