

Ventricular Pacing

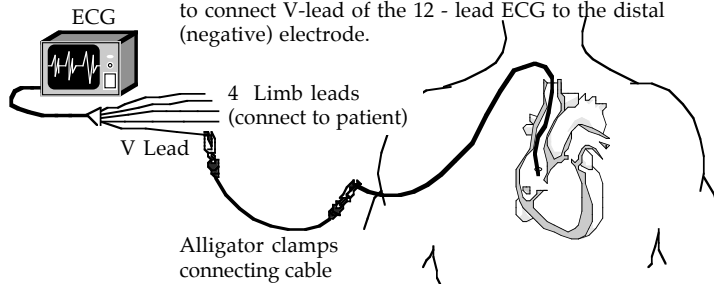
due to:

- Indications:**
- Symptomatic Complete AVB
 - Bradycardia: Sinus bradycardia
 - Sick sinus syndrome
 - Drug OD
 - Failure of permanent pacemaker
 - Asystole: Drug OD
 - PEA: Acidosis or electrolyte imbalance
 - Symptomatic Atrial flutter
 - Tachycardia: 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.

