Peri-Operative Complete Heart Block

REMEMBER THE 3Rs

RECOGNISE

Independent atrial and ventricular impulses -> P wave and QRS complexes not associated

Broad (ventricular) OR narrow (junctional) QRS complexes at <60bpm

RISK STRATIFY

Consider the patient as **UNSTABLE** and requiring **EMERGENT** treatment if any of **HISS:**

Hypotension

Ischaemia

Shock

Syncope/reduced GCS

RESPOND

Request “Emergency trolley” for:

Atropine 600mcg (maximum 3mg)

Adrenaline 1-10mcg/minute

Transcutaneous pacing via Lifepak defibrillator

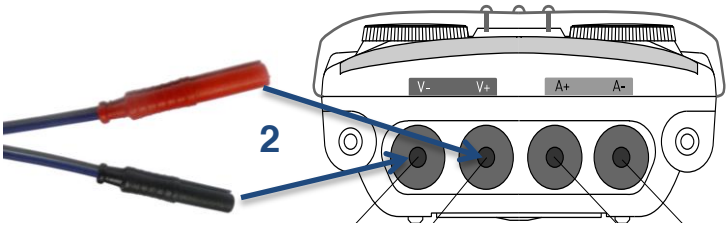
Epicardial pacing via Biotronik box (**SEE OVER**)

With post-operative wires in-situ, epicardial pacing should be the default response

University Hospitals Bristol NHS
NHS Foundation Trust

One Heart

Emergency VVI Epicardial Pacing



Screw tighten the blue leads to the patient's ventricular wires **(1)**

Push the pins of the blue leads into the Ventricle (V-/V+) ports on the pacing box **(2)**

Set the Rate dial to 80ppm **(3)**

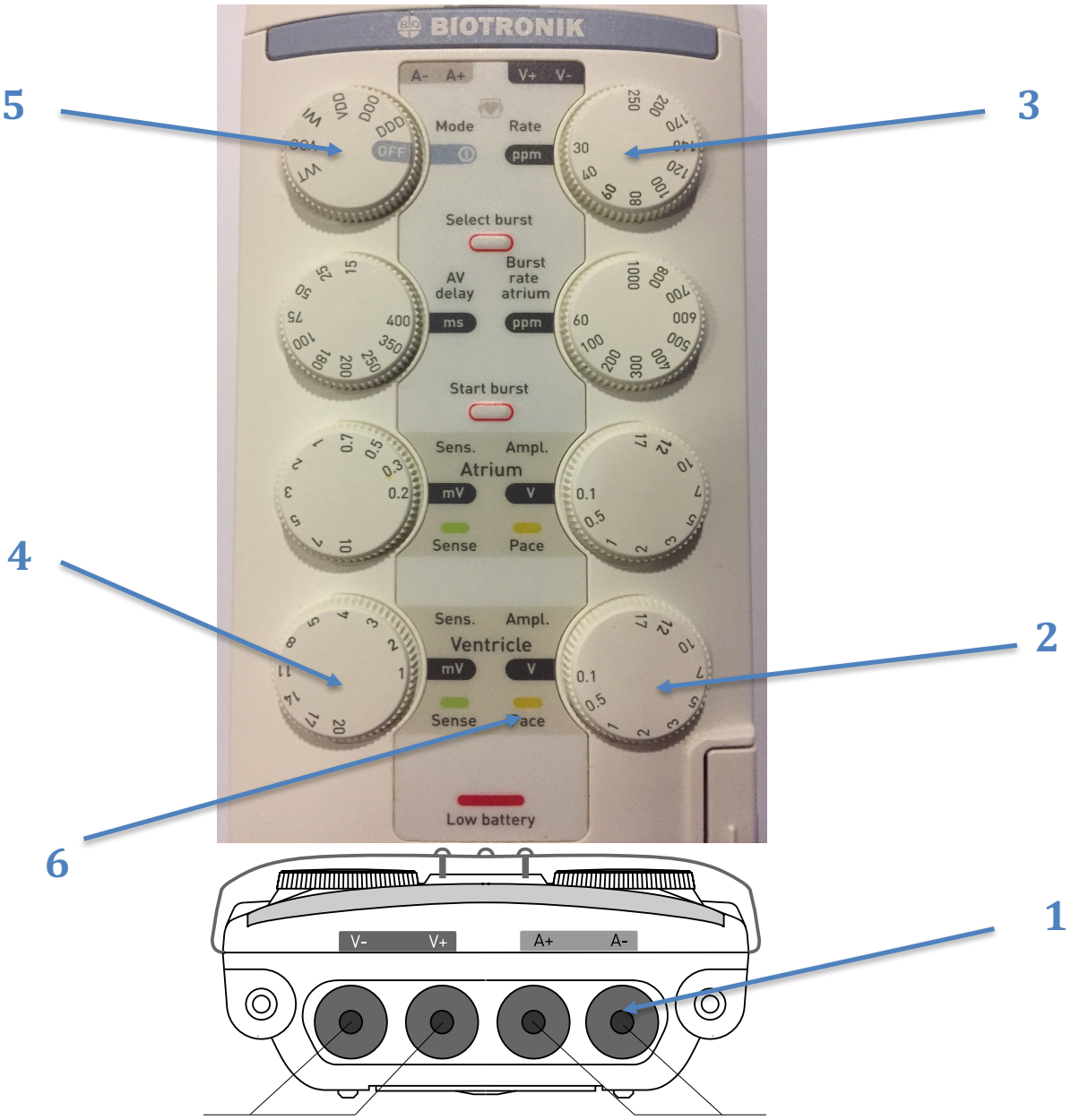
Set the Ventricle Sens. dial to 2mV **(4)**

Select VVI via the Mode dial to activate the pacing box **(5)**

Set the pacing amplitude with the Ventricle Ampl. dial to 7V and increase to capture **(6)**

Monitor for consistent capture at 80bpm, **then seek help immediately**

Emergency VVI Epicardial Pacing for Complete Heart Block



1 Connect the ventricular wires to ventricular channel connection (patient's left and lower)

2 Set the pacing amplitude for ventricle with the Ventricle Ampl. control dial to max (17V)

3 Set the pacing rate with the Rate control dial to 80ppm

4 Turn the ventricular sensitivity down to 1mV with the Ventricle Sens. control dial

5 Activate the pacer by choosing VVI mode via the Mode dial

6 Ventricle Pace yellow LED will flash in synchrony with pacing pulses

7 Monitor the 3-lead ECG for consistent capture at 80bpm, **then seek help immediately**