Electrical Cardioversion Algorithm (Not in Arrest)

ACLS recommendations & protocols (AHA 2010)

See individual sections for more detailed analysis & recommendations
Specifically see: Defibrillators: Automated/ Manual (Procedures)
See also ACLS Notes

Tachycardia With Serious Signs/ Symptoms

- **Ventricular Rate <150**
- **Ventricular Rate >150**

Ventricular Rate <150

1. Give meds based on Specific dysrhythmia

Ventricular Rate >150

1. Immediate Cardioversion
    - May consider brief trial of meds based on specific dysrhythmia
2. Monitor O2 sat& BP
3. Have at bedside
    - O2 saturation monitor
    - Suction device
    - IV line
    - Intubation equipment
4. Premedicate if possible (sedative + analgesic)
    - Sedatives
        - Versed
        - Valium
        - Thiopental
        - Etomidate
        - Ketamine
        - Methohexital
    - Analgesics
        - Fentanyl
        - Morphine
        - Meperidine
5. Synchronized cardioversion
    - Atrial fibrillation
        - 120 – 200 J (biphasic), increase in standard sequence
    - For PSVT or atrial flutter,
        - may start at 50 J – 100 J
    - Stable monomoprhic VT
        - 100 J increase in standard squence
    - Standardized sequence 100, 200, 300, 360 J
        - Monophasic energy dose OR
        - Clinically equivalent biphasic energy dose

- For polymorphic VTach
  - Treat like V-Fib

"2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers." 2010, First American Heart Association Printing, November 2010.

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