**Procedure Guidelines**

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>AED Application &amp; Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<tr>
<td>Past Protocol Updates</td>
<td>08/2000</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Tortenson M.D.</td>
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</tbody>
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**Indications:**
Apply the AED to people that are unresponsive, breathless, and pulseless.

**Preparation:**
1. Activate EMS as soon as possible
2. Perform CPR until the AED arrives
3. Place defibrillator pads as indicated by pictures on pads
   - Remove any medication patches obstructing pad placement
   - Remove hair with razor if necessary

**Procedure:**
1. Confirm that defibrillator pads are connected
2. Activate AED.
3. Follow prompts given by AED.
4. If indicated and a “shock advised alarm is sounded ensure that all rescuers are clear of the patient.
   - Analyze and provide shocks as the AED indicates
   - Some AED’s operate under guidelines set prior to 2005 and may deliver up to three consecutive shocks. Repeat stacked shocks as indicated.
   - Other AED’s operate on guidelines set after 2005 and will only indicate one shock then the need to initiate CPR.
     Follow all prompts as directed by the AED.
5. If advised of “no shock advised,” initiate CPR immediately. Beginning with compressions.
   - Continue compressions until help arrives or the AED indicates otherwise.
6. If pulses return, check breathing and as appropriate administer positive pressure ventilations.
   - If breathing is adequate, place patient in recovery position until help arrives or initiate transport.
*Note: Occasionally a cardiac arrest victim may require further defibrillation; leave the AED attached to the patient in case this need arises.

- Use anterior/posterior placement for Pediatric patients.