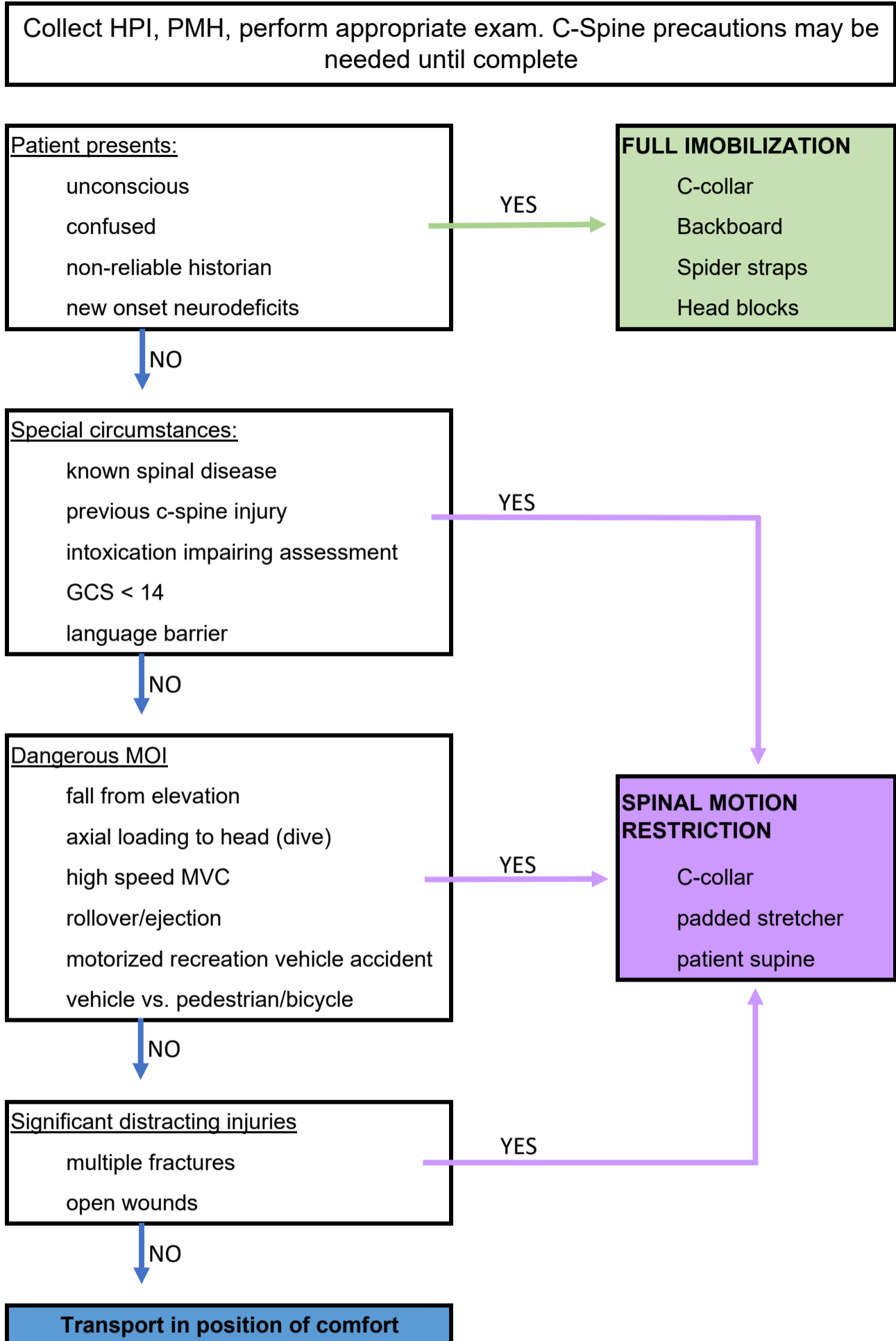


SPINAL MOTION RESTRICTION (SMR)



NOTE:

1. A backboard may be used as a transfer device to remove the patient from the environment to the stretcher. If the patient does not meet the conditions for full immobilization, the backboard should be removed as soon as feasible.

SYNCHRONIZED CARDIOVERSION

PROTOCOLS USED:

- [Adult Supraventricular Tachycardia](#)
- [Pediatric Unstable Tachycardia](#)
- [Pediatric Stable Tachycardia](#)
- [Adult Rapid Atrial Fibrillation](#)
- [Adult Ventricular Tachycardia with a Pulse](#)

	EMR	EMT	PM
1. Continue ALS care as indicated by specific protocol			•
2. Place limb leads and combo pads in the anterior-posterior positioning Anterior (-): V4 positioning Posterior (+): just under (L) scapula, between spine and (L) scapula			•
3. Turn on Synch. Ensure indicators are shown above each QRS complex.			•
4. Select appropriate joule dosage based on chart below.			•
5. Once charged and patient is cleared, press and hold to shock			•
6. Document settings in patient care report			•

SUPRAVENTRICULAR TACHYCARDIA / NARROW COMPLEX TACHYCARDIA

ADULT:

<u>Zoll</u>	<u>LifePak</u>	<u>Phillips</u>
70J	50J	50J
120J	100J	100J
150J		150J
200J		

PEDIATRIC:

Initial dose:	1 J/kg
2nd dose:	2 J/kg

RAPID ATRIAL FIBRILLATION / FLUTTER

ADULT:

<u>Zoll</u>	<u>LifePak</u>	<u>Phillips</u>
120J	100J	100J
150J	200J	150J
200J	300J	200J
	360J	

VENTRICULAR TACHYCARDIA WITH A PULSE

ADULT:

<u>Zoll</u>	<u>LifePak</u>	<u>Phillips</u>
120J	100J	100J
150J	200J	150J
200J	300J	200J
	360J	

PEDIATRIC:

Initial dose:	1 J/kg
2nd dose:	2 J/kg