TRANSCUTANEOUS PACING

**INDICATIONS**

Transcutaneous pacing should be considered in symptomatic patients with:

- Bradycardia,
- 2\textsuperscript{nd} degree AV block
- 3\textsuperscript{rd} degree AV block

**CONTRAINDICATIONS**

- Asymptomatic bradycardia

**EQUIPMENT**

1. Defibrillation pads
2. Cardiac monitor

**PROCEDURE**

1. RMC
2. Assess for potential causes
3. Assemble equipment
4. Have resuscitation capabilities ready
5. Explain the procedure to the patient and/or family
6. Consider analgesia:

   Morphine Sulfate 0.1 mg/kg IV \quad \textbf{OR} \quad \textbf{Fentanyl} 1 mcg/kg IV

   \[ \begin{align*}
   \leq 65 \text{ years of age} & \quad \text{max dose} 10 \text{ mg} \\
   > 65 \text{ years of age} & \quad \text{max dose} 5 \text{ mg}
   \end{align*} \quad \begin{align*}
   \leq 65 \text{ years of age} & \quad \text{max dose} 100 \text{ mcg} \\
   > 65 \text{ years of age} & \quad \text{max dose} 50 \text{ mcg}
   \end{align*} \]

7. Apply defibrillation pads to clean dry skin (Clip excessive chest hair)
8. Connect pacing cable to device
9. Select current, starting at 70 mA (Range 50-100 mA)
10. Select pacing rate, starting at 80 bpm
11. Activate pacer; adjust current until electrical capture (waveform is seen) and mechanical capture (palpable femoral pulse)
12. Adjust rate to maintain perfusion
13. Adjust slowly in conscious patient, more quickly in unconscious patient. If cardiac arrest occurs, discontinue pacing and begin ICCA.
14. Continually reassess