External Pacemaker Case Study

You are receiving a transfer from CVICU report reveals that your patient is s/p CAB POD #3. Chest tubes are out. Atrial Wires are coiled and taped. Ventricular wires are connected to an External Pacemaker. Patient has ambulated in the hallway. A&O x 3; diminished breath sounds in the bases; VPaced at 80 on the monitor; BP 136/72; afebrile; RR 18; sats 96% on RA; volurexing 1250 ml; family at bedside.

1. What settings on the pacemaker would you like to know so you can document in HED?

2. The next day you are assigned to this patient. The team is rounding and asks you to decrease the ventricular rate on the pacemaker to 50. Please list the steps you would do to complete this action.

3. Would you ever be expected to change the sensitivity or output settings?

4. You decrease the ventricular rate to 50. 30 min later, the patient calls you complaining of diaphoresis & lightheadedness. What are your next steps?
5. What is the standard of care for pacing wires?

6. How often is a battery changed in the external pacemaker? How long do you have to change the battery before the pacemaker cuts off? Is this a 2 person procedure? Why?

7. Interpret this rhythm.

8. What actions would you take in response to this rhythm?