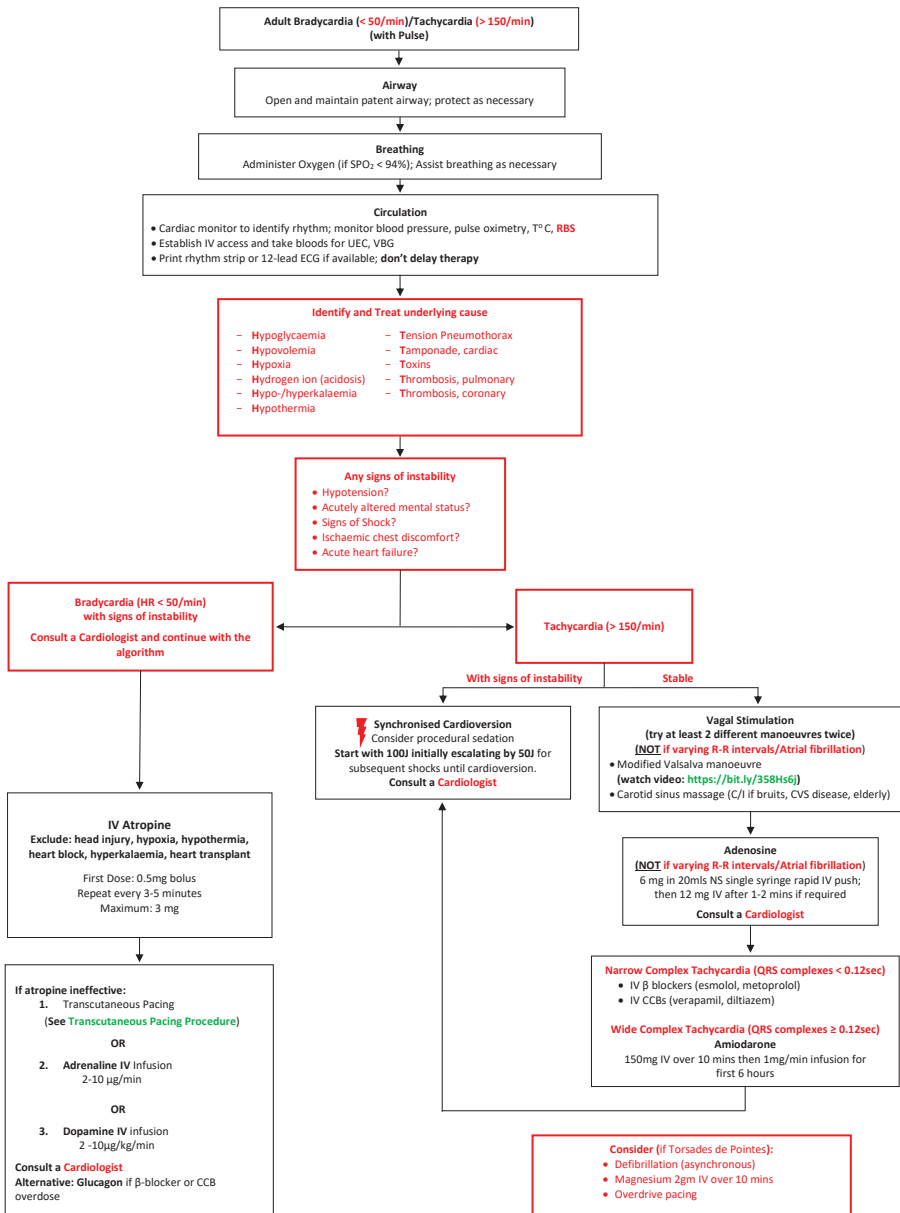


## 14. Adult Bradycardia (< 50/min)/Tachycardia (> 150/min) (with Pulse)

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



# Transcutaneous Pacing Procedure

1. See **14. Adult Bradycardia (< 50/min)/Tachycardia (> 150/min) (with Pulse)** for indications. **Inotropes** may be used if transcutaneous pacing is **NOT** available. See **14. Adult Bradycardia (< 50/min)/Tachycardia (> 150/min) (with Pulse)**
2. Place the pacing pads on the chest of the patient as per package instructions
3. Connect the pads cable to the pacing machine if not already connected
4. **Turn the pacer ON.** Observe for **markers (\*)** indicating the R-wave on the screen. Some machines require that you **START pacing** after turning the pacer on. Observe for **pacing spikes (|)** on the baseline.
5. Set the **Rate** to approximately 60-70 bpm.
6. Set **current milliamperes (mA)** output as follows: Increase milliamperes (mA) from minimum setting **until every pacer spike is immediately followed by a wide QRS and a broad T wave** – This is termed as **Electrical Capture**.
7. Confirm by checking the patient's **femoral pulse** to see if the pulse rate matches the rate set above i.e. 60-70bpm. This is termed as **Mechanical Capture**.
8. Recheck the patient's vital signs and confirm the patient's signs of shock are resolving i.e. increase in blood pressure, improved mentation, etc. This is termed as **Physiological Capture**.
9. If all the above is achieved, increase the current milliamperes by **10%** for safety margin
10. Provide adequate sedation and analgesia if the patient experiences any discomfort
11. Transfer care to a **Cardiologist** without delay. **DO NOT STOP PACING** unless instructed to by a **Cardiologist**.

## Trouble Shooting

- **Pacing Spikes not seen on the base line** – Confirm that you have pressed the **START** button
- **No Electrical Capture** – Confirm that the pads are firmly pressed on the patient's chest. Continue increasing the milliamperes. There is no set minimum or maximum.
- **No Mechanical Capture** – Increase the milliamperes by increments of 5-10mA and recheck the pulse
- **No Physiological Capture** – Consider hypovolaemia as the cause of shock and give a small fluid bolus (250-500mls) and recheck the patient. If not, increase the set rate to 80bpm, confirm electrical capture and mechanical capture and recheck the patient
- **In all cases, consult a Cardiologist.**