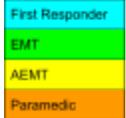


C-P5 TRANSCUTANEOUS CARDIAC PACING



Indications

- See Bradycardia Guideline [**C-05**]
- Bradycardia with signs or symptoms of inadequate perfusion, not responding to vasopressors.
- Pediatric patients with profound symptomatic bradycardia unresponsive to optimal airway management, oxygenation, epinephrine, and atropine.

Contraindications

- Cardiac rhythms other than bradycardia.
- Patients with no or minimal symptoms attributable to a low heart rate/cardiac output.
- Hypothermia: do NOT pace until rewarmed to >85 °F (30 °C).

Procedure - Transcutaneous Pacing

1. Provide appropriate sedation per protocol [**RX-03**].
2. Apply defibrillation/pacing pads.
3. Turn monitor/defibrillator to appropriate pacing mode.
4. Set heart rate to 70-80 beats per minute.
5. Start the milliamperes (m.a.) as low as possible, and gradually increase up to 200 milliamps until both electrical capture confirms AND pulse reflects mechanical capture.
 - a. Most patients will be captured between 60 and 100 milliamps.
 - b. If exceeding 100 ma, consider moving/replacing pads and re-attempting capture.

NOTES:

- Pacing should generally only be used if vasopressors do not improve heart rate.
- **ALWAYS provide sedation to the patient if using electrical pacing.**
- When properly applied, chest compressions can be performed directly over the insulated electrodes **while** the pacer is operating.