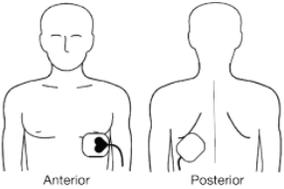
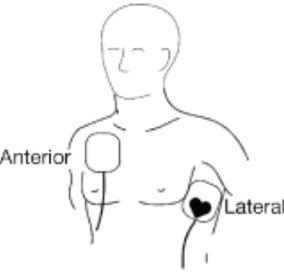




Montgomery County Fire and Rescue Service Division of Operations

Emergency Medical and Integrated Healthcare Services

Office of Medical Oversight Clinical Practice Guideline

Title:	Electrical Therapy Guidance	Number:	2026-01
Date:	March 1, 2026		
Issued by:	Roger M. Stone MD, MS – MCFRS Medical Director		
Purpose:	To provide guidance for initial anterior-posterior pad placement strategy for patients that require electrical therapy		
Target Patient Population:	<u>This CPG rescinds and replaces 2022-05</u> All patients that require electrical therapy (AED and LP15)		
Guideline:	<p><u>Background</u></p> <ul style="list-style-type: none"> Recent evidence suggests improved ROSC rates when the initial therapy pads are placed in the anterior-posterior (A/P) position rather than the anterior-lateral (A/L) position. Initial A/P therapy pad placement also provides a more efficient transition to Dual Sequential Defibrillation (DSED) and Vector Change (VC). 		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Anterior-Posterior</div> 	<p><u>Procedure</u></p>		
<u>Standard Defibrillation</u> (AED and LP15)			
When indicated and physically possible, place therapy pads in the A/P position			
Continue the resuscitation			
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Anterior-Lateral</div> 	<p style="text-align: center;"><u>Vector Change</u> (to be used only when two (2) defibrillators (AED or LP15) are not available)</p>		
Deliver the first three defibrillations using A/P position pad placement at normal intervals			
During the subsequent CPR cycle and with minimal interruption in HPCPR, place a new (2 nd) set of therapy pads in the A/L position and switch the therapy cable to the new set			
Continue the resuscitation			
<u>Dual Sequential Defibrillation</u> (to be used when two (2) defibrillators (LP15 only) are available)			
Deliver the first three defibrillations using A/P position pad placement at normal intervals			
During the subsequent CPR cycle and with minimal interruption in HPCPR, place a new (2 nd) set of therapy pads in the A/L position and connect them to the 2 nd defibrillator			
A single clinician should charge both defibrillators and the same EMS clinician must discharge both cardiac monitors with the same finger to avoid simultaneous defibrillation			
Continue the resuscitation			

Transcutaneous Pacing

When indicated, place therapy pads in the A/P position
Continue treatment

Synchronized Cardioversion

When indicated, place therapy pads in the A/P position
Continue treatment

Documentation

When importing procedural data from external sources (LifePak and Handtevy), defibrillations will appear as *Defibrillation – Manual Shock*. This import must be adjusted when alternative defibrillation strategies are employed (i.e. Vector Change and Dual Sequential Defibrillation)

Standard Defibrillation

- *Defibrillation – Automated (AED) – Shock* or
- *Defibrillation – Manual Shock*

Vector Change

- *Defibrillation – Automated (AED) – Shock* or
Defibrillation – Manual Shock
- *Defibrillation – Vector Change*

and

Dual Sequential Defibrillation

- *Defibrillation – Manual Shock*
- *Defibrillation – Dual Sequential*

and

Procedure Name:

- Defibrillation - Automated (AED) - Shock
- Defibrillation - Dual Sequential
- Defibrillation - Manual Shock
- Defibrillation - Vector Change

Transcutaneous Pacing

Cardiac Pacing – External

Procedure Name:

Patient's Response:

Synchronized Cardioversion

Cardioversion (Synchronized)

Procedure Name:

Patient's Response:

Questions may be directed to any assigned EMS Duty Officer.