San Mateo County Emergency Medical Services

External Pacing

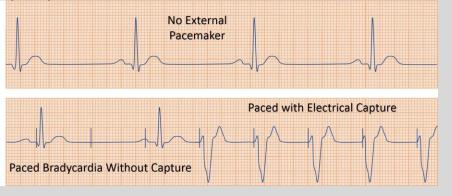
Clinical Indications:

Applies to: Paramedic

- 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.
- Document the dysrhythmia and the response to external pacing with ECG strips in the EHR.



Field Procedure

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