

# Maryland Facility AED Protocol

## Indications

- Sudden cardiac arrest (patient without signs of circulation and not breathing).

## Contraindications

- Children under age 8 (estimate based upon information available to individual operating AED).
- Patient is breathing, responsive, speaking, or making intentional movements.

## Potential Adverse Effects/Complications

- Burns to the skin.
- Deactivation of the patient's implanted pacemaker.
- Injury to the patient, self, and/or bystanders.

## Precautions/Critical Concepts

- **Wet conditions** – Make sure the patient and environment are dry (this includes removing nitroglycerin paste from the chest with a dry cloth).
- **Metal surfaces** – Make sure the patient is not touching any metal surfaces.
- **Combustible materials or hazardous (explosive) environment** – Remove the patient, if possible, from an area that presents a hazard.
- Do not touch the patient while the AED is assessing, charging, or shocking the patient.
- Ensure the patient is “clear” (no one is touching the patient) when the shock is delivered.
- If the patient has an internal pacemaker/defibrillator, position the pad one hand's width (approximately 5 inches) from the pacemaker/defibrillator site. If the patient has a nitroglycerin patch, position the pads away from the patch.
- Never defibrillate while moving the patient.
- Location of the AED(s) should provide optimal accessibility to the maximum number of individuals and authorized operator(s) at the facility. Upon placement of the AED, please consider the following:
  1. No obstacles are in the way of the AED.
  2. Avoid locked doors preventing quick access to the AED.
  3. Areas of the facility with large numbers of high-risk individuals.
  4. Length of time and distance to access the AED.
  5. The AED is placed in a location clearly visible to the authorized operators.