TITLE: **TRANSCUTANEOUS CARDIAC PACING (TCP) PERFORMANCE CRITERIA** EMS Policy No. **2547**

TRANSCUTANEOUS CARDIAC PACING (TCP)

Name: _____ Date: _____ License # _____

Transcutaneous pacing is used for short intervals as a bridge until transvenous pacing can be initiated or until the underlying cause of the bradyarrhythmia (e.g., hyperkalemia, drug overdose) can be reversed.

A. Assessment/Treatment Indicators:
   1. Indicated for adult patients with hemodynamically unstable bradycardia.
   2. Is authorized as a standing order for paramedics in treating adult patients with unstable bradycardia. 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.
   4. Base Hospital Physician order is required to perform TCP.

B. Contraindications: TCP is not authorized for use on patients less than 15 years of age. Not authorized for hypothermic patients because the bradycardia is usually a physiologic response to the body temperature.

Equipment:

1. Transcutaneous cardiac pacemaker
2. Cardiac monitor with defibrillator
3. Versed
4. 10 ml syringe
5. ECG electrodes
6. Pulse oximetry device

	Performance Criteria	**Pass**	**Fail**
1.	Uses universal precautions.		
2.	Explain procedure to the patient.		
3.	States indications and contraindications for pacing.		
4.	Apply pre-gelled adhesive pacing pads to chest wall according to manufacturer's recommendations.		
5.	Apply ECG electrodes		
6.	Confirm rhythm.		
7.	Activate pacing device per manufacturer's instructions.		
8.	Set heart rate		
9.	Increases output until capture occurs (and increase output 10% above threshold)		

Approved: Signature on File
Medical Director

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Performance Criteria		**Pass**	**Fail**
10.	Confirms capture by correlating QRS spike with pulses. Reassesses BP and LOC. Increases rate prn (not to exceed 100) if patient remains hypotensive and symptomatic from inadequate perfusion.		
11.	Determines what the lowest threshold response and maintains output control at this level. NOTE: Any movement of patient may increase the capture threshold response; subsequently, the output may have to be adjusted to compensate for this.		
12.	Provides patient with sedation/pain relief prn.		
13.	Continue monitoring. Contact base hospital for further orders if patient symptoms are not resolving (consideration for dopamine, further alteration of pacer settings or if further sedation/pain control orders required).		

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

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_____ _____

Name & Signature of Evaluator Date

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator