NOR-CAL EMS	05-0917	Skills: Transcutaneous Cardiac Pacing - Adults and Pediatrics

Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols
Effective Date: 10/01/2020	Next Revision: 10/01/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Provider Name: Provider's Signature:	Cert #: Provider Agency:
Validator's Name: Validator's Signature:	Date:

PERFORMANCE CRITERIA	MET (Initials)	NOT MET (Initials)	COMMENTS
1. States/demonstrates use of appropriate PPE.			
2. States indications and contraindications for pacing. Indications: A. Persistent bradycardia causing: hypotension, acutely altered mental status, shock, ischemic chest pain, acute heart failure. B. Atropine ineffective or IV not in place.			
3. Attach electrodes/pads to the chest and back. Chest electrode to the precordial area (under the breast in females) back electrode between the scapula and spine at the level of the heart.			
4. Connect pacer electrodes to output cable, turn on pacer and confirm rhythm.			
5. Properly places EKG electrodes on the patient's chest, far enough away from the pacing electrodes to ensure a clear signal-ensures EKG electrodes remain attached during pacing.			
6. Recognizes the rhythm on the monitor requires transcutaneous cardiac pacing.			
7. Verbalizes consideration of sedation and/or pain management.			
8. Selects pacing mode on the cardiac monitor.			
9. Set initial TCP RATE at 80 beats per minute (bpm), 100 bpm pediatric.			
10. Beginning at 0 milliamps (mA) increase by 10 mA until capture/pulses are present. Determine optimum threshold (lowest mA output that will generate capture: typically, between 50 and 90).			
11. Describes confirmation of pacing capture. A. Recognizes electrical capture on the EKG. B. Recognizes mechanical capture by evaluation of the cardiac.			
12. Once capture is confirmed continue pacing at a slightly higher output level (10%).			
13. If capture is maintained but the patient remains symptomatic of inadequate tissue perfusion (BP less than 90mmHg systolic), consider increasing the rate by 10 bpm until 100 bpm is reached. If perfusion continues to remain a problem, consider Epinephrine push dose pressures.			
14. Provides patient sedation/pain relief prn.			
15. Continuous observation of the patient to ensure electrical and mechanical capture is essential and achieved by visual observation of the screen display and frequent assessment of vital signs and the presence of pulses. A. Contact the base physician for consultation if perfusion remains a problem and/or alteration of TCP settings.			