

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Implanted Cardiac
Defibrillator (AICD) Protocol**

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.

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 *Routine 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 *Routine 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 *Routine 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.

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ILS Care (continued)

3. Initiate ALS intercept and transport as soon as possible. (*Transport can be initiated at any time during this sequence*).
4. Contact the receiving hospital as soon as possible.
5. If the patient becomes pulseless at any time, refer to the *Resuscitation of Pulseless Rhythms Protocol*.

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 *Routine 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. **Morphine Sulfate:** 2-5mg IV *every 5 minutes* (if needed) to reduce the patient's anxiety and severity of pain.
5. **Promethazine (Phenergan):** 12.5mg IV diluted with 10mL NS and administer over 60 seconds (if systolic BP > 90mmHg) **for nausea and vomiting**. Promethazine 12.5mg may be repeated one time in **15 minutes** to a total dose of 25mg.
6. *If the patient is allergic to Morphine or if Morphine is not effective:*
Fentanyl: 50mcg IV over 2 minutes for pain. Fentanyl 50mcg may be repeated one time in **5 minutes** to a total dose of 100mcg.
7. Contact the receiving hospital as soon as possible.
8. If the patient becomes pulseless at any time, refer to the *Resuscitation of Pulseless Rhythms Protocol*.

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Critical Thinking Elements

- Normal placement of the battery pack is in the LUQ of the abdomen.
- 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.**