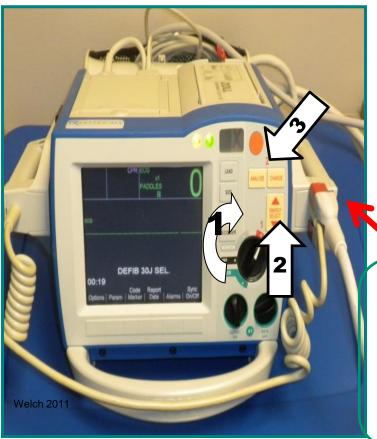
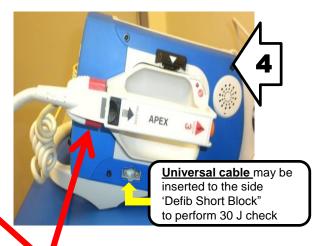
Cardioversion / Defibrillation / Transcutaneous Pacer Helpful Hints [ZOLL] 2018





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

If Defib Short Block is used: the Orange shock button on the front of the defibrillator will illuminate to press for 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

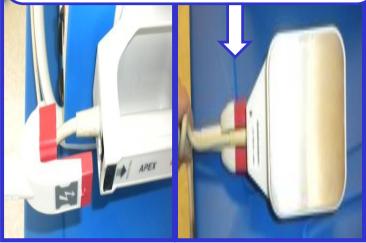
2) Perform the 30J check.

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 .







Changing Paper

-) Press button on top to open
- Place flat paper pack with black arrows facing toward the back of machine
- Close lid carefully, printed side faces you press record to make sure paper moves freely.

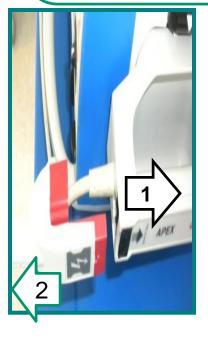
To Connect External Pads Remove Universal Cable from Apex Paddle

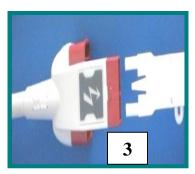
- Pull black trigger in the direction of the black arrow
- 2) Pull universal cable straight out (avoid rocking or twisting)
- Connect universal cable to pad ARROW to ARROW

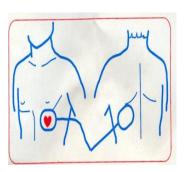
Pressing the
Analyze
button
activates the
AED mode

To deactivate AED mode: press Analyze button again











CARDIOVERSION / DEFIBRILLATION TRANSCUTANEOUS PACING TIPS

R-Series

<u>Demonstrate Preparation and paddle placement (for Defib and Cardioversion)</u>

Avoid

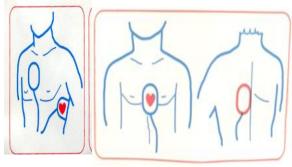
- Pacemakers
- Ports [Mediports]
- Patches [medication]
- Piercings / jewelry
- Products: wires / drains /powder

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

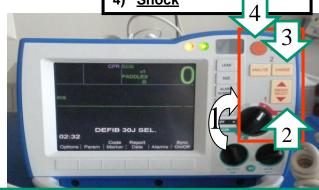
• Charging: Everybody Clear & (Take a Look)



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

Shocking with pads

- 1) Turn to defib mode
- 2) <u>200Joules</u>
- 3) Charging / Clear
- 4) Shock



Pressing Analyze puts the defibrillator into AED mode.

Press Analyze again to stop AED mode.



Shocking with paddles

- Energy Select on Sternum paddle
 Default to 200 Joules
- 2) Charge Button on APEX paddle
- Shock: press both orange buttons.

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

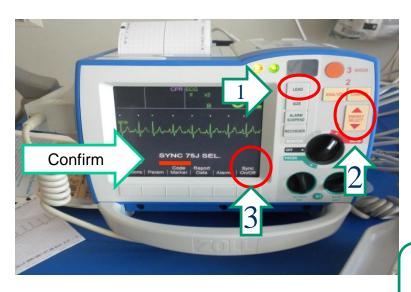
Monitor (Select Defib Mode)



- * 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



Select **Defib Mode**(orange controls)
To Cardiovert

Cardioversion:

Place leads on patients

- 1) Select **Lead II**
- 2) Select **Energy**
- Select **Synch** Confirm SYNCH & arrows on R waves

 Biphasic
 Monophasic

 Aflutter: 50 – 100j
 100j, 200j, 360j

 SVT: 50 - 100j

Vtach: 100 - 200j Afib: 120 - 200j

Synchronize

- Pressing synch allows the ECG to identify and synchronize to the R wave
 An arrow on the R wave show 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 onT)

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 Rhyuthm

Advanced Heart Blocks

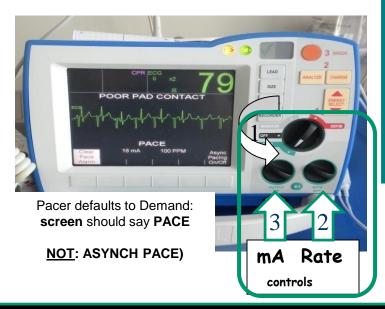
2nd degree Type I and II, 3rd degree

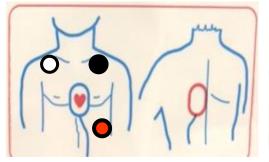
PLACE PADS and LEADS

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













Pacer Mode:

- 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)

To check underlying rhythm

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

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

