Automated External Defibrillators are to be used by the First Responder when Advanced Life Support Providers (e.g. Paramedics with Monitor/Defibrillators) are not available, for the patient in non-traumatic cardiac arrest.

There are two basic types of A.E.D.s; fully automatic and semiautomatic.

**Procedure**

In general, there are four basic steps that are necessary to operate an A.E.D. These steps include:

1. Push the "power" button and turn on the A.E.D.
2. Attach the defibrillator pads to the patient.
3. Push the "analyze" button (this may be automatically done when the power is turned on).
4. Push the "shock" button to deliver shock, if indicated and safe (this is automatically done by a fully automatic A.E.D.).

**Pediatric**

“On the basis of the published evidence to date, the Pediatric Advanced Life Support (PALS) Task Force of the International Liaison Committee on Resuscitation (ILCOR) has made the following recommendation (July 2003):

Automated external defibrillators (AEDs) may be used for children 1 to 8 years of age who have no signs of circulation. Ideally the device should deliver a pediatric dose. The arrhythmia detection algorithm used in the device should demonstrate high specificity for pediatric shockable rhythms, i.e., it will not recommend delivery of a shock for nonshockable rhythms (Class IIb).”

Unresponsive

→ Send or go for AED

Open airway
Not breathing normally

→ CPR 30:2
Until AED is attached

→ AED
assesses
rhythm

Shock advised

→ No Shock
Advised

1 Shock
150-360 J biphasic
or
360 J monophasic

→ Immediately resume
CPR 30:2
for 2 min

No Shock
Advised

→ Immediately resume
CPR 30:2
for 2 min