

A. Procedure

ALS

1. Apply the limb leads to the patient.
2. If the patient is conscious, consider administering **Versed (midazolam) 5mg SLOW IV / IO / IM** for sedation. **DO NOT** delay pacing to establish an IV or obtain the medications.
3. Apply the Quick-Combo pads.
4. Note the patient's heart rate prior to turning on the pacer.
5. Turn on the pacer. Note on the oscilloscope whether the patient's intrinsic rate is being sensed. This is detected by a "marker" on each R-wave. If the marker is not noted, increase the QRS size.
6. Confirm the pacer rate is set to 80 bpm.
7. Start the pacer by increasing "current".
8. Begin to adjust the milliamps (mA) up in 10mA increments until electrical capture is achieved. Complete electrical capture will be achieved when each pacer spike is associated with a paced beat (usually a widened QRS and broad T-wave). If any spikes are seen not associated with a beat, complete capture is not obtained, continue to increase the mA.
9. Once complete electrical capture is obtained, assess the patient's pulse (see note) and blood pressure. If no pulse is felt, treat the patient as EMD/PEA. If a pulse is palpable and the patient is hypotensive, treat with fluids and/or dopamine per protocol.

B. Other Notes

1. It must be stressed that TCP only affects the electrical stimulus of the myocardium and does little, if anything, for the mechanical (pumping) force of the heart. Just because complete electrical capture is obtained, actual myocardial contraction is not necessarily happening. Supportive treatments such as CPR, epinephrine, fluids and dopamine may still be required.