

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8810.11
	PROGRAM DOCUMENT: Transcutaneous Cardiac Pacing	Initial Date:	01/07/99
		Last Approval Date:	12/10/20
		Effective Date:	07/01/21
		Next Review Date:	12/01/22

 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

- A. To establish a procedure standard for utilizing Transcutaneous Cardiac Pacing (TCP).

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Indications:

- A. Symptomatic Bradycardia per Cardiac Dysrhythmias policy PD#8024:
 - Heart rate < 50 beats per minute (bpm) documented by cardiac monitor
 - Systolic blood pressure < 90 mm Hg,
 - Decreased sensorium
 - Diaphoresis
 - Chest pain
 - Capillary refill > two seconds
 - Cool extremities
 - Cyanosis

Relative Contraindication:

Hypothermia

Procedure:

- A. Assemble equipment.
- B. Explain the procedure to the patient.
- C. Connect the patient to a cardiac monitor and obtain a 12 lead ECG rhythm strip, if possible, or Lead II rhythm strip.
- D. Cardiac Monitoring per Cardiac Dysrhythmias policy, PD #8024
- E. Select the pacing mode to asynchronous or non-demand mode.
- F. Set the pacing rate to 80 bpm.
- G. Increase the milliamps (mA) to mechanical capture or lowest setting possible. Activate the pacing device and increase the milliamps as tolerated. Observe the patient and ECG until mechanical capture is achieved. Mechanical capture is the point when the pacemaker produces a pulse with each QRS complex.
- H. If needed, provide for patient sedation as described in the Cardiac Dysrhythmias Policy, PD #8024.
- I. Continue monitoring the patient and anticipate further therapy.

Special Notes:

- A. Symptomatic Type II 2nd degree blocks and 3rd degree blocks should have TCP implemented without delay.

Cross Reference: PD #8024 - Cardiac Dysrhythmias
PD #8018 - Overdose and/or Poisoning