Indications:
- Hemodynamically compromising bradycardias (BP < 90 systolic, change in mental status, angina, pulmonary edema).
- Mobitz Type II second degree heart block.
- Third degree complete heart block.
- Overdrive pacing of refractory tachycardias.
- Bradyacardia < 20 minutes.
- Pacing is rarely required in pediatric arrest but should be considered in children with primary bradycardia from congenital defects or bradycardia following open heart surgery.

Contraindications:
- Severe hypothermic patient with bradycardia.
- Asystole.

Complications:
- Failure to recognize the pacer is not capturing
- Induction of arrhythmias or V-fib
- Pain from electrical skin and muscle stimulation

Procedure:
- Initiate cardiac care.
- Place patient in a supine position.
- Confirm symptomatic bradycardia.
- Contact Medical Control for medication to control pacing pain if needed.
CC11-PROCEDURE FOR TRANSCUTANEOUS PACING

- Apply the pacing electrodes per manufacturer’s recommendation.
  - Unless contraindicated by manufacturer, placement of electrodes should be:
    - Anterior chest wall - left of the sternum centered as close as possible to the point of maximum cardiac impulse
    - Back- behind the anterior electrode to the left of the thoracic spinal column.
- Connect the electrodes.
- Set the heart rate at 70 beat/min.
- Turn the voltage down to 0.
- Turn pacer on.
- Slowly increase the voltage until ventricular capture. Electrical capture is usually characterized by a widening of the QRS complex and especially by a broad T wave with the T wave opposite the polarity of the QRS complex.
- Constantly monitor the pulse and blood pressure
  - Pulses should be taken at the right carotid or right femoral artery to avoid confusion between jerking muscle contractions caused by the pacer.
- Report patient condition to Medical Control.