

External Pacing Guidelines
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INDICATIONS:

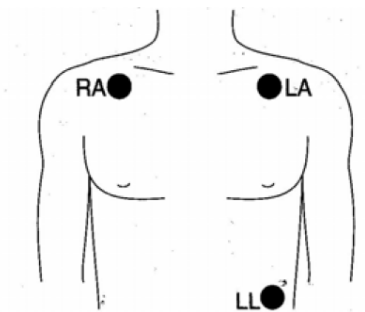
- Fetal diagnosis of congenital complete heart block/second degree (Mobitz II) heart block

PREPARATION:

- Confirm rhythm with cardiology
- Check that bedside monitor has recording paper. Provide continuous EKG monitoring and frequent blood pressure checks.
- Record using the central monitoring system
- Empty the patient's stomach

STEPS:

- Bring the defibrillator cart to the bedside
- Place the **Mini Pediatric Pads** onto the patient and connect to defibrillator
- Place labeled pad on the FRONT of the body, just left side of the sternum (see package illustration)
- Place labeled pad on the left upper BACK (see package illustration)
- If unable to position second pad on back, position the pads over the apex/sternum as labeled (see package illustration)
- **Attach 3 separate ECG electrodes** to patient and attach end to device. (RA under the right clavicle; LA under the left clavicle; LL at the bottom of the left bottom rib cage)



- Connect ECG electrodes to the Zoll Defibrillator

- Turn device **ON**.
- Turn dial to **PACER**. Downward spikes indicate pacing pulses
- The **RATE** defaults to 70 bpm. The rate can be adjusted by using the rate dial.
- Increase **OUTPUT** by turning the Output dial clockwise. The normal range for capture is between 40-80 milliAmps (mA)
- Usually you will overshoot the patient's threshold. If this happens, decrease Output slowly until you just lose capture. The minimum output that reaches capture is the patient's threshold
- Set Output to 10% above the patient's threshold
- Confirm electrical capture by viewing downward spike followed immediately by widened QRS and extended T wave
- Assess that infant has palpable femoral/brachial pulse and arterial waveform (if arterial line in place)
- The **4:1 BUTTON** can be used to determine the patient's rhythm. This suppresses 3-4 pacer impulses to visualize the underlying rhythm without losing capture. Press and hold.
- Continuous pacing can cause skin burns in neonates. If it is necessary to pace longer than 30 minutes, periodically inspect the underlying skin.