Ventricular Pacing

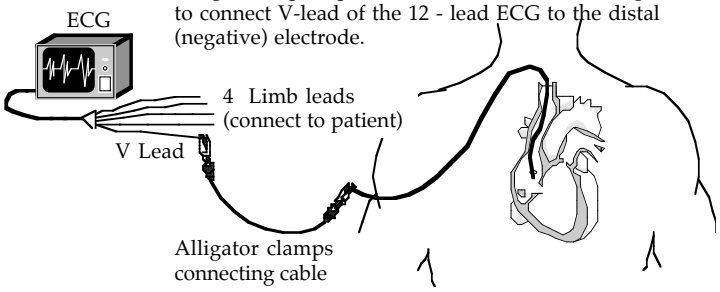
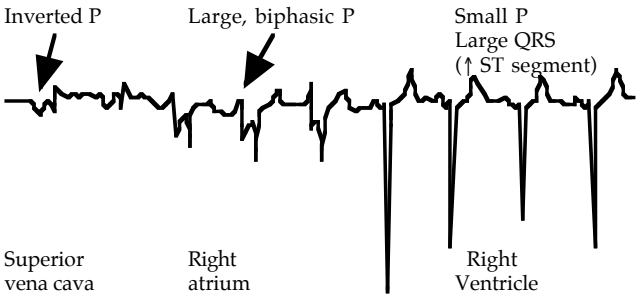
		due to:
Indications:	Symptomatic Bradycardia:	Complete AVB Sinus bradycardia Sick sinus syndrome Drug OD Failure of permanent pacemaker
	Asystole:	Drug OD
	PEA:	Acidosis or electrolyte imbalance
	Symptomatic Tachycardia:	Atrial flutter SVT WPW Torsades des pointes
	Stand-by for:	New Mobitz II BBB after anterior AMI AVB in pt undergoing major surgery LBBB in pt undergoing PA catheterization During cardioversion of A Fib in pts with SSS

Insertion of Transcutaneous Electrode:

Establish IV access.
Monitor ECG with 4 limb leads .
12-lead ECG to guide insertion with atrial ECG.
Have access to defibrillator and emergency meds.
Assemble customary items for venous cannulation.
Check pacemaker, replace batteries.
Pacing electrodes, connecting cables, and alligator clips.

Atrial ECG:

Atrial ECG is used to tract the position of the pacing electrode without using fluoroscopy:
Use alligator clip (clips on either end of a connecting cable), to connect V-lead of the 12 - lead ECG to the distal (negative) electrode.



Run strip recorder and observe ECG monitor during placement:
When the electrode is in the atrium, the P waves will be large,
When the electrode is in the ventricle, the QRS will be large.
When the ST segment elevates, contact has been made with the endocardium.