

Chapter 3

TRANSCUTANEOUS PACING

Indications

- Sinus node dysfunction
- Unstable atrioventricular (A–V) nodal block

Contraindications

- No absolute contraindications

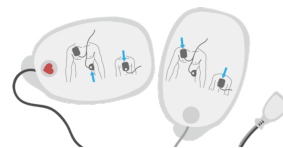
Complications

- Pain / burn at site of paddles / pads
- Discomfort during pacing

Tools



The device (set to pacer mode)



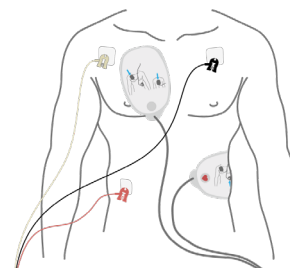
Pads

Sedative

- Benzodiazepines / opiates (midazolam / fentanyl)

Procedure (atrial fibrillation)

1. Attach pads
2. Attach monitor leads
3. Turn on pacer mode
4. Select rate (> 80 bpm) and output (at least 1 mA / kg)
5. Increase rate until mechanical capture
6. Administer sedative / pain medication
7. Prepare for transvenous pacing



Attach pads and monitor leads



Pearls

- Hyperkalemia cannot be paced
- Transcutaneous pacing is a temporary solution, while setting up for transvenous pacing
- Obese patients usually require higher output
- Monitor leads must be attached for pacing