



## Medical Advisory

REVISED - Effective May 16, 2014

### Zoll Defibrillation/Electrode Pads Troubleshooting Guide

**\*\*\*Pit Crew/CPR must not be compromised during troubleshooting\*\*\***

#### General procedures for applying Defib Pads:

- Quickly dry and clean patient's skin (removal of perspiration, dead skin cells, oils, lotions, etc) by briskly rubbing the skin (with patient's clothing, towel, gauze pads, etc).
- Remove **excessive** hair from area of pad application by shaving or clipping hair. Minimal amounts of hair may be left; **do not** delay CPR for shaving.
- Remove pads from packaging and separate the CPR PUCK from pad (Zoll pads).
- Apply electrodes starting with one edge and rolling the electrode onto the patient's skin to avoid creating air pockets.
- CPR PUCK, Defib Pads or Wires **must not** be placed under the LUCAS Device's suction cup/pressure pad.

NOTE: If First Responders are on scene with their AED Pads and Device attached with Pit Crew in progress, have First Responders leave the AED attached and **turn it off**. Attach Zoll X-series placing pads in the position not occupied by the AED.

#### If the Code Commander detects a Defib Pad fault or if the device fails to deliver a shock; they will quickly perform the following troubleshooting steps before next rhythm check:

- Alert the Pit Crew Team that a check pads indication is on the monitor.
- Ensure "PADS" lead is selected.
- Ensure that all connections are secure.
  - Multi-Function Cable (MFC) to X-Series (red connector)
  - CPR connector to CPR Stat Padz connection (green connector)
  - Multi-Function Cable (MFC) to CPR connector
- Visually verify integrity of all cables (no cuts, tears in shielding of MFC, Pads cables). Replace cables if obvious defects are visualized.

- If this does not clear the fault; the Code Commander will request the First Responder (position 1 or 2) not doing compressions to press on the pads to ensure that the entire Zoll electrode pad is adhered to patient skin; and rub the center of the electrode pad to ensure conductive gel is making good contact with patient skin.

**If the above steps do not QUICKLY correct the fault, the Code Commander will:**

- Request the First Responder not performing compressions to turn on their AED and continue Pit Crew procedures using the AED and its prompts when rhythm check & shock are needed.
- Obtain the second Zoll X-series monitor if one it is not already at patient's side.
- At the next appropriate 2 minute break in Pit Crew after AED shock/no shock decision, request the EMS Medic 1 or Medic 2 quickly remove the current Zoll Pads and place a new set of Zoll pads following the general procedures for Defib Pads outlined using the position not occupied by the AED pads (Sternum/Apex or Anterior/Posterior location) and then reconnects to the same Zoll Monitor.
- Do not remove the AED pads (if applied)

**If the above steps do not correct the fault, the Code Commander will:**

- Request a return to the AED device for future rhythm analysis and shocks at the times required by the Pit Crew procedure UNTIL the second Zoll monitor is connected to the second set (new) Zoll pads.
- Ensure the Pit Crew procedures are followed stopping CPR when the AED states to do so and resuming CPR immediately following a shock delivery or no shock advised prompt.
- Ensure connection to a new monitor does not interrupt compressions for more than 10 seconds.

In all cases the Transport Crew is responsible for collecting and securing all removed Zoll Pads, Packaging, Cables or failed Monitor and; completing all appropriate equipment/supplies failure documentation (EMS Facilities/Equipment Request form AND OMD CP-67)