



Rancho Los Amigos National Rehabilitation Center  
DEPARTMENT OF NURSING  
CLINICAL  
POLICY AND PROCEDURE

SUBJECT: DEFIBRILLATION WITH  
MULTI-FUNCTION ELECTRODES

Policy No.: C111.12  
Effective Date: 05/1994  
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**Purpose of Procedure:** To provide a standardized process for the use of the defibrillator/Automated External Defibrillator (AED) with multi-function electrodes to eradicate life-threatening dysrhythmias.

**Physician's Order Required:** Yes, except in the event of an emergency/code blue situation.

**Performed by:** MD, RN (under the direction of a physician, or independently if ACLS/PALS certified) and employees who are competent in the use of an AED (for emergency code blue response)

**Policy Statement:** In preparation for use, the Defibrillator Pads are available in the crash cart at all times. Manufacturer's recommendations will be followed

**Equipment:** Crash Cart, Defibrillator/AED, Defibrillator Pads

**Procedural Steps:**

- I. Defibrillator Pad Placement: Use the electrode placement pattern that allows the defibrillator to be used for monitoring, defibrillation and external pacing. Anterior/Posterior method is preferred.
  - A. Select the appropriate defibrillator pads:
    1. Pediatric pads – Follow manufacturer's weight recommendations for pediatric patients (Zoll OneStep Pediatric Pads is for 0-8 years and <25kg [55lbs])
    2. Adult pads – all other patients
  - B. When opening the package, ensure conductive gel is moist. Do not use if dry.
  - C. Place the defibrillator pads on the patient's exposed skin as directed on the package diagram.

**KEY POINT:**

    1. Avoid placing pads over nipples and permanent pacemaker devices.
    2. To ensure good skin contact, gently press the gel area to remove any trapped air.
- II. Using the AED
  - A. Turn knob to *DEFIB*
  - B. Attach defibrillator pads to cable of the defibrillator/AED if not already connected
  - C. Press *ANALYZE*
  - D. Follow the verbal instructions from the AED
  - E. The AED will determine the patient's cardiac rhythm and will advise to "shock," if appropriate.
  - F. State "Stand clear," and visually verify that all personnel are clear of contact with the patient and the bed. Ensure the bag-valve-mask device/oxygen source is removed from the bed.
  - G. Press the *SHOCK* button and resume CPR.
- III. Defibrillator in Manual Mode
  - A. Turn knob to *DEFIB*
  - B. Attach defibrillator pads to cable of the defibrillator/AED if not already connected
  - C. Press *ENERGY SELECT* to desired joules as ordered (120-150-200)
  - D. Press *CHARGE*
  - H. State "Stand clear," and visually verify that all personnel are clear of contact with the patient and the bed. Ensure the bag-valve-mask device/oxygen source is removed from the bed.

- I. Press the *SHOCK* button and resume CPR.

**DOCUMENTATION**

1. Document the procedure on the *CPR/Rapid Response Report* Form in accordance with the guidelines in Nursing Policy C205.2 – *Code Blue Documentation*. Include:
  - A. Date and time
  - B. Joules delivered for each attempt
  - C. Patient’s response to each attempt
  - D. Complications, if any
2. Obtain a rhythm strip during the code and place it in the progress notes.
3. Develop or revise the Interdisciplinary plan of care as appropriate.

**PATIENT/FAMILY EDUCATION**

1. Discuss with patient and family the rationale for defibrillation and how to access emergency services after discharge.

**Revised by:** Angelica S. Lopez MSN, RN, AGCNS-BC, CCRN, CRRN, CNRN

Reviewed by: Dulce Dones, MSN, RN

**References:**

Rancho Los Amigos National Rehabilitation Center (2022). Nursing Policy C205.20 – *Code Blue Documentation*

Zoll R Series ALS Operator’s Guide (2018)

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|-----------------|-----------------|
| 05/94 – New     | 04/00 – Revised |
| 08/01 – Revised | 02/04 – Revised |
| 10/06 – Revised | 02/11 – Revised |
| 06/14 – Revised | 06/17 – Revised |
| 05/20 – Revised | 6/23 - Reviewed |