EXTERNAL CARDIAC PACING PROCEDURE
ALWAYS USE BODY SUBSTANCE ISOLATION 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 Morphine Sulfate and Midazolam

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
- Administer NS 250 ml bolus IV/IO
- 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.
- Morphine Sulfate IV/IO/IM for pain management as needed; maximum dose of 5 mg.
- 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 80, turn on pacing module, and confirm pacer activity on monitor.
- Increase output control 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.

DOCUMENTATION
- MilliAmps needed for capture
- Time pacing started/ discontinued

RELATED POLICIES/ PROCEDURES
- Bradydysrhythmia C 4
- Adult Sedation ATG 3