TRANSCUTANEOUS PACING - TCP

BLS

- Universal Protocol #601
- Pulse Oximetry – O_2 administration per Airway Management Protocol #602

ALS Standing Orders

- Indications:
  - Symptomatic Bradycardia < 45 bpm with signs of hemodynamic instability:
    - Hypotension (SBP < 90)
    - Signs of poor perfusion
    - ALOC
- Evaluate potential causes of bradycardia:
  - Dysrhythmia
  - Implanted pacemaker failures
  - Acute myocardial infarction (12-Lead EKG)
  - Hypoxia, overdose, electrolyte imbalance, hypothermia
- Transcutaneous Pacing for:
  - Patients in extremis due to symptomatic bradycardia
  - Refractory to other therapies
  - High-degree AV-block (2nd degree Type II or 3rd degree)
  - May attempt trial of **atropine** 0.5 mg IV/IO
- For persistent pain with TCP refer to **Pain Management Protocol (# 603)**
- Place pacing pads on patient per manufacturers recommendations
- Set initial heart rate: 80 beats per minutes (bpm)
- Begin increasing output in increments of 10-20 mA until capture is noticed
- Confirm mechanical capture with palpated pulses, pulse oximetry, and response to procedure
- Increase output by 10mA after confirmation of mechanical capture (palpated pulses)
  - If no mechanical capture (palpated pulses) , consider "false capture." Continue to increase output
  - If mechanical (palpated pulses) capture but no improvement of findings or blood pressure
    - Increase the heart rate by 10 bpm, repeat x1 if needed (max rate of 100 bpm)
    - If continued problems with signs of shock consider vasopressor doses of **epinephrine** as described in **Shock protocol (#619)**
- Discontinue TCP if unable to achieve capture or if innate rhythm override
- After initiation of TCP transport to closest STEMI Receiving Center (French Hospital or Marian)

Base Hospital Orders Only

Contact SLO County STEMI Receiving Center (French Hospital)

- As needed