
ILLINOIS REGION 3 PROTOCOLS

EXTERNAL PACING (ALS)
I. INDICATIONS:

- A. Symptomatic and hemodynamically unstable bradycardias:
 - 1. sinus or junctional
 - 2. 2^o block, type II
 - 3. 3^o block
- B. Pulseless electrical activity (PEA) with a ventricular rate < 60.
- C. Consider in asystole

II. CONTRAINDICATIONS:

- A. non-symptomatic patient

III. PRECAUTIONS:

- A. Placement of electrodes will effect current threshold
- B. Consider sedation for the conscious patient. The patient's level of consciousness may improve during pacing

IV. PROCEDURE:

- A. Apply standard EKG electrodes
- B. Apply pacing electrodes or Quick Combo pads
- C. Select desired pacing rate (70-80)
- D. Turn pacer on
- E. Confirm "sensing" by pacer (usually indicated by a marker on EKG)
- F. When "sensing" is confirmed, begin pacing at lowest energy setting
- G. Increase current slowly until capture occurs
 - 1. electrically indicated by a wide QRS and a tall broad T-wave
 - 2. mechanically indicated by improving cardiac output
 - a) Palpate for a radial or femoral pulse and check skin color and temperature. NOTE: avoid using carotid pulse to confirm mechanical capture. Electrical stimulation causes muscular jerking that may mimic a carotid pulse.
 - b) Check for improving blood pressure and level of consciousness
 - c) Improved level of consciousness
 - d) Improved skin color, temperature, moisture

 Blessing Hospital, EMS Medical Director

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