

Semi-rigid wire:

1. insert under I-I guidance and feed the wire through the RA until the tip just stops on the right ventricular wall
2. connect to the control box (turned off)
3. set the output and sense to their minimum value and rate 20bpm greater than patient (or 70bpm, whichever is greater)
4. turn the generator on and gradually increase the output while watching the ECG for capture
5. ideal capture is about 2mA. [if high output is required then turn output right down and advance or reposition the wire slightly]

Paceport PAC:

1. Insert a paceport PAC using standard technique
2. Attach a pressure transducer to the RV port & ensure RV port is in RV (in some patients catheter may wedge before RV port is in RV in which case an alternative technique is required)
3. attach adaptor to the RV port and insert probe to the reference mark
4. attach ECG monitoring and advance until ST elevation indicates contact with the epicardium
5. secure the probe and connect side port to a saline flush
6. commence pacing

Flotation catheter:

1. can be inserted by either pressure guidance (similar to a PAC) or ECG guidance as follows:
2. attach lead V5 to the distal electrode of the catheter & monitor the P wave then QRS as the catheter advances from the RA to the RV
3. once in RV advance the catheter 2cm then deflate balloon and advance a further 1cm
4. proceed to pace as for semi-rigid wire

Pacing Wire Insertion

End Point

CECMADE

Equipment:

- 4 types of pacing equipment:
 - (i) semi-rigid, bipolar pacing lead (under image intensifier guidance)
 - (ii) paceport PA catheter
 - (iii) balloon flotation leads (ECG or pressure guided)
 - (iv) epicardial leads

Drugs:

- local anaesthetic

Position

- Supine, head down

Landmarks

Identify:

1. heads of sternocleidomastoid (apex of triangle formed by the sternal and clavicular heads)
2. carotid artery

Insertion Point & Technique

insertion point is the apex of the triangle formed by the sternal & clavicular heads

for the semi-rigid wire & flotation catheter:
- 6F peel away sheath

for the paceport PAC use a standard PAC sheath introducer

Things to avoid

1. arrhythmia & microshock
2. CVC insertion complications

Dressing

Ensure the wires are not exposed & tape both sides

Suture in position

Position Check

Post insertion chest X-ray