EXTERNAL CARDIAC PACING PROCEDURE

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

Procedure Preparation
• ALS RMC
• If tolerated, position patient supine, applying pacing electrodes to bare chest according to manufacturers recommendations (anterior/posterior or sternal/apex)
• Confirm and record ECG

If patient is conscious
• Administer Midazolam 1mg slow IV/IO
• MR q3 min to desired degree of sedation
• Max dose: 0.05mg/kg

Procedure
• 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 250ml bolus IV/IO

If SBP <80
• PHYSICIAN CONSULT for Push-dose Epinephrine
• Mix 1ml Epinephrine (0.1mg/ml concentration) with 9ml NS in a 10ml syringe
• Administer Push-dose Epinephrine 1ml IV/IO
• Repeat every 3-5 min
• Titrate to maintain SBP >80mmHg

Critical Information
• If patient is unstable, do not delay pacing for IV access

Equipment
• Cardiac monitor/defibrillator/external pacemaker
• Pacing capable electrode pads

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