



# Amherst Fire District Procedure

## Transcutaneous Pacing

### Clinical Indications:

- Patients with symptomatic bradycardia after no response to atropine or primary treatment or unable to gain IV or intraosseous access.
- Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturer's guidelines.
- Consider going directly to transcutaneous pacing in patients likely to be unresponsive to atropine, including cardiac transplant patients, second degree type II or third degree block, acute ischemia, or acute MI.

### Procedure:

1. Oxygen, ECG monitor, IV (if possible) should be in place prior to pacing.
2. Confirm the presence of the dysrhythmia (retain a copy of the ECG strip) and evaluate the patient's hemodynamic status.
3. Adjust the QRS amplitude if needed so the monitor can sense the intrinsic QRS activity.
4. Apply pacing pads to the patient's chest according to the manufacturer's guidelines.
5. Attach the pacing pads to the therapy cable from the machine.
6. Turn the pacer on.
7. Observe the ECG screen for a "sense" marker on each QRS complex. If a "sense" marker is not present, readjust ECG size or select another lead.
8. Set the pacing rate to 100.
9. Start at the lowest current setting and increase slowly while observing the ECG screen for evidence of electrical pacing capture.
10. Assess the patient's response to the pacing therapy.
11. Consider the use of sedation or analgesia if patient is uncomfortable.
12. Document the dysrhythmia and the response to external pacing with ECG strips.

### Certification Requirements:

- Successfully complete an annual skill evaluation inclusive of the indications, contraindications, technique, and possible complications of the procedure.