

Procedure

PROCEDURE FOR: Pacemaker, Temporary: Transvenous Insertion

- POLICY:
1. Placement of pacing catheters will primarily be done by the cardiology fellow, under the supervision of the cardiology staff. ED physician may also insert pacing catheter.
 2. Physician obtains an informed consent form, unless the situation is an emergency.

EQUIPMENT:

- Temporary pacemaker catheter/Introducer kit
- Sterile Pacing cable
- Temporary Demand pacemaker generator/9 volt battery
- Defibrillator/External pacemaker
- Sterile gloves, gowns, sheets, and towels
- Lidocaine Bolus, Atropine Bolus
- 12-lead ECG machine (optional)
- Central line Dressing Kit
- Elecath cable for ECG passing (optional)
- Fluoroscopy table (optional)

PROCEDURE:

ACTION

POINTS OF EMPHASIS

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| 1. Place patient on fluoro table (unless pacemaker is being inserted in a cardiac arrest situation). | 1. Option: Transport patient to cardiac cath lab for insertion. |
| 2. Notify X-ray of procedure, verify they can send someone to run the fluoro machine. If in an emergency, it may be done at the bedside, using ECG monitoring. | |
| 3. Bring equipment to procedure area. | |
| 4. Acquire requested cable(s) and generator. | |
| 5. Insert battery and check pacer generator. Turn to 'ON' - observe flashing of 'pace indicator'. | 5. Generator should fire in 'ON' position. Call Biomedical Engineering (X2954) if pacer not functioning. |
| 6. Verify defibrillator ready for use. | 6. Pacing may cause the patient to develop ventricular tachycardia or ventricular fibrillation, which require defibrillation. |
| 7. Attach ECG limb lead, if necessary. | 7. If procedure is done in patient's room. |

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<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
8. Monitor ECG for heart rate and rhythm as physician passes catheter into right atrium or right ventricle.	8. Monitor for arrhythmias - bradycardia and/or ventricular arrhythmias may occur as wire is passed.
9. Pacemaker catheter is attached to bridging cable with labeled <u>proximal</u> end of catheter to <u>positive</u> pole and labeled <u>distal</u> end to the <u>negative</u> pole.	
10. Attach distal end of cable to appropriate positive and negative poles of generator.	10. Positive to Positive (+ - +) Negative to Negative (- - -).
11. Verify generator settings as ordered by the physician.	11. Settings ordered are: rate, MA, and sensitivity.
12. After catheter/introducer is sutured to skin, obtain rhythm strip and compare with previous strip.	
13. Apply DSD to site, using sterile technique. Secure catheter and cable adequately to maintain wire placement.	
14. Secure pacemaker to patient or bedding. Make sure the plastic cover or lockout mechanism is on at all times.	
15. Record settings on Unit Flowsheet or electronic record.	

APPROVAL: ICU Standards Committee
Nursing Standards Committee
ED Review Committee
Cardiac Step-Down Standards Committee

EFFECTIVE DATE: 1/86

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ICU/ED - Unit Practice Manuals

John Dempsey Hospital-Department of Nursing

The University of Connecticut Health Center

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