

P170 LFD PROCEDURE PROTOCOL: TRANSCUTANEOUS CARDIAC PACING

Paramedic

Indications

- Symptomatic bradyarrhythmias (includes A-V block) not responsive to medical therapy.
- Pacing is rarely indicated in patients under the age of 12 years. **CONTACT BASE**

Precautions

Conscious patient will experience discomfort; consider sedation if blood pressure allows.

Contraindications

Pacing is contraindicated in pulseless arrest.

Technique

1. Apply electrodes as per manufacturer specifications: (-) left anterior, (+) left posterior.
2. Turn pacer unit on.
3. Set initial current to 80 mAmps.
4. Select pacing rate at 80 beats per minute (BPM)
5. Start pacing unit.
6. Confirm that pacer senses intrinsic cardiac activity by adjusting ECG size.
7. Increase current 10 mAmps every 10-15 seconds until capture or 200 mAmps (usually captures around 100 mAmps).
8. If there is electrical capture, check for radial or femoral pulse.
9. If no capture occurs with maximum output, discontinue pacing and resume ACLS.

Complications

1. Ventricular fibrillation and ventricular tachycardia are rare complications, but follow appropriate protocols if either occur.
2. Muscle tremors may complicate evaluation of pulses, femoral pulse may be more accurate.
3. Pacing may cause diaphragmatic stimulation and apparent hiccups.