



External Cardiac Pacing

ALS PROCEDURE AP-07

INDICATION	<ul style="list-style-type: none"> • Patients experiencing severe symptomatic bradycardia with signs and symptoms of inadequate cerebral or cardiac perfusion. Symptoms will include: <ul style="list-style-type: none"> • Chest pain. • Hypotension. • Acute onset of pulmonary edema. • Altered mental status. • Seizure.
PROCEDURE	<p>ADULT</p> <ul style="list-style-type: none"> • Place pads on the patient’s chest according to manufacturer’s recommendations. • Set initial pacing rate at 80 pulses per minute (ppm). • Begin output at 10 milliamps (mA). Increase slowly by 10 mA until capture / pulses are noted. Once capture is confirmed, increase mA by 10%. • If capture is maintained but the patient remains symptomatic of inadequate cerebral or cardiac perfusion (systolic blood pressure <100, ALOC) consider increasing the rate by 10 ppm. <u>Do not exceed 100 ppm.</u> <p>PEDIATRIC</p> <ul style="list-style-type: none"> • Use pediatric patches, place pads on the patient’s chest according to manufacturer’s recommendations. • Set initial pacing rate at 100 ppm. • Begin output at 5 mA. Increase slowly by 5 mA until capture / pulses are noted. <ul style="list-style-type: none"> • The smaller the child, the lower the required energy for capture.
KEY CONCEPTS	<ul style="list-style-type: none"> • Any discomfort associated with pacing, administer fentanyl according to Pain Management AP-13. • For agitation associated with pacing, administer midazolam according to Sedation AP-14. • Any movement of patient may increase capture threshold response. Output may have to be slightly increased to compensate. Monitor pulse, blood pressure and level of consciousness closely.