

# Automatic Implantable Cardiac Defibrillator

**Applies to:** The treatment of patients with an implantable cardiac defibrillator (AICD).

**Exclusion Criteria:** None

**Authorization:** All Levels

## Guidelines:

When caring for a patient with an implantable cardiac defibrillator (ICD), rescuers should know:

- If the ICD discharges while the rescuer is touching the victim, the rescuer may feel the shock, but it will not be dangerous. Personnel shocked by ICDs report sensations similar to contact with an electrical outlet.
- Apply ECG monitoring, SAED or hands-free defibrillation electrodes in the standard fashion at least one inch away from the ICD. Otherwise, treat the patient as any other requiring emergency care.
- ICDs are protected against damage from conventional transthoracic defibrillator shocks, but they require a readiness check after external defibrillation occurs.
- If a lethal ventricular dysrhythmia occurs in a patient with an ICD, the ICD has probably failed. Immediately defibrillate the patient. After an initial series of defibrillations, the ICD will likely become operative again only after a period of nonfibrillatory rhythm occurs to reset the unit.
- ICD units generally use patch electrodes that cover a portion of the epicardial surface. These may reduce transcardiac current from externally delivered transthoracic shocks.
  - If external shocks of 200J fail to defibrillate an ICD patient, the Quik-Combo pads should immediately be changed to the anterior/posterior position (described in the Defibrillation LifePak 15 and Semi-Automatic External Defibrillation procedures) and the transthoracic shocks repeated.
  - The different electrode positions may increase transcardiac current flow and facilitate defibrillation.

