

EXTERNAL CARDIAC PACING PROCEDURE

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- Symptomatic bradycardia which may include: HR < 50 with decreasing perfusion, chest pain, shortness of breath, decreased LOC, pulmonary congestion or congestive heart failure

PHYSICIAN CONSULT

- Concomitant administration of **opioids** (Morphine and Fentanyl) and **Midazolam**
- If SBP < 80, obtain physician consult for **Push-dose Epinephrine**

CRITICAL INFORMATION

- If patient is unstable, do not delay pacing for IV access

EQUIPMENT

- Cardiac monitor/ defibrillator/ external pacemaker
- Pacing capable electrode pads

PROCEDURE

- ALS RMC
- If patient is conscious, administer **Midazolam** 1 mg slow IV/IO. May repeat 1 mg every 3 minutes to desired degree of sedation. Maximum dose = 0.05 mg/kg.
- If tolerated, position patient supine, applying pacing electrodes to bare chest according to manufacturers recommendations (anterior/ posterior or sternal/ apex).
- Confirm and record ECG.
- Set pacing rate at 60, turn on pacing module, and confirm pacer activity on monitor. May increase rate to 80.
- Increase mA until capture occurs or maximum output is reached.
- Once capture is confirmed, increase output by 10%
- Confirm pulses with paced rhythm.
- Monitor vital signs and need for further sedatives or pain control.
- If SBP < 90, consider NS 250 ml bolus IV/IO
-  **Opioids** for pain management if concomitant administration of Midazolam
-  Physician consult for **Push-dose Epinephrine** for SBP < 80
 - Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
 - Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
 - Titrate to maintain SBP >80mmHg
 - Monitor blood pressure every five minutes

DOCUMENTATION

- mA needed for capture
- Time pacing started/ discontinued

RELATED POLICIES/ PROCEDURES

- Bradydysrhythmia C 4
- Adult Sedation ATG 3
- Adult Pain Management ATG 2