



| Policy Number: | 541 |
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EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

TRANSCUTANEOUS PACING (TCP)

- **I. Purpose:** To define the indications, procedure and documentation for the use of transcutaneous pacing (TCP) by Advanced Life Support (ALS) Personnel.
- **II.** Authority: Health and Safety Code, Sections <u>1797.220</u> and <u>1798</u>. California Code of Regulations, Title 22, Sections <u>100145</u> and <u>100169</u>.

III. Definitions: None

IV. Policy:

A. Paramedics may utilize transcutaneous cardiac pacing (TCP) on adult patients (Age > 14 or greater) in accordance with Santa Barbara County Policy 533-12: Symptomatic Bradycardia.

V. Procedure:

- A. Training
 - 1. Prior to using TCP, the paramedic must successfully complete a training program approved by the SBCEMSA Medical Director, which includes operation of the device to be used.
- B. Indications
 - Symptomatic bradycardia (heart rate < 40bpm with one or more of the following signs or symptoms):
 - a. Altered Level of Consciousness/Altered Neurological Function;
 - b. Chest Pain;
 - c. Abnormal Skin Signs (for example, pallor/mottled skin);
 - d. Profound Weakness:
 - e. Shortness of Breath:
 - f. Hypotension (Systolic BP < 90mmHg);
 - g. High-Degree Heart Block
- C. Contraindications
 - 1. Absolute
 - a. Asystole
 - 2. Relative
 - a. Hypothermia Patient warming measures have precedence. Base Hospital contact is required prior to initiation of TCP in situations involving/suspected hypothermia.
- D. Patient Treatment
 - 1. Patient assessment and treatment per <u>Policy 533-12: Symptomatic Bradycardia</u> treatment protocol. If IV/IO access is not promptly available, proceed directly to pacing.
 - 2. Explain procedure to the patient.
 - 3. Place pacing electrodes and attach pacing cable to pacing device per manufacturer's recommendations.
 - 4. Set pacing mode to "Demand Mode" pacing rate to 70 beats-per-minute (BPM) and current at 40 milliamps (mA), or manufacturer recommendation.

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SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

TRANSCUTANEOUS PACING (TCP)

5. If required, provide patient pain relief per <u>Policy 533-03: Pain Control.</u> Patients with profound shock and markedly altered level of consciousness/altered neurological function may not require pain relief.

- 6. Activate pacing device and increase the current in 10mA increments until capture is achieved (i.e. pacemaker produced pulse with each Paced QRS complex).
- 7. Assess patient for mechanical capture and signs of clinical improvement (evaluate BP, pulses, skin signs, LOC, etc.).

NOTE: Patients with a high-grade AV Block (second-degree Type-II or third-degree blocks) who do not have symptoms DO NOT require pacing. However, equipment should be immediately available if symptoms arise.

E. Documentation

- 1. The use of TCP must be documented in the Santa Barbara County Patient Care Report (PCR).
- 2. Vital signs must be documented every 5 minutes.

VI. References:

A. SBCEMSA Policy 533-12: Symptomatic Bradycardia

VII. Attachments:

A. None

| APPROVAL: | |
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