

Transvenous Pacemaker Checklist (Twitter @dromron Pinned post and check out for whole procedure and videos)

IF YOU REMEMBER ANYTHING DEFLATE THE BALLOON BEFORE YOU PULL BACK!!!

1. Knows the indications for ED transvenous pacemaker placement (**overdrive, complete heart block, remember isopril as a bridge to pacer**) **Isopril dose: IV bolus:** 0.02-0.06 mg (1-3 mL of a 1:50,000 dilution), initially, THEN doses of 0.01-0.2 mg, **IV infusion:** 5 mcg/min (1.25 mL of a 1:250,000 dilution), initially, THEN doses of 2-20 mcg/min based on patient's response. From <https://reference.medscape.com>
2. If you can have a 2nd person use ultrasound to visualize the heart and wire (**have someone looking under the sterile drape**)
3. Locates all necessary equipment in ED (**know where your equipment is located, see my twitter or website for list of necessary equipment if making from scratch**)
4. Attach the distal port of tv catheter to v1 – (**watch for injury pattern, large bundle branch block**)
5. Connects pacing catheter to pacing generators (**proximal to positive, distal to negative**)
6. Appropriately sets generator (current, rate, sensitivity) (v **current = 25 or max, rate = 80, sensitivity = min or 20 or preset at 2 on dual chamber, dual chamber VVI, shut off atrial**)
7. Inserts appropriate size cordis transducer sheath (**6 French Cordis**)
8. Maintain Sterile Field (**you will have to have an assistant connect and disconnect the alligator clip**)
9. Threads pacemaker catheter through sterile sleeve (**don't forget this step or you will regret it later**)
10. Inserts pacemaker catheter into introducer sheath
11. Advances to appropriate length with balloon deflated (**20 cm so that the balloon doesn't explode in the catheter**)
12. Inflates balloon, advances catheter further (**if you go too far i.e. 50cm or your ultrasound person says that its in the ivc then DEFLATE the balloon before you pull back or you will rip the tricuspid valve off**)
13. Looks at monitor while advancing catheter (**look for INJURY pattern if distal end attached to v1, if going fully attached look for pacer spikes and capture**)
14. Disconnect distal port from v1 and attach it to the Remington adaptor (**distal to negative**).
15. Recognizes pacemaker spikes
16. Deflate the balloon!! (**if you don't it will end in the pulmonary artery as it is a sail**)
17. Confirm mechanical capture by check the pulse (**rate 80**)
18. Knows what to do if ectopy or arrhythmia occurs (**deflate the balloon 1st, then pull back!!**)
19. Knows how to fully extend sterile sleeve over pacer catheter and secure it
20. Knows to manipulate output once capture has been obtained (**decrease current until you lose capture then increase by 2.5 times**)
21. Orders post-procedure x-ray
22. Knows potential complications of procedure (**pericardial tamponade, ripping off the tricuspid valve by forgetting to deflate when you pull back, ectopy**)