Electrical Cardioversion Algorithm

Cascading numbered boxes correspond to actions the provider should perform in sequence. Each box is separated by an arrow that signifies the pathway the provider should take. Some boxes are separated by 2 arrows that lead to different boxes, meaning that the provider should take a different pathway depending on the outcome of the previous action. Pathways are hyperlinked.

Box 1

Tachycardia

With serious signs and symptoms related to the tachycardia.

Box 2

If ventricular rate is greater than 150 per minute, prepare for **immediate cardioversion**. May give brief trial of medications based on specific arrhythmias. Immediate cardioversion is generally not needed if heart rate is less than or equal to 150 per minute.

Box 3

Have available at bedside

- Oxygen saturation monitor
- Suction device
- IV line
- Intubation equipment

Box 4

Sedate whenever feasible. Effective regimens have included a sedative **(eg, diazepam)** with or without an analgesic agent **(eg, fentanyl)**. Many experts recommend anesthesia if service is readily available.

Box 5

Synchronized cardioversion

Note possible need to resynchronize after each cardioversion. If delays in synchronization occur and clinical condition is critical, go immediately to unsynchronized shocks.

Atrial fibrillation: 200 Joules
Atrial flutter: 200 Joules
Narrow-complex tachycardia: 100 Joules
Monomorphic VT: 100 Joules
Polymorphic VT: unsynchronized, high-energy shock (defibrillation)