

# 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
- Asystole or PEA witnessed by paramedic or first responder and determined to be of short duration

## CRITICAL INFORMATION

- If patient is unstable, do not delay pacing for IV access


## PHYSICIAN CONSULT

- Concomitant administration of **Midazolam** and **Morphine Sulfate**

## 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/IN. Titrate to desired degree of sedation 1-2 mg every 3 minutes, to a maximum dose of 0.1 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

- MiliAmps needed for capture
- *Time pacing started/ stopped*

## RELATED POLICIES/ PROCEDURES

- Bradydysrhythmia C 4
- Adult Pain Management ATG 2