C. For patients on the order of a physician who is initiating an interfacility transfer. Under these circumstances, the paramedic should confirm the pacing settings from the transferring physician.

Contraindications:

A. Hemodynamically or symptomatically stable patients.
B. Any patient in Asystole except as indicated above in section 1(B).

Procedure:

A. Consider administration of Morphine Sulfate for pain and/or Versed for sedation, as indicated in the Adult Treatment Protocols.
B. Place pads on the patient's chest and back. Set initial TCP rate at 80 beats per minute (bpm).
C. Begin output at the lowest milliamps (mA) for the monitor in use and increase by 10mA until capture/pulses are noted. Once capture is confirmed, continue pacing at a slightly higher output level (10%).
D. If capture is maintained but the patient remains symptomatic of inadequate tissue perfusion (BP less than 90 systolic, altered level of consciousness), consider increasing rate by 10 bpm until symptoms resolve or 100 bpm is achieved.

Troubleshooting:

A. Make sure the pads are properly placed and have good contact with the skin.
B. Check the batteries of the pacer.
C. Use adequate energy to capture the rhythm.
D. Use adequate analgesia and sedation to minimize patient discomfort.

NEEDLE THORACOSTOMY:

Indications:

Signs and symptoms of a tension pneumothorax include **all of the following**:

A. Severe respiratory distress (as evidenced by apnea, severe dyspnea with tachypnea, oxygen saturation less than 90% for greater than 30 sec., or difficulty bagging.

B. Lateralizing exam (decreased breath sounds on one side, or tracheal deviation away from the affected side, or asymmetric chest wall rise).

C. Hemodynamic compromise (BP less than 90)

Procedure:

A. Use a 10 or 12 gauge IV catheter at least 2 inches long
B. Insert the catheter immediately above the third rib (second intercostal space), slightly lateral to the mid-clavicular line on the side of decreased breath sounds.
C. When air returns, advance the catheter and remove the needle.
D. Attach a one way valve to the catheter hub.
E. Stabilize the catheter securely to the chest.
F. Reassess the patient, including breath sounds and vital signs every time the patient is moved.

TRANSTRACHEAL JET INSUFFLATION:

Indications:

A. Complete airway obstruction not relieved by manual procedures and airway visualization with laryngoscope.
B. Inability to intubate and inability to successfully ventilate using BVM ventilation.

Procedure:

A. Locate cricothyroid membrane.
B. Insert 10 gauge IV catheter through the membrane at a 45º angle, directed toward the feet. Aspirate for air return with a syringe to check placement. Remove needle.
C. Stabilize catheter securely to neck.
D. Attach the three way stopcock to catheter.