TRANSCUTANEOUS PACING

INDICATIONS

Transcutaneous pacing should be considered in symptomatic patients with:

- Bradycardia,
- 2nd degree AV block
- 3rd 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 \underline{OR} Fentanyl 1 mcg/kg IV \leq 65 years of age – max dose 10 mg \geq 65 years of age – max dose 5 mg \geq 65 years of age – max dose 50 mcg

- 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

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