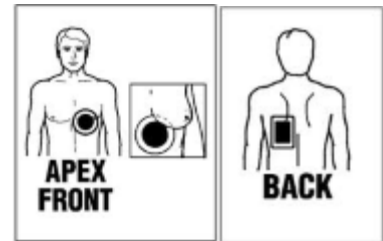


Clinical Indications:

- Patients with symptomatic bradycardia (less than 60 per minute) with signs and symptoms of inadequate cerebral or cardiac perfusion such as:
 - Chest Pain
 - Hypotension
 - Pulmonary Edema
 - Altered Mental Status, Confusion, etc.
 - Ventricular Ectopy
- Asystole, pacing must be done early to be effective.
- PEA, where the underlying rhythm is bradycardic and reversible causes have been treated.

Procedure:

1. Attach standard four-lead monitor. (Once pacing has begun you will no longer be able to monitor through the pacing pads)
2. Apply defibrillation/pacing pads to chest and back:
 - One pad to left mid chest next to sternum
 - One pad to mid left posterior chest next to spine.
3. Rotate selector switch to pacing option.
4. Adjust heart rate to 70 BPM for an adult and 100 BPM for a child.
5. Note pacer spikes on EKG screen.
6. Slowly increase output until capture of electrical rhythm on the monitor.
7. If unable to capture while at maximum current output, stop pacing immediately.
8. If capture observed on monitor, check for corresponding pulse and assess vital signs.
9. Consider the use of sedation or analgesia if patient is uncomfortable.
10. Document the dysrhythmia and the response to external pacing with ECG strips in the PCR.



Certification Requirements:

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Survival Flight Medical Director. Assessment should include direct observation at least once annually.