

**PARKLAND HEALTH & HOSPITAL SYSTEM
LEADERSHIP & ORGANIZATIONAL DEVELOPMENT**

**COMPETENCY VALIDATION
TEMPORARY EXTERNAL (TRANSCUTANEOUS) PACING**

Name: _____ ID#: _____

Unit: _____ Date: _____

Temporary External (Transcutaneous) Pacing	1 st Attempt (P or F)	2 nd Attempt (P or F)	Comments
1. State indications for external pacing.			
2. Washes hands and gathers necessary equipment.			
3. Applies pacing patches (anterior-posterior method preferred) and ECG electrodes in the appropriate locations.			
4. Set rate (usually between 60-80)			
5. Start mA at 0 and increase by 10 until capture is noted and then increase by 10% above threshold (usual 50-100 mA of current required for capture).			
6. Verify pulse and monitor ECG for appropriate sensing and pacing.			
7. Document: a. Patient's underlying heart rate/rhythm; vital signs b. Date and time of pacemaker application c. Pacemaker settings d. Patient tolerance of procedure e. Assessment of pacemaker function f. Patient teaching			
Temporary External Pacing – Care of Patient			
8. Verify the pacemaker settings. If not consistent with the provider's orders, consult with the provider.			
9. State pacing patches are changed every 24 hours. (Vigilant monitoring of good contact between electrode and skin is crucial).			
10. Monitor ECG for appropriate pacing, sensing and capture, and presence of arrhythmias.			
11. Transcutaneous pacing may be painful for the patient – assess the need for sedative and/or analgesics.			
12. State rationale for discontinuing the pacemaker.			

The completion of this form validates the above nurse's competency for this skill.

#1 Pass / Fail Competency Validator Signature: _____

#2 Pass / Fail Competency Validator Signature: _____