

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL**Implanted Cardiac Defibrillator (AICD) Protocol****First Responder Care**

First Responder Care should be focused on assessing the situation and initiating routine patient care to treat for shock.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to treat for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Initiate ALS intercept and transport as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. **Ondansetron (Zofran):** *For nausea and vomiting - Choose one of the following:*
 - 4mg PO orally disintegrating tablet
 - 4mg IM
 - 4mg IV over 2 minutes
4. **Fentanyl:** *For Pain - Choose one of the following:*
 - Intranasal (See Intranasal Fentanyl Dosing Chart)
 - *If unable to establish IV access - 50mcg IM*
 - 50mcg IV, over 2 minutes. May repeat every **5 minutes** to a total of 200mcg.
5. Initiate ALS intercept and transport as soon as possible (transport can be initiated at any time during this sequence) and contact the receiving hospital as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Treat arrhythmias per applicable protocol and transport as soon as possible.
4. **Ondansetron (Zofran):** *For nausea and vomiting - Choose one of the following:*
 - 4mg PO orally disintegrating tablet
 - 4mg IM
 - 4mg IV over 2 minutes
5. **Fentanyl:** *For Pain - Choose one of the following:*
 - Intranasal (See Intranasal Fentanyl Dosing Chart)
 - *If unable to establish IV access - 50mcg IM*
 - 50mcg IV, over 2 minutes. May repeat every **5 minutes** to a total of 200mcg.

6. Contact the receiving hospital as soon as possible.
7. If the patient becomes pulseless at any time, refer to the *Resuscitation of Pulseless Rhythms Protocol*.

Critical Thinking Elements

- Any patient who has been shocked by an AICD should be strongly encouraged to seek medical attention and closely monitored en route regardless of patient condition.
- If the AICD is malfunctioning, alert Medical Control as early as possible so that a round magnet can be available upon arrival.
- If a patient is unresponsive and pulseless, CPR must be initiated. If the AED recognizes a shockable rhythm, the shock should be delivered (even though the patient has an AICD).
- Avoid placing the Quick Combo pad or Fast Patches directly over the AICD unit as this could damage the device and reduce the efficacy of external defibrillation.
- Slightly alter pad placement if initial defibrillation is unsuccessful.
- In patients with known renal failure, the Fentanyl dose must be reduced to 25mcg. The dose may be repeated one time to a maximum dose of 50mcg.
- An implanted cardiac defibrillator (AICD) is a device that delivers an internal defibrillation (shock) whenever the patient's heart rate exceeds defined limits for > 10 seconds. Persons in contact with the patient at the time the device delivers the defibrillation will receive a shock of approximately 3 Joules. This energy level constitutes **NO DANGER** to EMS personnel.
- Avoid use of Zofran in patients with congenital long QT syndrome as these patients are at particular risk for Torsades de Pointes