

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

**TRANSCUTANEOUS PACING**

**I. Indications**

- A. Hemodynamically unstable bradycardia<sup>1</sup>
- B. Overdrive pacing of tachycardias refractory to drug therapy or electrical cardioversion
- C. Asystole

**ADVANCED LIFE SUPPORT**

**II. Management**


- A. Monitor **EKG**
- B. Consider sedation, **VALIUM 5-10MG over 1-3minutes**, to control patient discomfort, if necessary.
- C. Apply Pacing Electrodes (anterior-posterior preferred)<sup>2</sup>
- D. Set external pacemaker rate to **70bpm**.
- E. **NON-DEMAND MODE**
- F. Dial up current at increments of **20 MA** until capture occurs<sup>3</sup>- for perfusing rhythms or awake patients. Dial down current for cardiac arrest

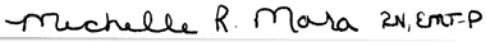
**NOTIFY RECEIVING FACILITY**

- G. If mechanical capture is not obtained:
  - 1. CPR- if patient nonperfusing

<sup>1</sup> Hypotension (systolic <80 mmHg), altered mental status, angina, pulmonary edema, etc.  
<sup>2</sup> One pad to left anterior chest and one pad beneath scapula or per manufacturer specifications.  
<sup>3</sup> Use only minimal MA needed for mechanical capture. Assure adequate electrical/mechanical capture:  
 a) **Electrical**=Visible pacer spike immediately followed by wide QRS.  
 b) **Mechanical**=improved pulses, LOC, BP

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