EXTERNAL PACING PROCEDURE

Indications:

Bradycardia with poor perfusion: - unresponsive to Atropine or IV fluids; or - where IV access cannot be obtained.

(Pacing is preferred over an Adrenaline infusion for post cardiac arrest bradycardia).

Procedure:

1: Explain procedure to the patient and family
2: Set up Adrenaline infusion, if IV access obtained
3: Ensure ECG electrodes are well off the chest
4: Prepare skin for pacing electrodes (clip - no shaving; no alcohol)
5: Anterior electrode in approx V2 V3 12 lead position, horizontally (Avoid the nipple, sternum & diaphragm)
6: Posterior electrode at (L) vertebral edge, below bony prominence of scapula, vertically
7: Set current at 0mA, demand mode, rate approx 50% over initial bradycardia
8: Ensure pacer is sensing (markers on QRS complexes)
9: Slowly increase current output in 5mA increments (use selector wheel) until electrical capture occurs (rarely under 60mA)
10: Ensure electrical capture (change in QRS; wide QRS; big T wave)
11: Check mechanical capture (pulse; ↑ LOC; ↑ BP)
12: Increase current output by 5mA over initial capture value
13: Ensure analgesia is provided (use alternating small doses of Midazolam / Morphine)
14: Continue to check electrical and mechanical capture
15: Adjust rate and current output as required