



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

**Effective Date:** September 30, 2019

**Policy:** PH-14  
**Page 1 of 4**

- I. PURPOSE:** To provide defibrillation for a person who is in cardiac arrest and ventricular fibrillation. The Automated External Defibrillator (AED) is typically used in conjunction with other supportive measures such as Cardiopulmonary Resuscitation CPR, administration of supplemental oxygen, and drug therapy depending on the situation.
- II. POLICY:** To provide emergency care and defibrillation until advanced life support and/or ambulance is available and the person can be transferred to an acute care medical facility. The AED is to be taken to the specified location whenever a cardiac emergency (“Code Blue”) is announced over the hospital public address system.
- III. DEFINITIONS:**
- A. **AED:** Portable electronic device which automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia and is able to treat them through defibrillation, the application of electricity which stops the arrhythmia allowing the heart to re-establish an effective rhythm.
  - B. **CPR:** An emergency first aid procedure which consists of immediate recognition of cardiac arrest, activation of the emergency response system, providing artificial circulation by means of external cardiac compressions, opening and maintaining a patent airway, providing artificial ventilation by means of rescue breathing, and rapid defibrillation if indicated.
- IV. RESPONSIBILITIES:**
- A. Spratt medication nurse is responsible for transporting the AED to the “Code Blue” if on Spratt or the Recovery Center.
  - B. The medication nurse at the Forensic Mental Health Facility (FMHF) is responsible for transporting the AED for a “Code Blue”.
  - C. B-wing medication nurse is responsible for transporting the AED to all locations within the main hospital building and on campus, including the MSH group homes, and any other location on campus.
  - D. Any employee who has been trained in the use of the AED may begin the procedure.
- V. PROCEDURE:**
- A. **Equipment:**
- 1. One AED will be kept in the B-wing IV room.
  - 2. One AED will be kept in the examination room at the Forensic Mental Health Facility (FMHF).
  - 3. One AED will be kept in the Spratt emergency cart room.

4. One AED will be kept in the D-wing Medication Room.
5. One AED will be kept in the Medical Clinic X-Ray Room.
6. One AED will be kept in the Transitional Learning Center (TLC) Gym.
7. Pintlar Lodge nursing office.
8. Each AED will include electrodes, basic instructions, a safety razor, and a bandage scissor.

Electrodes and adhesive patches are in a sealed plastic packet. ***DO NOT OPEN THE PACKET UNTIL READY TO USE THE ELECTRODES.***

**B. RESPONSE TO A CARDIAC EMERGENCY:**

1. Assess the patient. In the event the patient is unconscious, not breathing, and does not have a pulse, begin CPR and instruct a staff member to call 7440 to alert the operator to announce a “Code Blue.”
2. The operator will announce the “Code Blue” followed by the location of the code over the hospital intercom system. Example: “Code Blue, Alpha Wing.” When the AED is utilized, the operator, will initiate the 911 call to report a cardiac emergency and request an ambulance.
3. Place AED at the victim’s side near the rescuer who will operate it to allow easy access of controls and to allow a second rescuer to perform high quality CPR without interfering with AED operation.
4. Turn on the AED and follow the voice prompts.
5. Prepare the patient for electrode placement:
  - a. Remove all clothing from the patient’s torso before adhering electrode patches. Clothing may need to be cut and/or torn.
  - b. Remove excessive hair from the electrode sites.
  - c. Wipe excess water or sweat from the chest if the victim is wet.
  - d. Remove transdermal patch if present and wipe the area if it does not delay shock delivery.
  - e. Do NOT apply electrode pads over any metal.
6. Apply the electrodes to the patient’s chest:
  - a. Peel off the back off the electrode patch. Place one AED pad directly below the right collarbone, and the other to the side of the left nipple, with the top edge of the pad a few inches below the armpit. The adhesive side of the electrode patches should be applied firmly and smoothly onto the patient’s skin to assure that the full surface of the patch is touching the patient’s skin.
  - b. For patients with implanted pacemakers: If possible, place defibrillation electrodes away from the internal pacemaker generator. Treat this patient like any other patient requiring emergency care.
  - c. Once applied do not remove the electrode patches and try to re-adhere them.

- d. Do not use tape to adhere electrode patches.
- 7. Attach AED connecting cables to the AED device if they are not already preconnected.
- 8. “Clear” the victim and allow the AED to analyze the rhythm.
- 9. If the AED advises a shock it will tell you to clear the victim and then deliver a shock.
  - a. Loudly state a “clear the victim” message such as “everybody clear” or simply “clear.”
  - b. Look to be sure that nobody is in contact with the victim.
  - c. Press the Shock Button.
- 10. If no shock needed, **immediately resume CPR**, starting with chest compressions.

**C. TRANSFER OF PATIENT FROM AED TO AMBULANCE DEVICE:**

- 1. If the patient’s pulse does not return, make sure the AED remains attached to the patient until the transfer to the ambulance occurs.
- 2. If the ambulance has a defibrillator that is compatible with the AED:
  - a. Turn off the AED.
  - b. Leave the defibrillation electrodes on the patient and disconnect them from the AED.

**D. FOLLOWING THE CARDIAC EMERGENCY:**

- 1. When the Code has ended, return the AED to proper location.
- 2. Complete a routine store order for replacement of electrodes.
- 3. Check the battery, ensure the AED is clean and all required supplies are stocked.

**E. AED MAINTENANCE:**

- 1. Night Shift nurse on B-Wing, D-Wing, Spratt and the FMHF will complete nightly inspections, in accordance with checklist, to ensure AED is ready for use at all times.
- 2. Medical Clinic Nurse will complete routine inspections, and after each use, of the AEDs located in the Medical Clinic to ensure they are ready for use at all times.
- 3. The TLC Program Manager will complete routine inspections of the AED located in the TLC’s gym and report concerns to the Director of Nursing or designee to ensure it is ready for use at all times.

4. The Pintlar Lodge nurse will complete routine inspections of the AED located at Pintlar Lodge to ensure it is ready for use at all times.
  
- VI. REFERENCES:** 2016 American Heart Association Basic Life Support Provider Manual.
  
- VII. COLLABORATED WITH:** Hospital Administrator; Medical Director; Director of Nursing Services; Staff Development Coordinator.
  
- VIII. RESCISSIONS:** Nursing Procedures: Automated External Defibrillator dated August 23, 2018; Automated External Defibrillator Procedure dated July 15, 2011; Automated External Defibrillator Procedure dated August 15, 2002.
  
- IX. DISTRIBUTION:** All MSH Policy and Procedure Manuals.
  
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
  
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing.
  
- XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts  
Hospital Administrator (I)

Thomas Gray, M.D.  
Medical Director