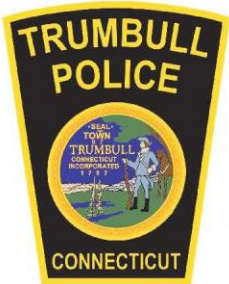



TRUMBULL POLICE DEPARTMENT POLICY

	POLICY TITLE Automated External Defibrillation (AED)		POLICY NUMBER 17.1.1
	EFFECTIVE DATE April 2, 2015	REVISION DATE(S)	
	APPROVAL AUTHORITY SIGNATURE: 		

I. POLICY:

An automated external defibrillator (AED) is carried and used by members of the Trumbull Police Department to treat victims who experience sudden cardiac arrest. It is only to be applied to victims who are unconscious, not breathing normally and showing no signs of circulation, such as normal breathing, coughing and movement. The AED will analyze the heart rhythm and advise if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

II. PROCEDURES:

A. Indications:

1. Any patient above the age of one (1) year old from any etiology, including but not limited to: Drowning, Electrocution, Lighting Strike.

B. Contraindications:

1. Valid DNR orders as per the Sponsor Hospital Council of Greater Bridgeport guideline and standards.
2. Patients under the age of one (1) year OR per manufacturer’s guidelines for AED usage.

C. Automated External Defibrillator (AED):

1. The defibrillator will be brought to the side of any patient suffering from cardiac arrest, OR complaining of chest pain, respiratory difficulty, altered mental status, syncope, or any cardiac condition.
2. Paramedic intercept / response will be requested / confirmed.
3. An initial assessment and routine BLS care will be initiated. If cardiac arrest is confirmed (patient has no pulse and is not breathing) effective CPR will be performed.
 - Note: If only one trained rescuer is present, proceed with AED protocol following an initial assessment.
4. The appropriate sized defibrillator electrodes [per manufacturer’s guidelines] will be applied to every patient who is in cardiac and or respiratory arrest.
5. Pediatric electrodes will be used on patients between one (1) and eight (8) years of age and under eighty (80) pounds.
6. Patients over the age of eight (8) and eighty (80) pound will require adult size electrodes.
7. Proper electrode placement to the patient [per manufacturer guidelines] will be followed.
8. Connect electrodes to the defibrillator and press the “on” button.

9. Follow directions provided by the Defibrillator unit.
10. Stop CPR and ensure no one is touching the patient (state loudly CLEAR)
11. Allow the Defibrillator to analyze the patient rhythm.
12. If “no shock advised” and no pulse is located, continue effective CPR
13. If “no shock advised” and pulse is present, follow routine BLS care.
14. If “shock is advised,” ensure the safety of rescuers and bystanders, state loudly CLEAR and perform a visual inspection to make sure no one is touching the patient, and then press the shock button.
15. Reassess for pulse. If pulse is present, or “no shock advised” follow routine BLS care.
16. Assist EMS and the Paramedic in preparing the patient for transportation to the nearest hospital facility.
17. If no pulse is present, resume effective CPR.
 - Note: Analysis of a patient’s rhythm and defibrillation must not be performed in a moving vehicle or when someone is touching the patient.

III. ADDENDUM:

A. Post Resuscitative Care

1. Maintain patent airway using appropriate airway adjuncts and supplemental oxygen.
2. Carotid pulse should be monitored closely.
3. If at any time, the patient re-arrests, re-start the sequence. Do not delay in transportation of the patient.
4. The status of the paramedic intercept / response will be confirmed.
5. The receiving hospital should be contacted en route if the paramedic is not available.
6. Once applied, the AED should not be turned off or the electrodes should not be removed from a patient until the patient’s care is turned over to EMS or ED staff.
7. Follow AED manufacturer guidelines in usage and maintenance of the device.
8. Follow TPD guidelines in downloading data from each application of the device.

IV. DOCUMENTATION:

- B. After every AED usage, any / all patient information, observations, assessments, interventions, treatments, activities, and times will be documented. AED units will be downloaded for quality assurance review. Copies of any / all incident reports may be subject to review by the EMS coordinator at the receiving hospital any time after the conclusion of the call. All information obtained will remain confidential in accordance with HIPPA guidelines and regulations.

V. DO NOT RESUSCITATE ORDERS:

- A. A valid DNR order must be in place, contain the proper signatures, and has not expired. A DNR order will consist of an indicator (bracelet) or written documentation in the patient’s name. Confirm the validity of the DNR and report this information to the responding EMS units.
- B. Verbal / written statements from a family member, RN, or healthcare provider, does not constitute on behalf of the patient’s wishes, therefore BLS care should be provided. If the paperwork cannot be provided or there is a question as to the integrity of the DNR order, begin BLS care including AED protocol.
- C. A paramedic can institute a DNR order once confirmed through medical control.