2100 PROCEDURE PROTOCOL: TRANSCUTANEOUS CARDIAC PACING

Indications
1. Symptomatic bradyarrhythmias (includes A-V block) not responsive to medical therapy.

Precautions
1. Conscious patient will experience discomfort; consider relief with opioids 50 mcg IV or midazolam 3 mg IV if blood pressure allows.

Technique
1. Apply electrodes as per manufacturer specifications: (-) left anterior, (+) left posterior.
2. Turn pacer unit on.
3. Set initial current to 40 mAmmps.
4. Select pacing rate at 60 beats per minute (BPM).
5. Start pacing unit.
6. Confirm that pacer senses intrinsic cardiac activity by adjusting ECG size.
7. Increase current 10 mAmmps every 10-15 seconds until capture or 200 mAmmps (usually captures around 100 mAmmps).
8. If there is electrical capture, check for pulses and increase amps by 2 mAmmps.
9. If no capture occurs with maximum output, discontinue pacing and resume Bradycardia Protocol.
10. If there are no pulses with capture, consider a fluid challenge or dopamine at 10 mcg/kg/min, titrate to SBP>100.

Precautions:
1. Ventricular fibrillation and ventricular tachycardia are rare complications, most often seen in digitalis toxicity. Follow appropriate protocols if either occur.
2. Pacing is rarely indicated in patients under the age of 12 years.