



## FIRST RESPONDER DEFIBRILLATION STANDING ORDER

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### I. AUTHORITY:

*Health and Safety Code, Division 2.5, Sections 1797.90, 1797.220, and 1798; California Code of Regulations, Title 22, Sections 100021 and 100064.*

### II. APPLICATION:

This policy defines the standing orders for a first responder accredited to use an Automated External Defibrillator (AED).

### III. PROCEDURE:

#### A. Indications:

1. Cardiac arrest of suspected medical origin in patients  $\geq 8$  years old and  $\geq 55$  pounds.
2. Use in children aged 0 – 8 years or  $< 55$  pounds is permitted only if the AED has been approved by the AED manufacturer for use in children.

#### B. Contraindications:

Cardiac arrest victims of trauma, unless the scene situation suggests a probable medical cause of the cardiac arrest.

#### C. Immediately upon arrival, verify unconsciousness, assess respirations, and verify pulselessness.

1. Initiate CPR per current guidelines.
2. OCEMS advocates early use if the AED.
3. Minimize interruptions in CPR for rhythm analysis and minimize peri-shock pause.
4. Follow manufactures for application and use of the AED device.

#### D. Determine ETA of the ALS unit; prepare patient for transport.

### IV. SCENARIO VARIATIONS:

#### A. Public Access / Private Citizen Applied AED:

1. Continue CPR and minimize peri-shock pause. Repeat shock as indicated.

#### B. AED contraindicated:

1. Continue CPR and prepare patient for ALS treatment / STAT transport.

#### C. STAT Code 3 BLS transport:

1. If the ETA of the ALS unit to the scene exceeds the time required to transport the patient to the closest ERC by BLS ambulance Code 3 transport, the patient is to be transported to the closest ERC by the first responder team.
2. The ERC is to be notified via ambulance company dispatcher or other appropriate means.

#### D. Delayed ambulance and paramedic arrival:

1. Greater than 6 shocks may be delivered on scene by the paramedics if the ambulance arrival is delayed. In this circumstance, continue to re-analyze every 2-3 minutes or as prompted by the AED and deliver shocks as indicated. Minimize peri-shock pause.



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E. Rhythm analysis and defibrillation during transport:

1. Repeat rhythm analysis no more frequently than every 10 minutes during transport, unless a change in the patient's condition, even if the machine prompts a more frequent analysis. Minimize peri-shock pause.
2. Do not use the AED in a moving vehicle. Pull the ambulance to the side of the road and allow the machine to analyze the rhythm.

V. SPECIAL CONSIDERATIONS:

A. Transdermal Medication Patches:

Remove the patch and wipe the area to prevent arcing / sparking or burns if the electrical current should pass through the patch.

B. Surgically implanted devices (Pacemakers, implantable defibrillators):

Avoid placing electrodes over or near these devices, which can be damaged, or can absorb or reflect energy, thereby decreasing the chance of a successful defibrillation.

C. Follow safe practice guidelines:

Do not defibrillate patients in water, ensure no one is touching the patient during machine analysis or defibrillation, etc.

D. Documentation:

The first responder agency must retain the electronic data of the AED use.

- ❖ If First Responder personnel opt to transport the patient prior to the paramedics' arrival, repeat analysis no more frequently than every 10 minutes during transport. Ambulance must be stopped during analysis and shock delivery.

**Approved:**

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