


Section: ALS Protocols  
Subject: CARDIAC PACING (TRANSCUTANEOUS CARDIAC PACING, TCP)  
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1. Connect EKG electrodes to the EKG cable and apply to the patient.
  - a. In order to minimize artifact, apply electrodes to appropriate areas on the patient's torso.
2. Select the lead (I, II, or III) that demonstrates the most prominent R-wave with a minimum of electrical noise and motion artifact.
  - a. The monitor/defibrillator/pacer monitors the intrinsic EKG rhythm and inhibits the pacing stimulus when the intrinsic rate of the patient's heart is greater than that set on the machine.
  - b. If the EKG leads are detached or if the machine cannot sense a QRS complex, it will not pace.
3. Connect the pacing cable.
4. Connect pacing electrodes to the pacing cable, remove the protective plastic from the electrode, and position the pacing electrodes on the patient.
5. The patient's skin should be clean and dry.
  - a. DO NOT use alcohol or Betadine® to prepare the skin as this may cause arcing and increased patient discomfort.
6. Avoid placement over a bony prominence such as the scapula or spine.
7. Start at 20 milliamps and increase in 20 milliamp increments until mechanical capture is obtained as evidenced by a pulse.
8. Once you achieve mechanical capture DO NOT reduce the current.
  - a. On patients with large breasts it may be necessary to position the black anterior (-) electrode slightly more medial.
  - b. In very obese patients, you should attempt to place the electrodes on a flat area of skin if possible.
    - i. If fatty rolls preclude good adherence, spread the tissue apart.
  - c. In thin patients, follow the contour of the ribs and the intercostal spaces when pressing the electrodes in place.
  - d. Use pediatric pacing pads when appropriate.