



Defibrillation lessons commentary

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Wilsmore et al. [1] remind us that there can be unexpected consequences from cardioversion. They report a patient who sustained a vertebral fracture following cardioversion with 150-J biphasic. Rare prior reports employed high-energy shocks.

Under similar sedation conditions, patient responses to defibrillation are varied. Some patients exhibit a mild jerk, and others bounce off the mattress with arms flailing.

Several years ago, we had a patient with a similar vertebral injury following testing of an implanted defibrillator (ICD). In retrospect, the procedure was performed on a relatively thin mattress and the patient had bounced.

Another patient developed an acute gouty attack after his arms flailed out and he hit the side rails of the stretcher.

We are now very careful to provide adequate padding under the patient and along the side rails if a stretcher is used. We also stretch soft restraints across the tops of the side rails to

prevent the patient from a sudden sit-up. Equivalent loose restraints are used if a procedure table is used.

Injuries are uncommon enough that reports are also uncommon, and standard precautions are learned by personal experience.

Compliance with ethical standards

Conflict of interest The author declares that he has no conflict of interest.

Reference

1. Wilsmore B, May A, Fitzgerald J. Vertebral fracture resulting from cardioversion for atrial fibrillation.

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