DO NOT FORGET · THE SHORT CHECKLIST

Direct current cardioversion

Synchronised electrical shock under procedural sedation to restore sinus rhythm in unstable tachyarrhythmia or selected stable atrial fibrillation, flutter or ventricular tachycardia.

EM Orbit

Patient reference	Date	Time	Completed by

The 4 steps that must not be missed

- [ ] BEFORE
Do not electrically cardiovert stable atrial fibrillation or flutter of more than 48 hours' or unknown duration unless the patient has been anticoagulated for at least 3 weeks or atrial thrombus has been excluded by transoesophageal echocardiography.
Unstable patients: cardiovert immediately and start anticoagulation.

- [ ] DURING
Remove oxygen sources at least 1 metre from the chest and ensure nobody is touching the patient or trolley before shocking.
Oxygen-enriched air risks fire; contact risks shock to staff.

- [ ] DURING
Re-select synchronisation before every further shock.
Many defibrillators revert to unsynchronised mode after each shock; an unsynchronised shock on the T wave can cause ventricular fibrillation.

- [ ] DURING
If the patient becomes pulseless or develops ventricular fibrillation, turn off synchronisation, start CPR and follow the advanced life support algorithm.
Synchronised mode may not fire in ventricular fibrillation.

The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.
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