

TRANSCUTANEOUS CARDIAC PACING (TCP)		
Name: _____ Date: _____ License # _____		
<p>Transcutaneous pacing is used in the prehospital setting until the underlying cause of the bradycardic arrhythmia (e.g., hyperkalemia, drug overdose) can be reversed or a more permanent means of cardiac pacing can be achieved in a hospital setting.</p> <p>A. <u>Assessment/Treatment Indicators:</u></p> <ol style="list-style-type: none"> 1. Indicated for adult patients 13 years of age and older with hemodynamically unstable bradycardia. 2. Hemodynamically unstable bradycardia means a patient with a BP < 90, related to a bradycardic rhythm (HR <60) with serious signs and symptoms related to heart rate, (i.e.: chest pain, SOB, ALOC, shock, pulmonary congestion, CHF). 3. TCP should not be delayed for hemodynamically unstable bradycardia patients while waiting for IV access or for atropine to take effect. <p>B. <u>Contraindications:</u> TCP is not authorized for use on patients 12 years of age or younger. TCP is not authorized for hypothermic patients because the bradycardia is usually a physiologic response to the body temperature.</p>		
<u>Equipment:</u>		
<ol style="list-style-type: none"> 1. Transcutaneous cardiac pacemaker 2. Cardiac monitor with defibrillator 	<ol style="list-style-type: none"> 3. ECG electrodes 4. Pulse oximetry device 	
Performance Criteria	Pass	Fail
1. Uses universal precautions.		
2. Explains procedure to the patient.		
3. States indications and contraindications for pacing.		
4. Applies pre-gelled adhesive pacing pads to chest wall according to manufacturer's recommendations.		
5. Applies ECG electrodes.		
6. Confirms rhythm.		
7. Activates pacing device per manufacturer's instructions.		
8. Sets heart rate.		
9. Increases output until capture occurs (and sets output to 10% above threshold).		

Effective: April 1, 2020
Supersedes: February 15, 2010

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

Performance Criteria		Pass	Fail
10.	Confirms capture by correlating QRS spike with pulses. Reassesses blood pressure and mental status. Increases rate as needed (not to exceed 100 bpm) for a patient that remains hypotensive and symptomatic from inadequate perfusion.		
11.	Determines the lowest threshold response and maintains output control at this level. Note: Patient movement may change the capture threshold requiring an adjustment in the output to compensate.		
12.	Provides patient with sedation.		
13.	Continues monitoring. Contacts base hospital for further orders if the patient has resolved symptoms. Verbalizes considerations for vasopressor medication administration, adjustment of pacer settings and consideration for further need of sedation.		

Evaluator provide comments for any item that is marked as failed: _____

Name & Signature of Evaluator

Date

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EMS Administrator