

### **Princess Royal and Royal Sussex County**



#### **Direct Current Cardioversion (DCCV)**

(See overleaf for algorithm)

- 1. Sedation or general analgesia for conscious patients
- 2. Attach 3 lead ECG and defibrillation pads & turn dial to Manual Defib
- 3. Press **Enter Sync** button



and observe sense markers

4. If necessary, press lead to select lead with most sense markers

5. Press



Broad complex: 150j, 200j then 360j

Atrial fibrillation: 360j (up to three times)

Other narrow complex: 100j, 200j then 360j

6. Remove oxygen, clear and press charge button



7. Confirm SYNC mode, Press and hold



# Adult tachycardia

## ABCDE approach Assess with

- Give oxygen if SpO<sub>2</sub> < 94%</li>
- Obtain IV access
- Monitor ECG, BP, SpO<sub>2</sub>, record 12-lead ECG
- Identify and treat reversible causes e.g. electrolyte abnormalities, hypovolaemia causing sinus tachycardia

#### Life threatening features?

- Shock
- Myocardial ischaemia m

Syncope

Severe heart failure

#### Synchronised DC up to 3 attempts shock

If unsuccessful: conscious

Sedation or anaest hesia if

- Amiodarone 300 mg IV over 10-20 min
- Repeat synchronised DC shock

## UNSTABLE

STABLE Seek expert help



# Is the QRS narrow (< 0.12 s)?

#### Is QRS regular? NARROW QRS

## IRREGULAR

Is QRS regular?

BROAD QRS

#### Possibilities include:

- Atrial fibrillation with bundle branch block treat as for irregular narrow complex
- Polymorphic VT (e.g. torsades de pointes) give magnesiun 2 g over 10 min

### REGULAR

# mythm):

If VT (or uncertain

Amiodarone 300 mg IV over 10–60 min

If previous certain

# diagnosis of SVT with bundle branch block/ aberrant conduction:

Treat as for regular narrow complex tachycardia

# If ineffective:

- (ifno pre-excitation) · Give Adenosine
- 6 mgrapid IV bolus If unsuccessful,
  - give 12 mg
- If unsuccessful, give 18 mg
  - continuously Monitor ECG

## I RREGUL AR

REGULAR

Probable atrial

fibrillation:

manoeuvres

Vagal

- Control rate with beta-blocker
- Consider digoxin or amiodarone if evidence of heart failure
  - Anticoagulate if duration > 48 h

# If ineffective:

Verapamil or beta-blocker

- Synchronised DC shock up to 3 attempts If ineffective:
  - Sedation or anaesthesia if conscious