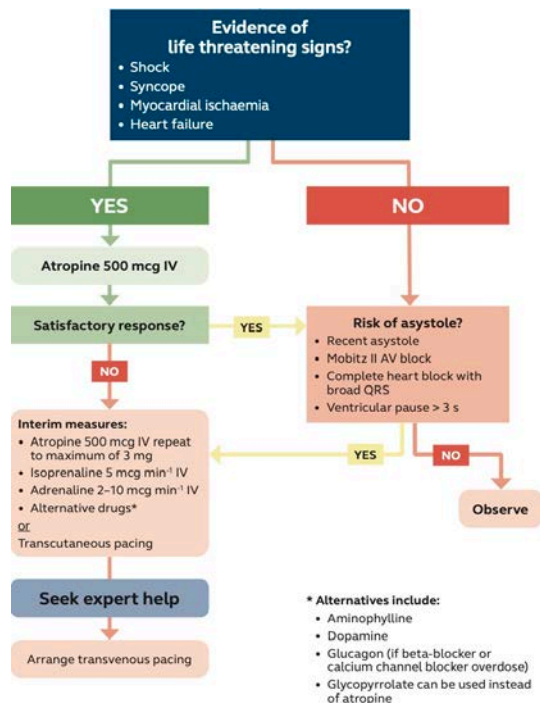


<b>Title on CEM</b>	Transcutaneous Pacing
<b>Applies to</b>	RAH & IRH Emergency Departments
<b>Date of this version</b>	October 2023
<b>Author (s)</b>	Frances Cameron



## Transcutaneous Pacing



- Patient must be in Resus with full monitoring attached
- Conscious patients will require IV analgesia and sedation
- Ensure you have a Pacing defibrillator (identified by a sticker on the device)



- Place pads on patient's chest as indicated on packaging (Initially anterior/lateral placement unless chest trauma/implanted device)
- Patient must also be attached to defibrillator's 3 lead monitoring
- Turn on defib, select Manual mode (bottom left soft key)
- Turn dial to Pacer mode which will reveal the Pacing dials at the bottom right
- Select pacing rate (usually in the range of 60-90ppm)
- Set output at lowest energy value
- Turn output dial until capture is achieved, indicated by a QRS complex after every pacing spike (typically in the range of 50-100mA)



- Ensure each paced QRS complex is followed by a palpable pulse. Increase energy output if required
- Consider new pad positions (anterior/posterior) if above fails
- Contact On Call Cardiologist to arrange Emergency Transvenous Pacing (TPL)