

Montgomery County Fire and Rescue Service Division of Operations Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	Vector Change (VC) Defibrillation in Shock-Refractory VF Number: 2022 – 05
Date:	December 5, 2022
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director
Purpose:	To incorporate VC Defibrillation into MCFRS OHCA resuscitations
Target Patient Population:	Patients who remain in ventricular fibrillation (VF) following three consecutive defibrillations using standard anterior-lateral position pad placement.
Guideline: Standard Defibrillation	 Despite advances in defibrillation technology, shock-refractory VF is not uncommon during out-of-hospital cardiac arrest. New research concludes that changing the location of the defibrillation pads from the standard anterior-lateral position to an anterior-posterior position afte three failed defibrillations improves survival to hospital discharge. Procedure for patients in shock-refractory VF: Deliver the first three defibrillations using standard anterior-lateral position pade placement at the normal intervals. During the subsequent CPR cycle and with minimal interruption in HPCPR, place a new (2nd) set of defibrillation pads in the anterior-posterior position and
VC Defibrillation	switch the therapy cable to the new set. Continue the resuscitation. Documentation Vector change defibrillation is to be recorded as a procedure in eMeds. Defibrillation options under the "Procedures" tab include: Defibrillation – Automated (AED) – Shock: for AED use only Defibrillation – Manual Shock: for LP15 anterior-lateral pad placement Defibrillation – Vector Change: for LP15 anterior-posterior pad placement during shock-refractory VF Procedure Name: Defibrillation - Automated (AED) – Shock
	Defibrillation - Manual Shock Defibrillation - Vector Change Questions may be directed to any assigned EMS Duty Officer.