Medical Control Guideline: TRANSCUTANEOUS PACING

PRINCIPLES:

1. Transcutaneous Pacing (TCP) provides temporary external cardiac pacing for the treatment of symptomatic bradycardia for patients who are unresponsive to airway management or drug therapy.

2. TCP should not be initiated on patients in asystole.

3. Do not delay TCP for IV access if the patient has poor perfusion.

4. Strongly consider sedation for pacing discomfort. Refer to *TP 1212 or 1212-P, Cardiac Dysrhythmia - Bradycardia* for drugs and dosages.

5. All TCP equipment must be used and maintained in accordance with the manufacturer's guidelines.

GUIDELINES:

1. Explain the procedure to the patient, family member, and/or caregiver.

2. For awake patients, provide sedation and analgesia unless contraindicated. Contraindications include RR < 10 for adults (for pediatrics < lower limit for color code on *MCG 1309*) or unresponsiveness.

3. Place pacing pads in anterior (black)/posterior (red) (A/P) position and connect ECG cable.

4. Activate the pacing device, set the initial pacing rate at 70 bpm or 100 bpm for children less than 12 months of age.

5. Set the current at 40 milliamperes (mAs). Slowly increase the mA until electrical and mechanical capture is achieved as evidenced by a **palpable pulse** that correlates with the paced heart rate on the monitor. Once capture is noted increase the mAs by 10mAs to ensure ongoing capture.

6. If current is increased to 120-130 mAs without capture; reposition the pacer pads on the upper right chest and at the apex of the heart and reattempt pacing and capturing as above.

7. If the patient continues to exhibit signs and symptoms of poor perfusion, increase the rate by 10 bpm until adequate perfusion is achieved. Maximum rate is 100 bpm for adults and 120 bpm for children.