



# Clinical Memo

## **Subject: When to take a defibrillator to a patient in an emergency**

### **Background**

The SCAS Clinical Equipment and Vehicle Review Group, following staff consultation and feedback, has been reviewing the weight and contents of the primary response bags and equipment. One significant heavy component is the defibrillator, and it is recognised that it is not always necessary on clinical grounds to have immediate access to a defibrillator for all types of initial clinical assessments, because there will always be a defibrillator located on all front line ambulance and rapid response vehicles.

### **Action**

SCAS clinicians should use their professional judgement as to when to bring a defibrillator to a patient's side when undertaking a primary clinical assessment. Crews should factor in the clinical information available from CCC at the time of tasking, and the likely distance that patient will be from the Ambulance or RRV.

### **Additional Information**

Clearly thresholds for carrying a defibrillator to patient's side should be low for the following types of emergencies, accepting that the initial information available to you from the CCC may be limited:

- Category 1 and 2 calls
- Reported cardio-respiratory arrest
- Non – traumatic chest pain
- Seizures
- Chest/abdominal pain in patients with a known cardiac history
- Collapsed patients

This list of clinical indications is illustrative only - it may be safer (when information is limited) to take a defibrillator – judgement will be required on a case by case basis.

For further information please contact the clinical team or your education team for further advice.

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