

External Pacing

Applies to:	
P	Paramedic

Clinical Indications:

1. Patients with symptomatic bradycardia (< 50/minute) with signs and symptoms of inadequate cerebral or cardiac perfusion such as:
 - a. Hypotension or shock secondary to bradycardia
 - b. Acute altered mental status
 - c. Chest pain
 - d. Acute pulmonary edema
 - e. Seizure
 - f. Syncope

Procedure:

1. Attach cardiac monitor using standard four-lead placement.
2. Apply defibrillation/pacing pads to chest and back:
 - a. One pad to left chest next to sternum.
 - b. One pad to left back next to spine.
3. Select pacing option on monitor unit.
4. Adjust the heart rate to 60 BPM for an adult.
5. Note pacer spikes on ECG screen.
6. Slowly increase output until capture of electrical rhythm on the monitor. This is evidenced by a wide QRS with a T-wave.
7. If unable to capture while at maximum electrical output, stop pacing immediately.
8. When capture observed on monitor, check for corresponding right radial or femoral pulse and assess vital signs. Pacing causes muscle contractions that can be confused with a pulse in areas near the pacing pads, hence the need to check pulse at a radial site.
9. If patient continues to have signs of poor perfusion, increase rate to a maximum of 100 BPM.
10. If the patient is unconscious, reassess frequently. If there is any question about the effectiveness of pacing, initiate chest compressions.
11. Document the dysrhythmia and the response to external pacing with ECG strips in the EHR.

