



SYNCHRONIZED CARADIOVERSION		
Name: _____ Date: _____ License # _____		
Synchronized Cardioversion may be used in the prehospital setting for symptomatic and NOT hemodynamically stable tachycardic patients.		
A. <u>Assessment/Special Considerations:</u>		
<ol style="list-style-type: none"> 1. Field synchronized cardioversion should be avoided if patient is stable enough to make it to ED. 2. If IV/IO were established, may give midazolam 2mg IV/IO immediately prior to synchronized cardioversion. Do not delay synchronized cardioversion in unstable patient. 		
B. <u>Relative Contraindications:</u> Rule out other causes of tachycardia, such as sepsis, ALOC or low BP. Patients are rarely symptomatic from heart rates of 150 to 160 BPM. Other causes should be ruled out.		
<u>Equipment:</u> <ol style="list-style-type: none"> 1. Cardiac monitor with defibrillator with cardioversion capabilities. 2. Cardioversion/Defibrillation pads. 	<ol style="list-style-type: none"> 3. ECG electrodes 4. Pulse oximetry device 	
Performance Criteria	Pass	Fail
1. Uses universal precautions.		
2. Explains procedure to the patient.		
3. States indications and contraindications for synchronized cardioversion.		
4. Applies pre-gelled adhesive cardioversion pads to chest wall according to manufacturer's recommendations.		
5. Applies ECG electrodes.		
6. Confirms rhythm.		
7. Activates synch mode per manufacturer's instructions.		
8. Sets desired cardioversion joules.		
9. Consider premedication with midazolam.		
10. Clear patient and complete synchronized cardioversion procedure.		
11. Reassess patient and continue monitoring.		

Name & Signature of Evaluator

Date

Effective: July 1, 2026
Supersedes: N/A

Approved: _____
Medical Director

EMS Administrator