SARASOTA MEMORIAL HOSPITAL
NURSING DEPARTMENT POLICY

TITLE: NON ELECTIVE (URGENT) CARDIOVERSIONS

POLICY #: 126.330 (Cardiac)
EFFECTIVE DATE: 2/11
REVISED DATE: 9/16
POLICY TYPE: DEPARTMENTAL

PAGE: 1 of 5

Job Title of Responsible Owner: Director, Cardiac

PURPOSE:

To define responsibilities and management for cardioversions not performed in the Cardiac Catheterization Lab (CCL) at SMH.

POLICY STATEMENT:

SMH strives to give the best standard of care when a patient is required to have a cardioversion. Ideally, cardioversions should be performed on a scheduled, elective basis in the cardiac catheterization lab (CCL) during regular hours, but occasionally the need arises to perform this procedure after normal hours of operation of the CCL. The goal is to do so without causing pain or trauma to the patient. Moderate sedation will be required for this procedure. Refer to policy #00.PAT.38 for Moderate Sedation guidelines.

EXCEPTIONS:

The elective patient is scheduled for a cardioversion in the CCL (Department policy # 147.068). Emergent (symptomatic) patients are treated according to the SMH policy #01.PAT.03 and ACLS protocols. This policy is designed for the patient who, at the physician’s discretion, needs urgent cardioversion to prevent hemodynamic compromise after cardiac cath lab hours.

DEFINITIONS:

Cardioversion is the delivery of a synchronized electrical shock to a patient with an arrhythmia such as atrial fibrillation or atrial flutter in an attempt to restore a normal sinus rhythm. The shock is delivered with a defibrillator attached to “hands-off” pads (preferable) or hand-held paddles.

PROCEDURE:

1. Consent forms are signed by patient or health care surrogate if not already done.
2. The patient should be transferred and admitted to CVICU for cardioversion.
3. Upon initial assessment, particular attention will be given to the following details: NPO (moderate sedation...
guidelines will be followed), allergies, status of anticoagulation (notify physician if INR is <2.0 or is not available, or of any abnormal K+ or Mg++ results), presence of dentures (must be removed) and presence of cardiac pacemaker, implantable defibrillator, or deep brain neurostimulators.

1. If patient has a pacemaker or defibrillator, notify the appropriate representative from the company to be present. If the patient has deep brain stimulators, stop and notify physician. The safety of external defibrillatory discharges on patients with DBS has not been established. External shocks to a patient with a deep brain stimulator may damage the neurostimulator system or may cause tissue damage, including brain tissue. The physician should consult with the patient’s neurologist or neurosurgeon to weigh the risks and benefits of the procedure. The DBS device must be turned off for the procedure, and proper placement of pads should be confirmed with the manufacturer’s representative to minimize potential for device interference.

2. The patient will be attached to the defibrillator via multifunction electrode (MFE) pads. (A biphasic defibrillator is preferable.) Removal of chest hair may be necessary. The pad placement recommended by the manufacturer for atrial cardioversion will be followed, unless physician specifies otherwise. Defibrillator leads are also placed for monitoring, and a lead setting is selected. In addition, the patient is attached to monitor, pulse oximetry, and blood pressure cuff. Reading intervals are set for every 2 or every 5 minutes for BP. Nasal oxygen is started at 2L/minute if the patient is not already on oxygen.

3. The defibrillator is set in the “sync” mode. A baseline rhythm strip is obtained from the defibrillator to document the rhythm and the “sync” markings.

4. Once the cardiologist, nurse and respiratory therapist are present, the nurse will call a “time-out” for verification of patient identification and correct procedure.

5. Medications to provide moderate sedation / analgesia will be given on the direct order of a physician who has been trained to perform procedures requiring sedation and who is present during the initial and continued administration of moderate sedation or the procedure will not be started. The physician or RN may give
medications per Moderate Sedation policy #00.PAT.38 guidelines.

6. When the physician is ready to cardiovert, the cardiologist will check that the defibrillator is in “sync” mode, and choose the desired energy (joules) to be delivered. The physician (or nurse) will then press the “charge” button on the defibrillator, and ensure that all personnel are clear of the patient by yelling “clear” and checking visually that no one is touching the patient or the bed. For patient safety, the siderails of the bed must be up, and the patient must be flat on his/her back.

7. When the defibrillator is fully charged, an alarm will sound and, when safety ensured, the physician or nurse presses the “shock” button, and holds it until the shock is delivered (there may be a delay because of the synchronizing). If the patient remains in the arrhythmia, the cardiologist may opt for further shocks at progressively higher energy levels, each time ensuring that the defibrillator is in “sync” mode (some default back to “defib” mode), and that patient and staff are safe. If the patient develops a lethal rhythm, Code Blue and ACLS guidelines are followed under the physician’s direction.

8. If the patient converts to sinus rhythm, the procedure is terminated, and the patient remains monitored by nurse using the moderate sedation guidelines.

Note: If the physician opts to use paddles, the multifunction cable is detached from the MFE pads and attached to the paddles. A liberal amount of electrolyte gel is applied to the surface of both paddles, or electrode gel patches may be placed on the chest. The “sternum” paddle is applied to the patient’s right chest, right of the sternum, just below the clavicle. The “apex” paddle is placed just below and to the left of the patient’s left nipple, along the anterior-axillary line.

RESPONSIBILITY: It will be the responsibility of the Director to see that nursing personnel are aware of, and adhere to, this policy.
REFERENCES:


SMHCS Policy. Moderate Sedation (00.PAT.38). SMH: Author.


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ATTACHMENT(S):

None
**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised policy

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<tr>
<th>Committee/Sections (if applicable):</th>
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Signature:  
Title: Julie Polaszek, Director, Cardiac  
Date: 9/6/16

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