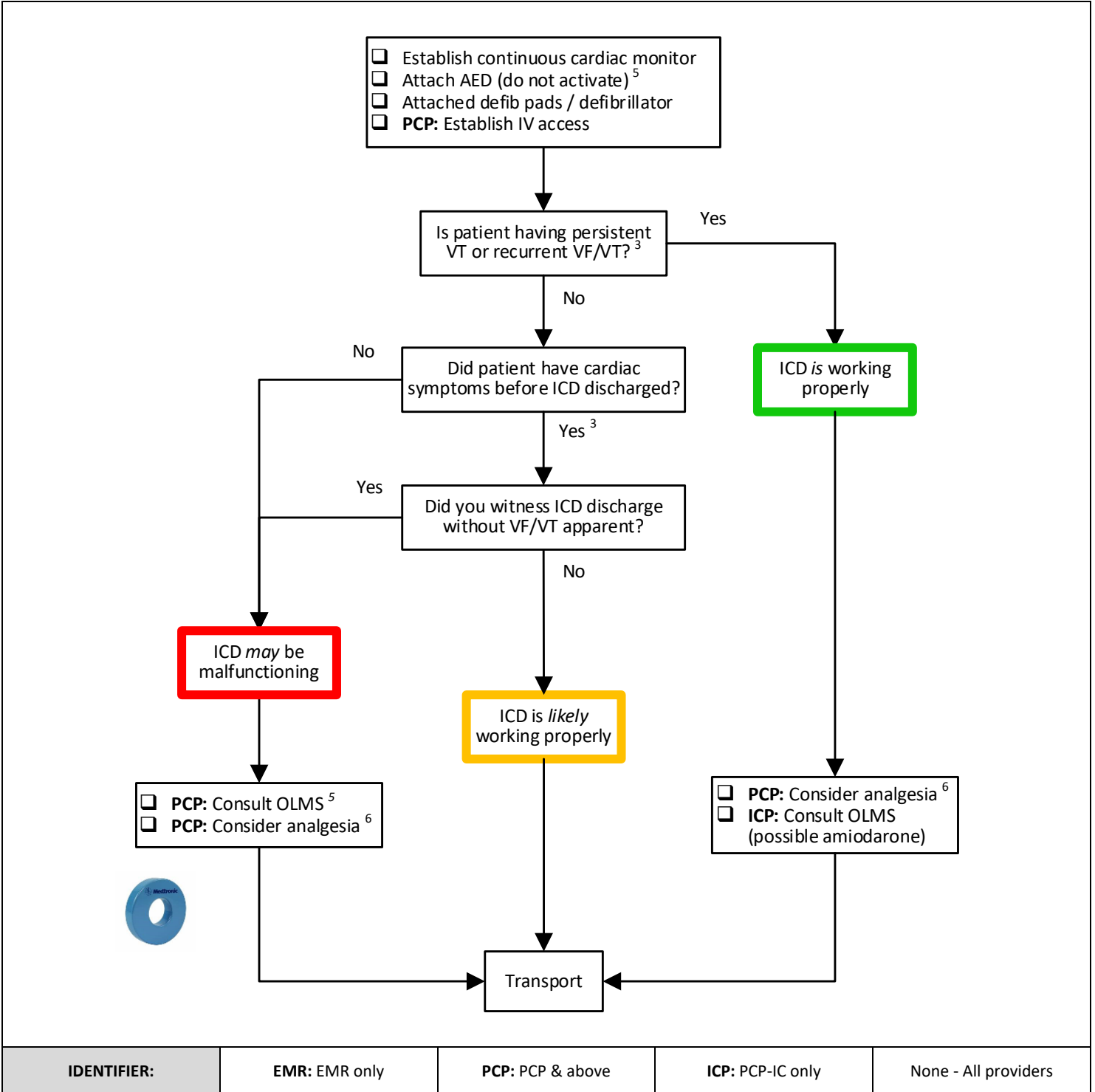
	C09 - IMPLANTABLE CARDIOVERTER DEFIBRILLATOR	
	Adult & adolescent	RESUSCITATION
Version date: 2023-08-05		Effective date: 2024-02-13 (0700)



QRG: AMIODARONE (M14)

TEN YEARS & OLDER:

- 150 mg IV over ten minutes
- Repeat 150 mg once in ten minutes if required

This QRG is for dosing only. Refer to the medication document for additional information required for safe administration.

INDICATIONS

- Any patient with implanted cardioverter defibrillator (ICD) who reports that it has discharged

CONTRAINDICATIONS

- Not applicable

NOTES

1. ICD malfunction is uncommon. If a patient reports that their ICD has discharged, paramedics should assume that a life-threatening dysrhythmia activated the ICD until proven otherwise. All patients should have continuous cardiac monitoring, and paramedics should be prepared for external defibrillation if necessary.
2. Proper ICD assessment requires interrogation of the ICD with specific expertise and special equipment only available in hospital.
3. The presence of ventricular tachycardia (VT) or ventricular fibrillation (VF) indicates that the ICD is discharging appropriately. **DO NOT INACTIVATE THE ICD.**
4. The acute onset of cardiac symptoms, including palpitations, fainting or lightheadedness, chest pain, or diaphoresis before the ICD shocked the patient, suggest that the shock was terminating VT and is working appropriately. **DO NOT INACTIVATE.**
5. **Except during cardiac arrest, paramedics must consult on-line medical support (OLMS) before attempting magnet inactivation.**

Application of a *donut magnet* over top of an ICD temporarily suppresses the device's arrhythmia monitoring and shocking functions, but the pacing function will continue to work. When a device's arrhythmia functions are deactivated, it may emit a constant tone or intermittent beep depending upon the device manufacturer.

Removing the magnet will allow the ICD to resume its arrhythmia monitoring and suppression functions.

6. ICD shocks are painful and can be very distressing to the patient. Paramedics should consider administration of opioid analgesia, with adjunctive sedation as required.

CARDIAC ARREST

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| <ol style="list-style-type: none"> 1. Chest compressions can be safely delivered during ICD shock delivery. 2. When applying AED pads on a patient with an ICD place the electrodes at least 8 centimeters (3 inches) away from the pulse generator. 3. If performing transcutaneous pacing (TCP) inactivate the ICD with a donut magnet. 4. In the event of a cardiac arrest, the ICD will promptly deliver a pre-programmed cycle of multiple shocks over about 30 to 60 seconds. 5. Visible muscle contractions indicate that the unit is working and delivering its shocks. If present, paramedics should allow the cycle to complete before attempting external shocks. 6. If the ICD has exhausted all of its shocks (no more visible muscle contractions) and has failed to terminate the arrhythmia, paramedics should continue to provide external shocks using an automated or manual defibrillator. DO NOT INACTIVATE THE ICD. |
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LINKS

M14 - AMIODARONE

APPROVED BY	
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EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)

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| <ul style="list-style-type: none"> • Identifier legend at bottom of flow chart replaces work scope statement in header |
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