



Section 14: Appendix 2: Medical Procedures

SECTION 14: TRANSCUTANEOUS PACING

P PARAMEDIC P

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none">• Patients with symptomatic bradycardia after no response to atropine or primary treatment if unable to start an IV• Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturer's guidelines	<ul style="list-style-type: none">• Adult bradycardia with severe hemodynamic compromise.• Symptomatic bradycardia that is refractory to pharmacological intervention.• Symptomatic 2nd or 3rd degree heart block	<ul style="list-style-type: none">• Hypothermia• Pediatric bradycardia

PROCEDURE

1. Apply limb leads
2. Consider sedation with versed or valium prior to administering transcutaneous pacing.
3. Attach defibrillation / pacing pads to the patient and monitor.
4. Place the defibrillation / pacing pads anterior-posterior or anterior-lateral.
5. Do not place the pacing patches over the sternum, spine or nipple.
6. Push the PACER button.
7. Push the RATE button. Set at 60-70 bpm
8. Push the CURRENT button and increase the joules until you reach electrical and mechanical capture (assess the carotid or femoral pulses to confirm mechanical capture). Increase by 20 ma until capture then 2 ma above that threshold
9. Hold the PAUSE button to stop the pacing so you can assess the patient's underlying rhythm.
10. Push the EVENT button to quick log CPR, medication administration, ETT placement etc.
11. Increase Rate if hypotensive : SBP < 90 persists

KEY POINTS

- The pacing will begin immediately once the pacer is turned on.
- Monitor the patient for ventricular fibrillation.