Pacing

PROCEDURE

STEPS

1. Explain the procedure; connect 4 basic leads and record a rhythm strip before pacing
2. Adjust ECG size, or select the lead with the tallest R wave
3. Apply pacing pads / Quick Combo electrodes anterior/posterior, per manufacturer
4. Turn the pacer on — do not activate until pads are applied
5. Set rate at 80 bpm
6. Increase energy (milliamps) gradually until electrical capture — a wide, bizarre QRS
7. Check the right-arm pulse for mechanical capture; assess BP; record a rhythm strip
8. No mechanical capture: keep increasing energy to maximum; consider Procedural Tolerance

BEFORE YOU START

- Indications: symptomatic bradycardia; symptomatic heart blocks
- Symptoms: fatigue, lightheadedness, dizziness, trouble breathing
- Worsening angina, altered mental status, hypotension, signs of shock
- Precaution: do not place pads directly over an implanted pacemaker, generator, or AICD

KIT YOU NEED

- Pacer unit with pacing pads or Quick Combo electrodes
- 4 basic ECG leads and monitor

IF IT GOES WRONG

- Electrical capture = widening QRS following the pacer spike, confirmed on ECG
- Mechanical capture = palpable pulse matching the pacer setting, rising BP, improved skin color and LOC
- Continue to pace during CPR if necessary, even if capture is not obtained

Take Home Message:

Pads on before the pacer goes on, rate 80, milliamps up to capture — then prove mechanical capture with a pulse, not just spikes on the screen.