Transcutaneous Pacing

Indications: haemodynamically unstable bradycardia (unresponsive to atropine); complete heart block; Mobitz type II second-degree heart block when haemodynamically unstable; sudden witnessed asystole secondary to cardioversion/drugs/conduction defect; override pacing of tachycardias refractory to drugs and cardioversion (rarely used)

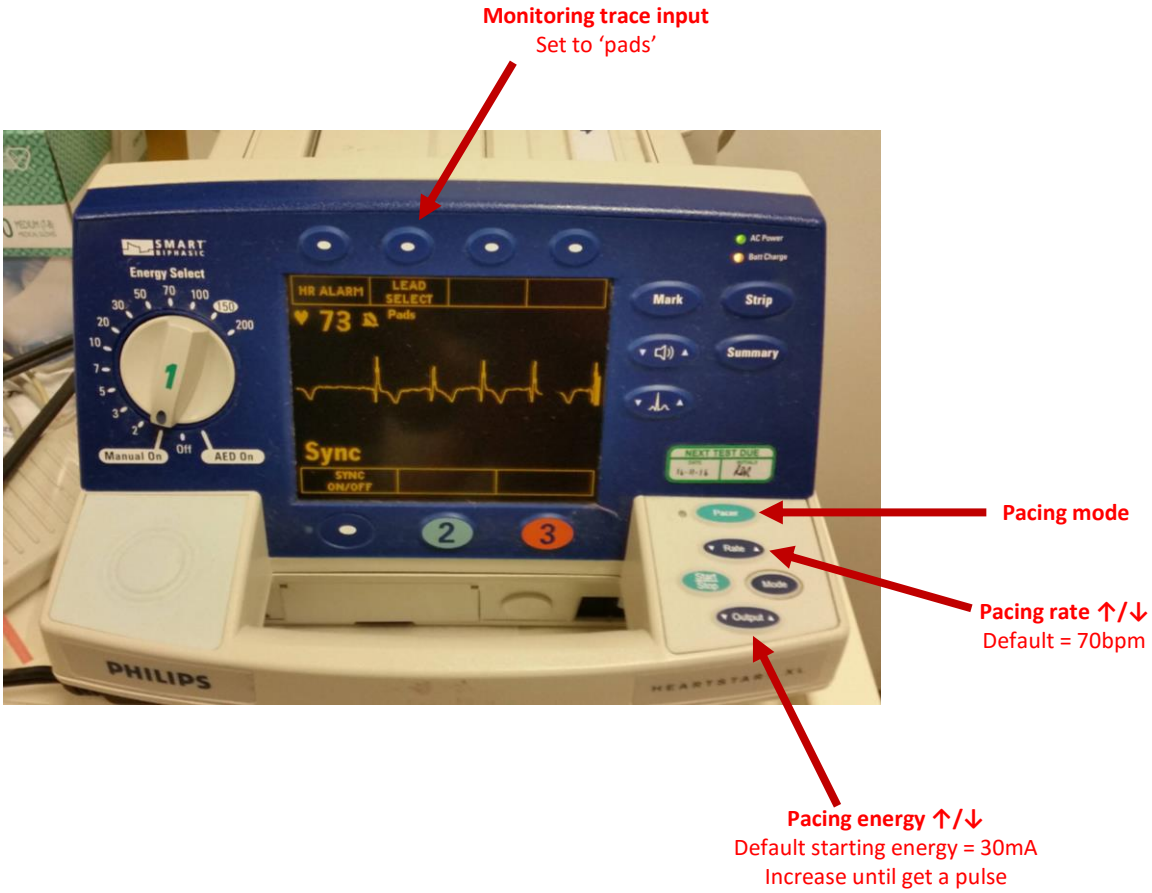
Setting up

- Anaesthetist must be present to sedate patient (most patients cannot tolerate pacing >50mA)
- Apply 3-lead cardiac monitoring (clockwise from right arm Ride Your Green Bicycle) and connect lead to external cardiac monitor or defibrillator machine
    - Red: anterior aspect of right shoulder
    - Yellow: anterior aspect of right shoulder
    - Green: left anterior superior iliac spine
    - Black: not present on defibrillation machine
- Apply defibrillator pads (in AP position) after shaving chest if required
    - 'Right' pad: place longitudinally on left sternal edge
    - 'Left' pad: place longitudinally on left paraspinal muscles (in line with anterior pad)
- Connect pads lead to defibrillator machine
- Set defibrillator machine monitoring trace to 'pads'

Pacing

- Set defibrillator to pacing mode
- Set onscreen pacing rate (default usually ~70bpm) and energy (default starting energy usually ~30mA)
- Click onscreen start pacing button
- Observe the monitor to see if QRS complexes follow every pacing spike – if not, increase the energy until they do – 'electrical capture' (usually occurs at 50-100mA)
- Next check the patients pulse corresponds to the induced QRS complexes – 'mechanical capture'
- Seek senior help and definitive management

Note you can touch the patient during pacing



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