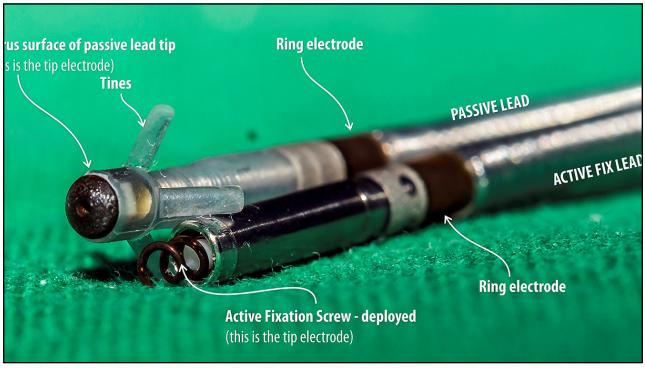
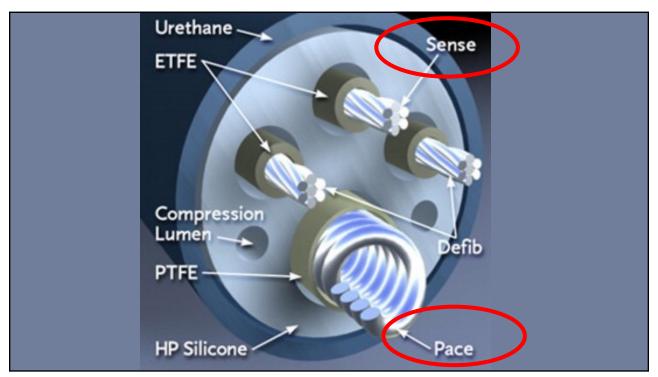
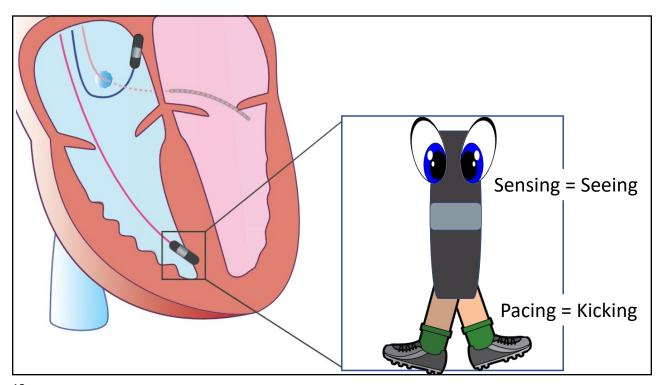
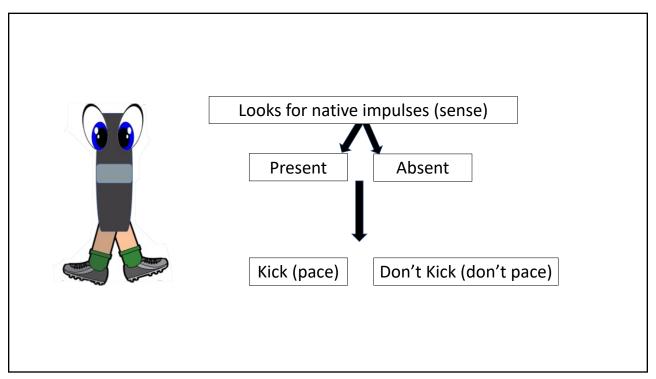


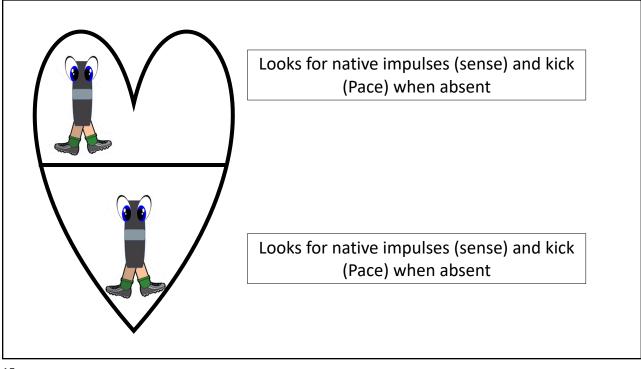
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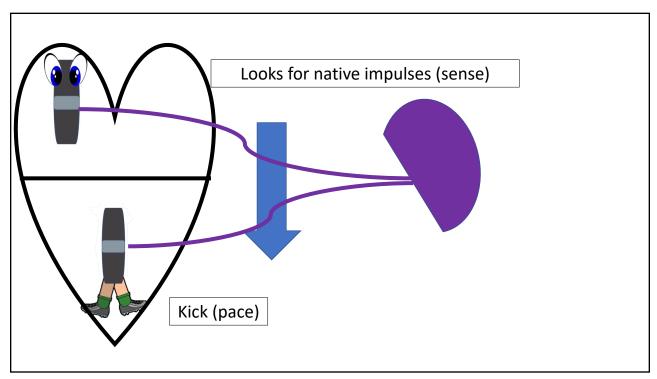


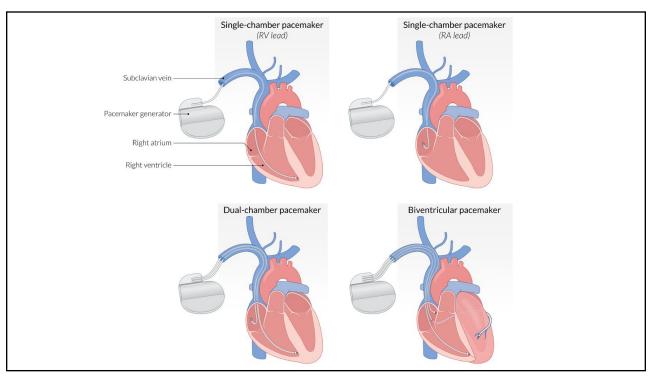


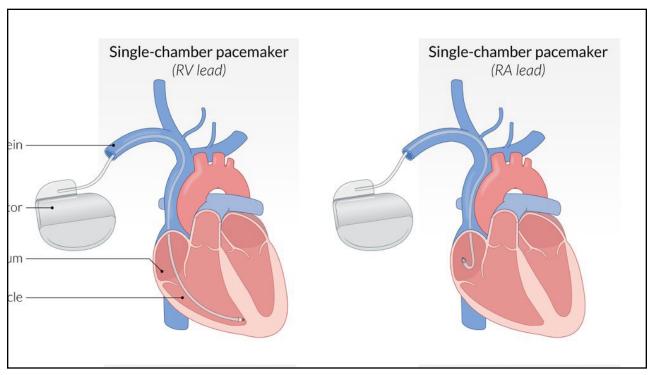


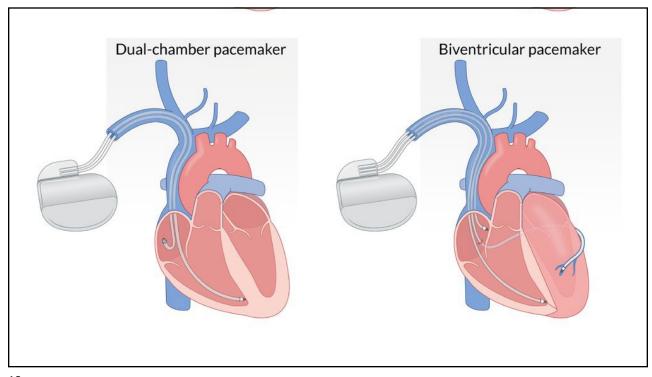


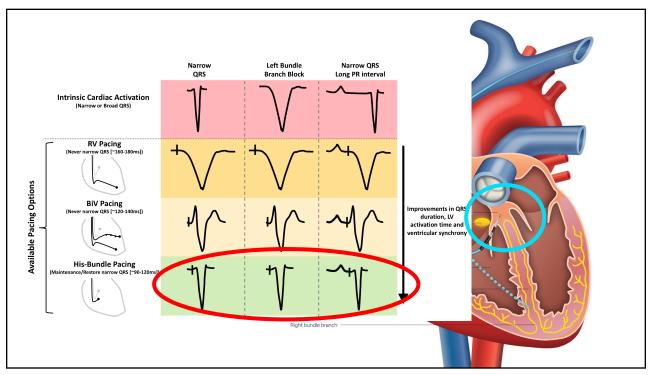


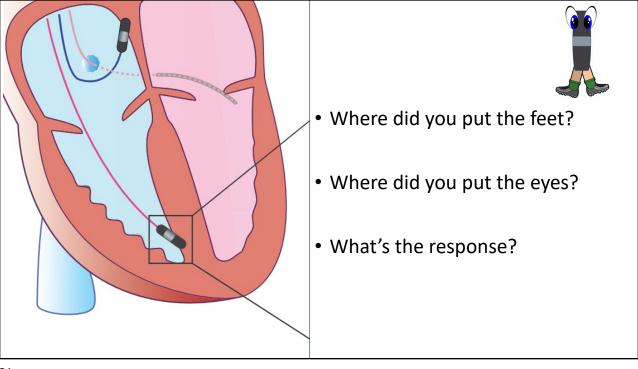












Pacemaker Terminology







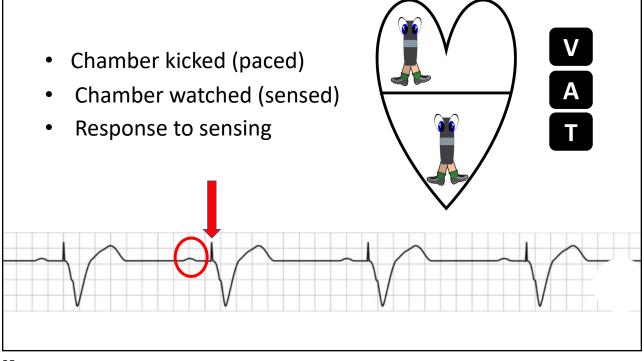
22

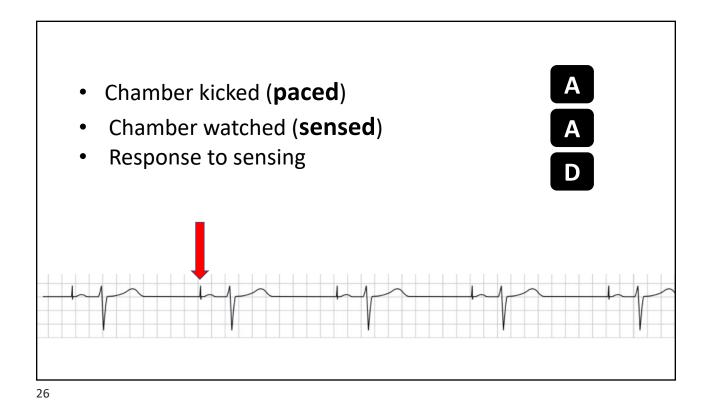
Pacemaker Terminology

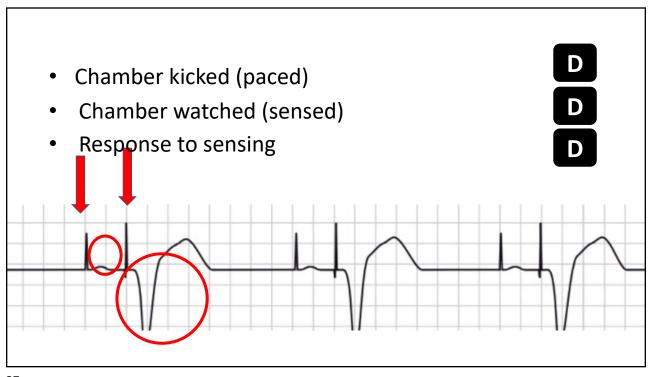
Chamber Paced Chamber Sensed Response to the sense

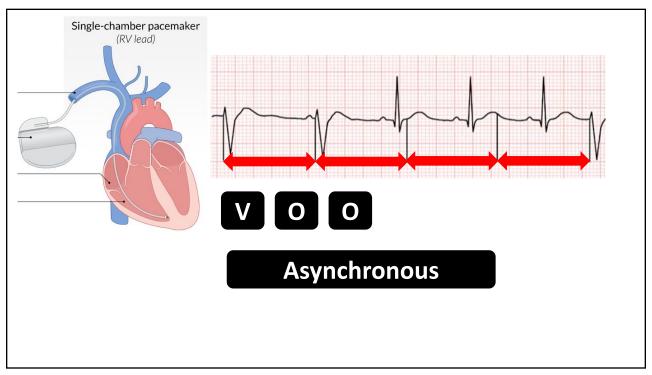
Response to the Chamber Paced **Chamber Sensed** sense Atria **Atria** Triggered Ventricle Ventricle Inhibited Dual Dual Dual None None None

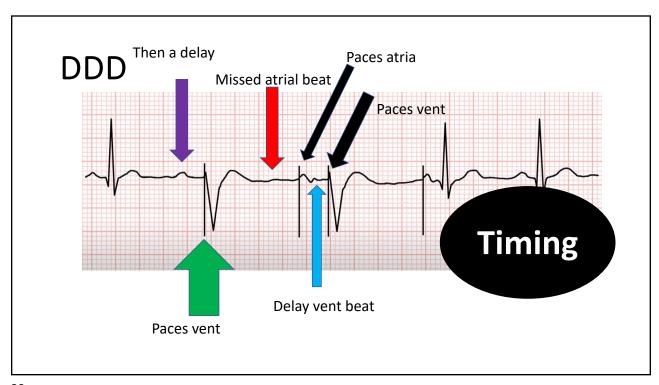
24







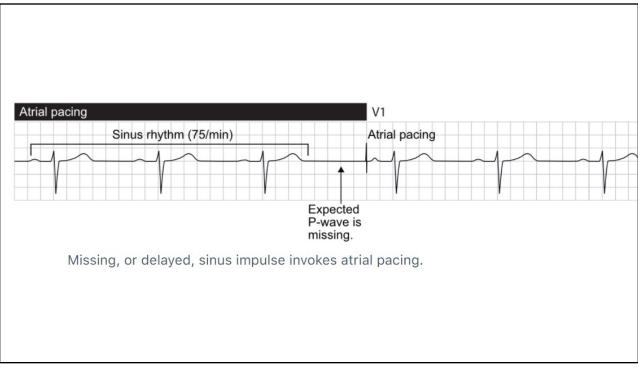


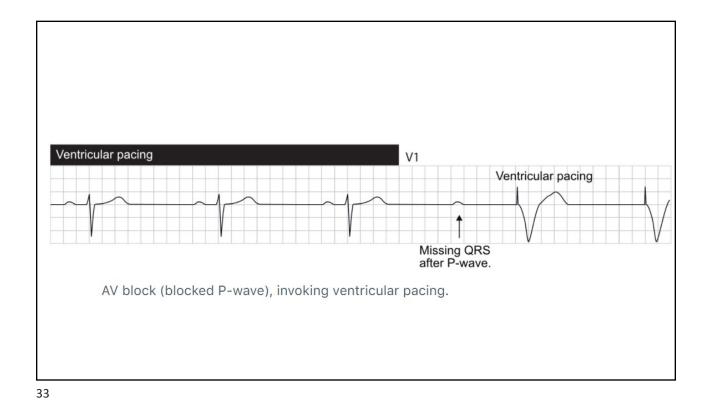


A good pacemaker

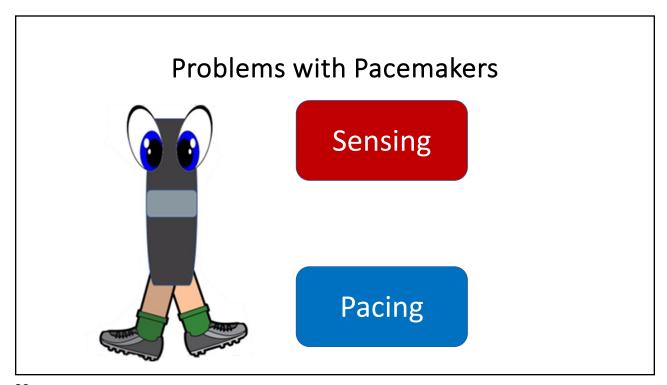
- If pacer senses intrinsic cardiac activity P-QRS → Should not pace the heart (Inhibit)
- If pacer senses atrial (P) w/o subsequent QRS → Should pace the ventricle (Trigger)
- If pacer sees no intrinsic activity → pace

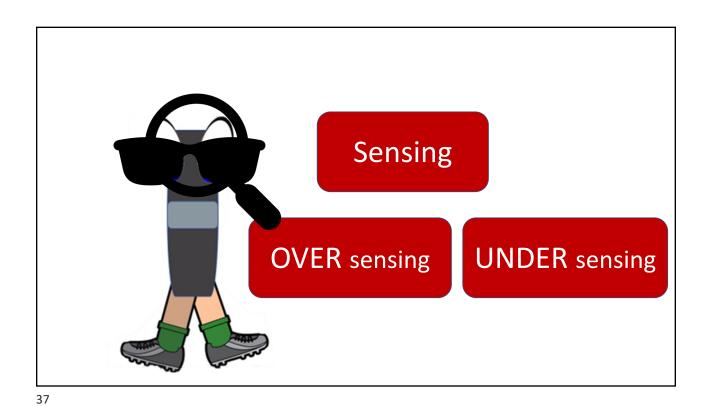
31











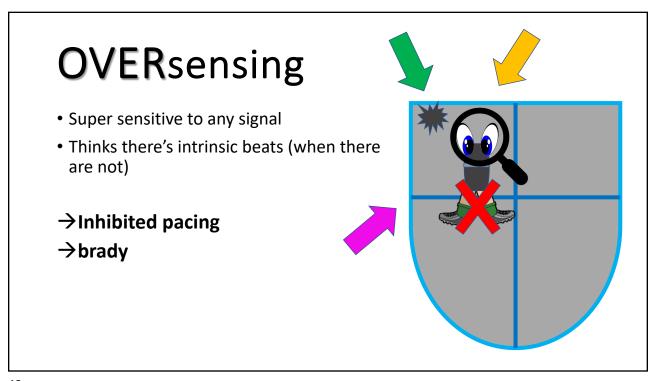
OVERsensing

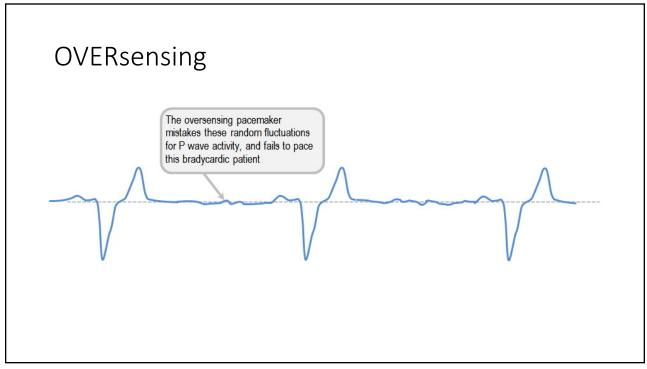
• Super sensitive to any signal

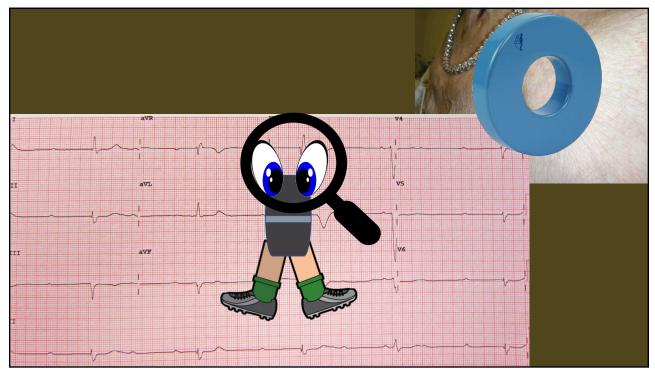
• Thinks there's intrinsic beats (when there isn't!)

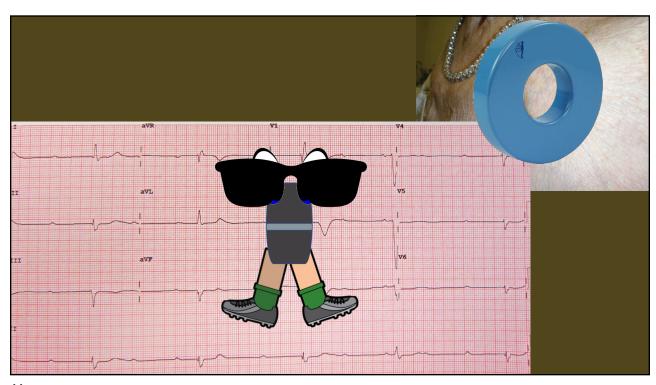
Output

Ou





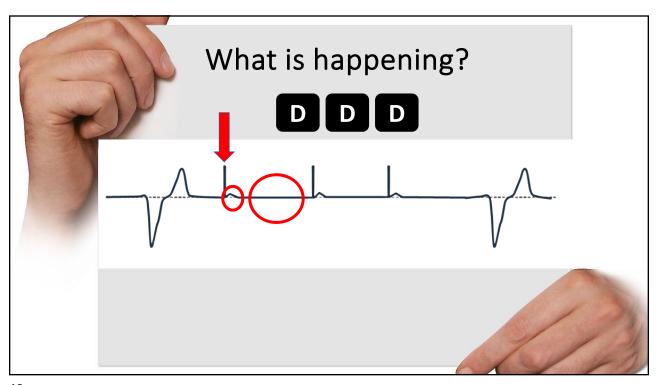


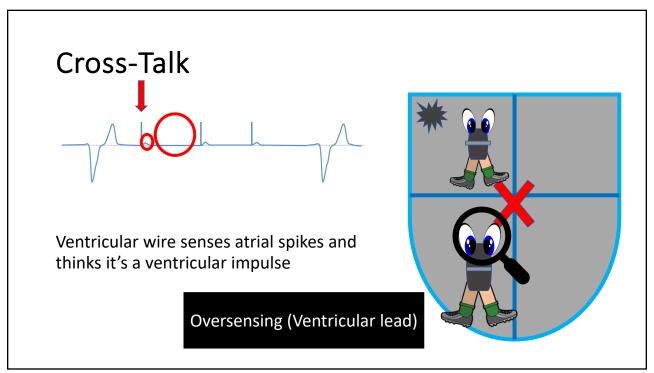


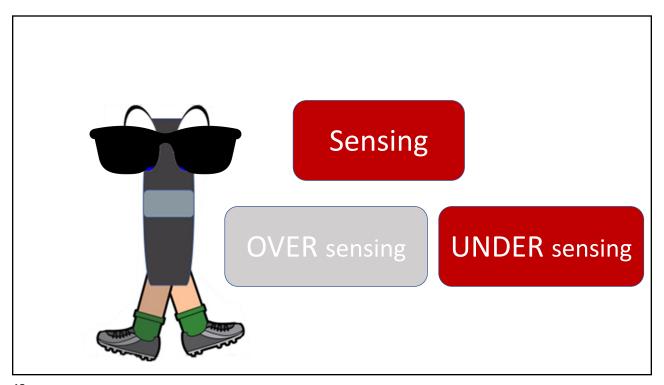




- Asynchronous mode
- Constant paced rate (doesn't care what native rhythm/ rate is)
- AOO, VOO, DOO

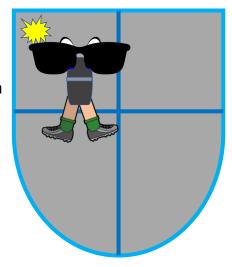






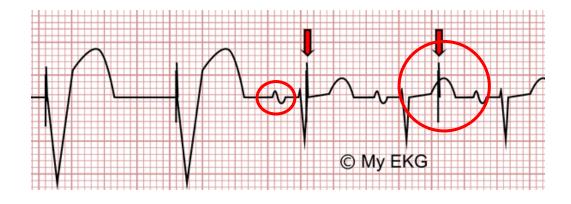
Failure to Sense (Undersensing)

- Can't see intrinsic depolarization
- Can't sense true P waves or R waves
- → Paces as if there was no underlying rhythm
- → Asynchronous pacing



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Failure to Sense (Undersensing)

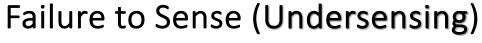


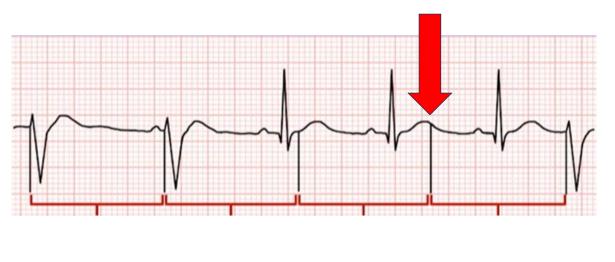
Failure to Sense (Undersensing)

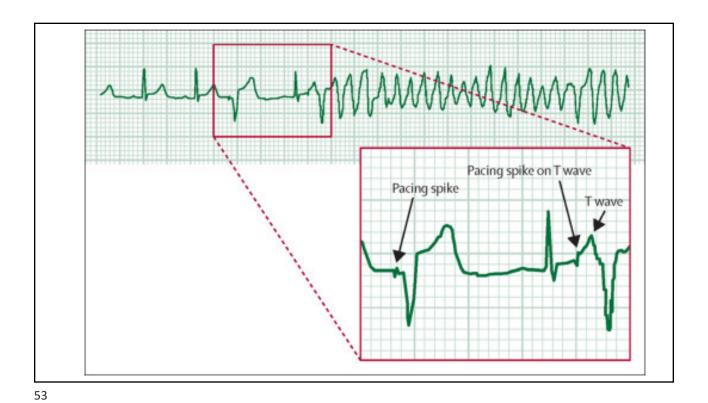
Pacer spikes despite normal P or QRS



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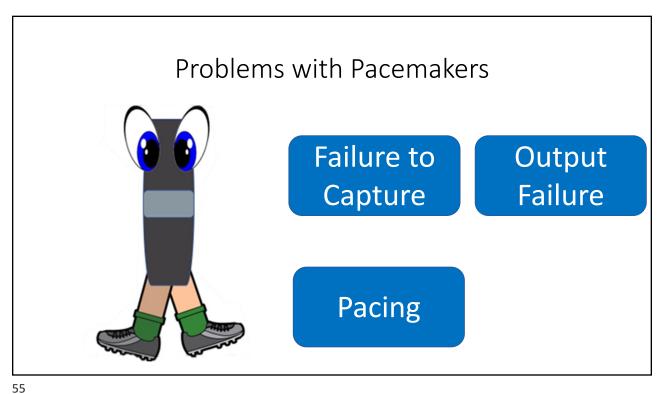


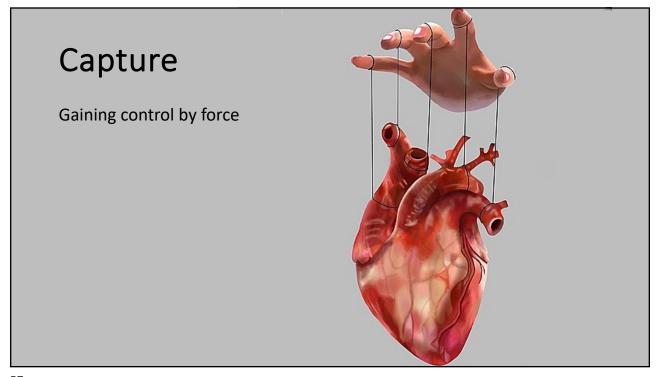


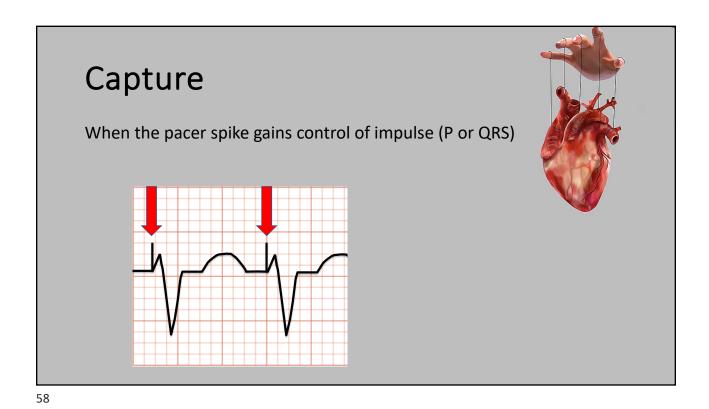
Problems with Pacemakers

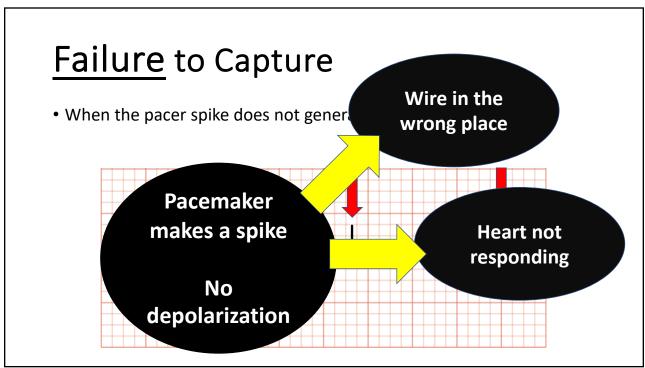
Sensing

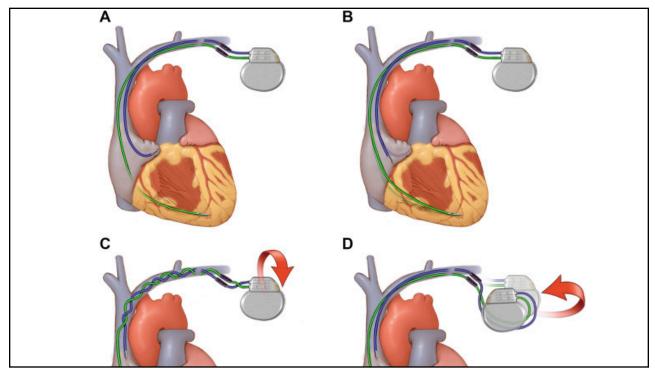
Pacing

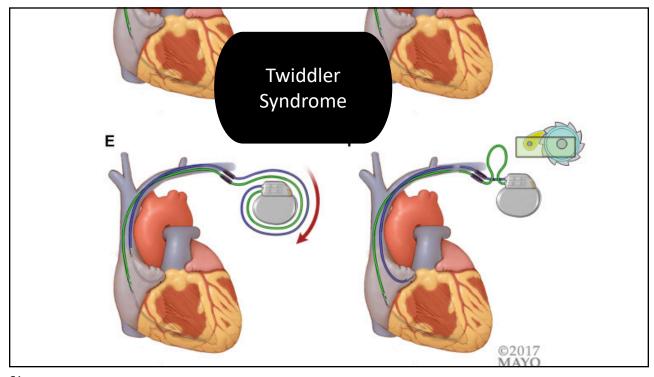






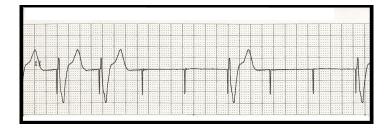




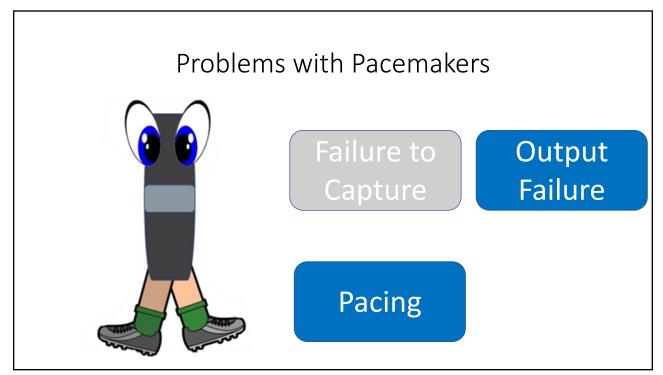


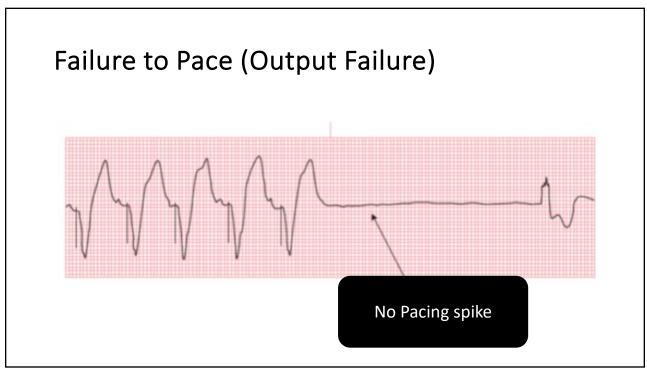
Failure to Capture

- Wire fracture
- Exit block
- Displacement
- Electrolyte disturbance
- MI



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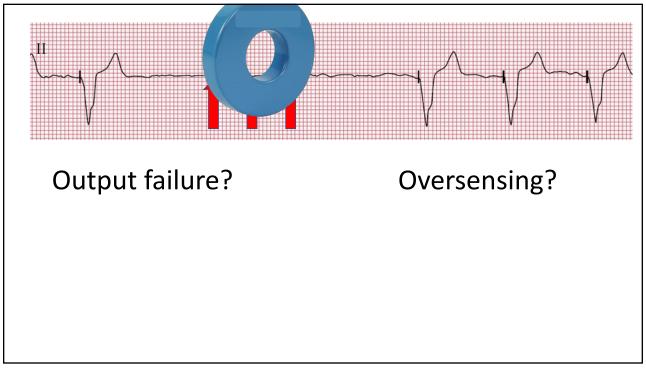


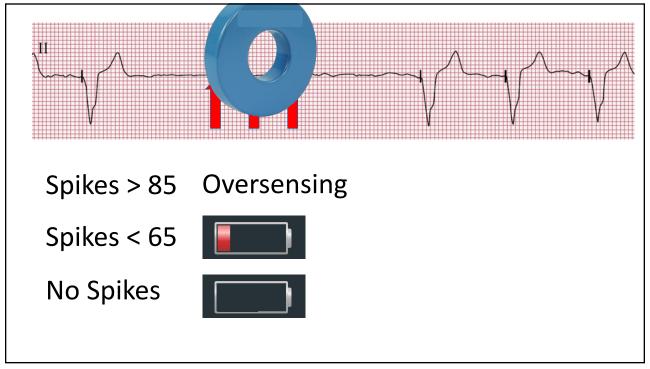


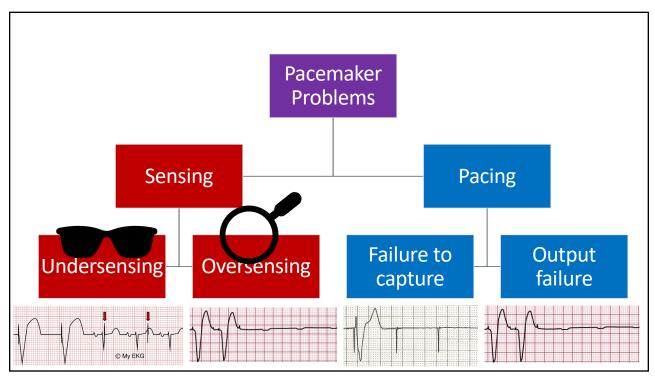
Failure to Pace (Output Failure)

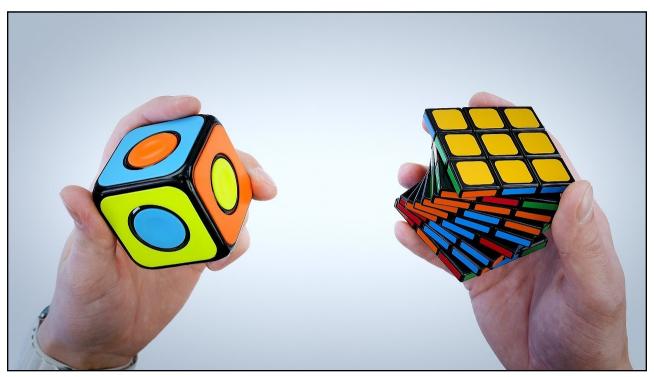
- Oversensing
- Lead fracture
- Lead displacement
- Low Battery

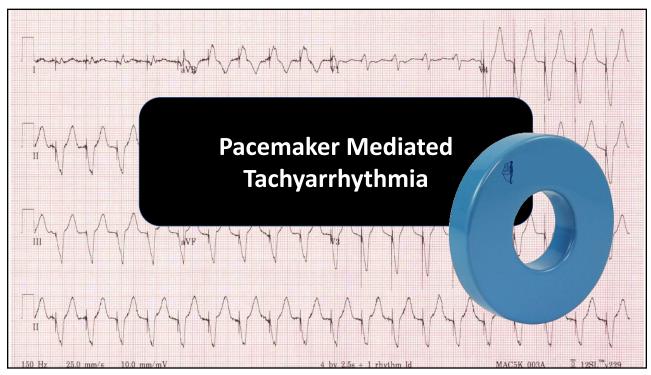


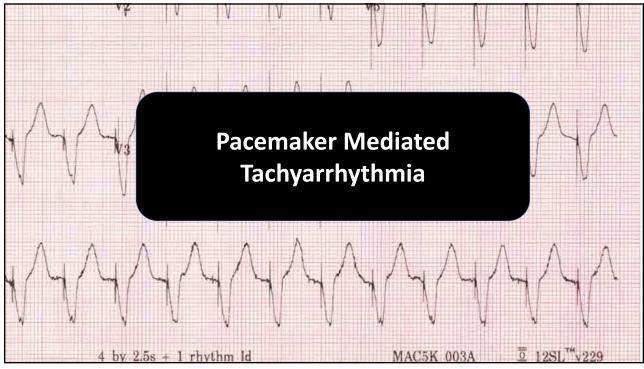


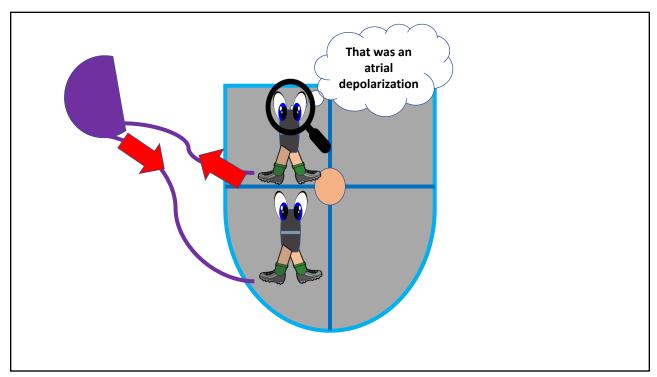


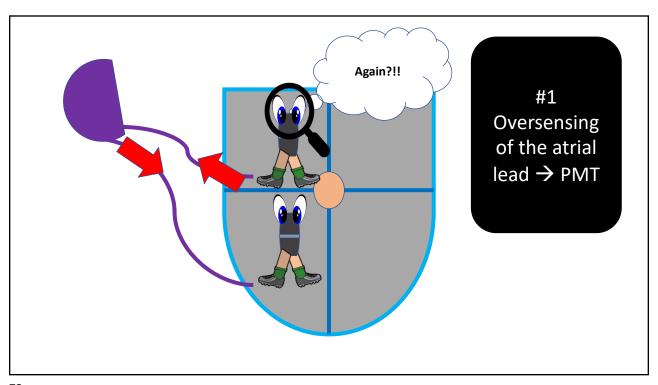


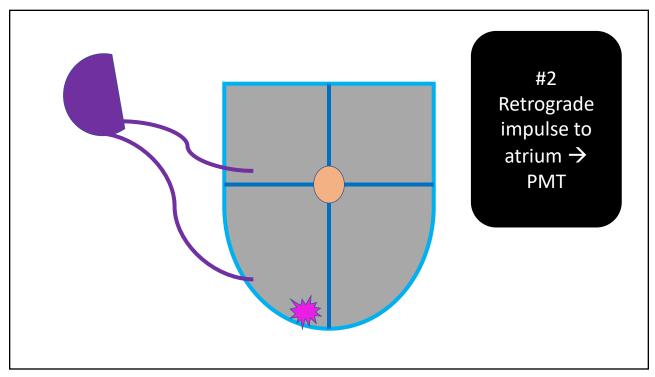


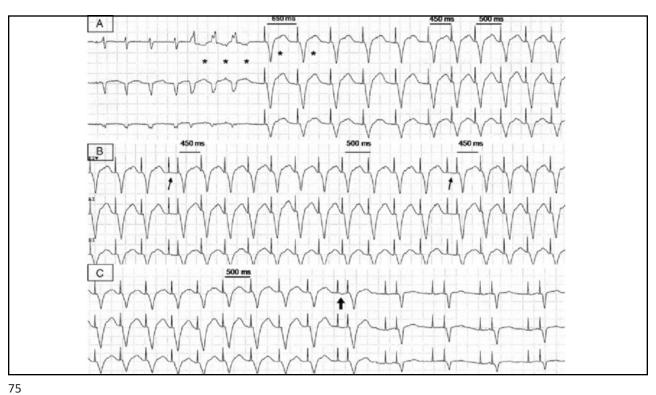


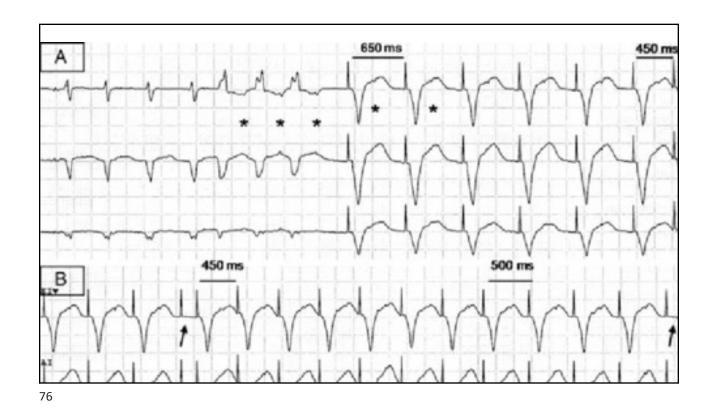


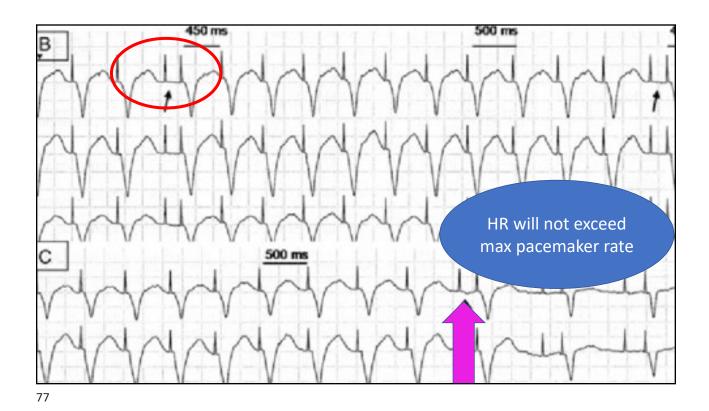


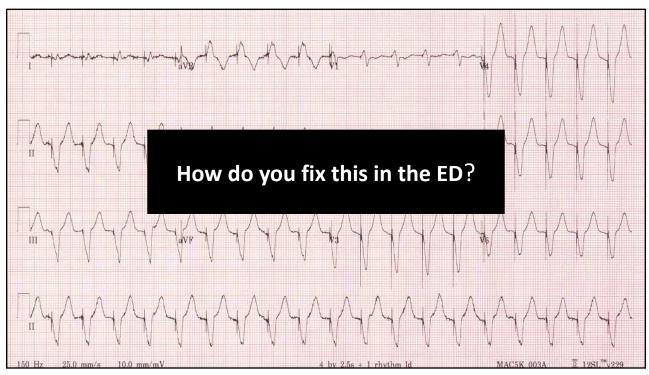


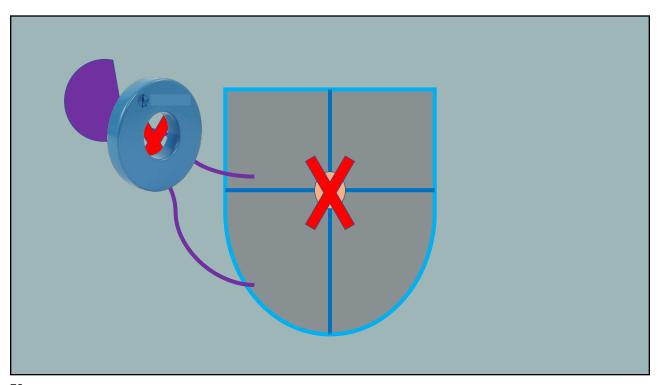


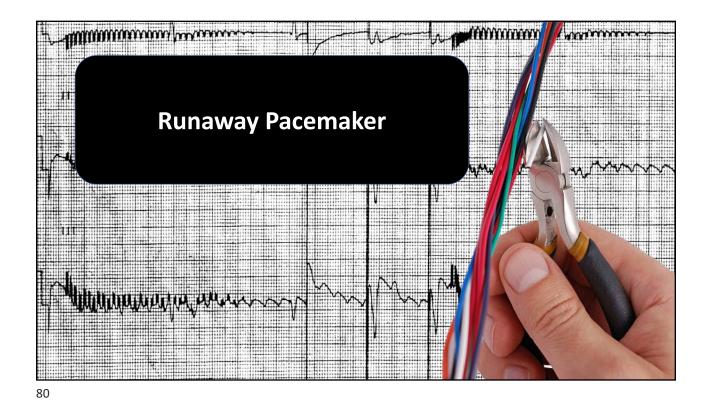








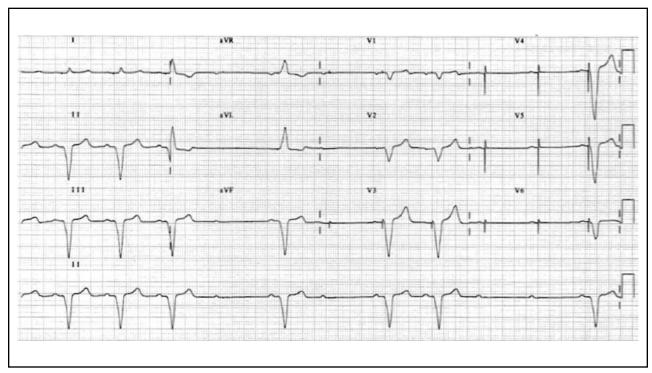


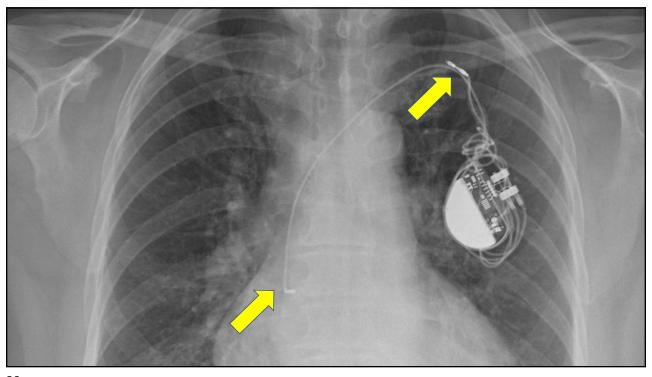


When to use magnet in ED?
PMT
Bradycardia w/ failure to pace

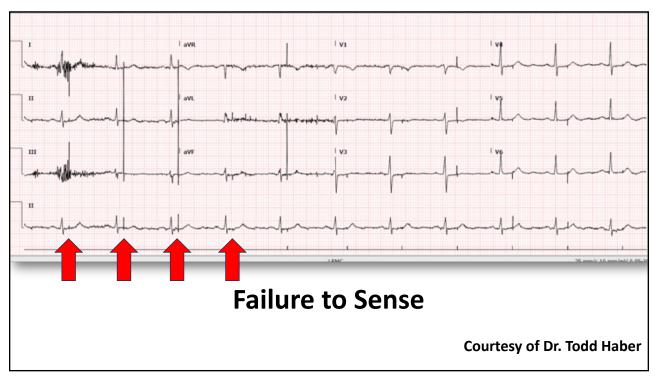


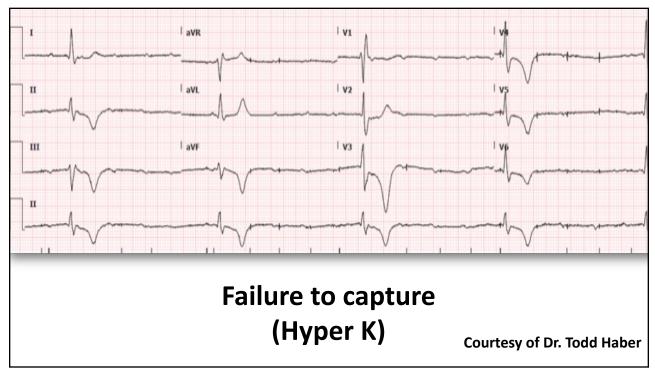


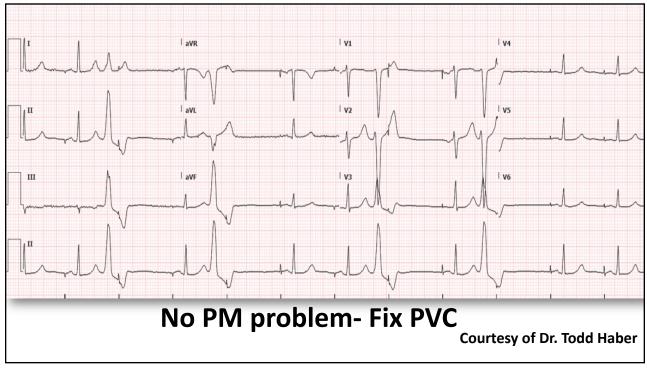




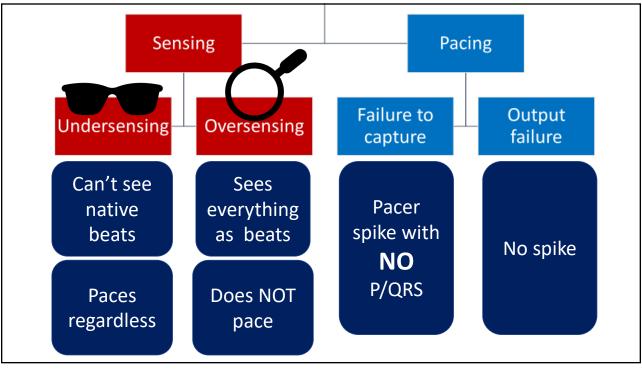


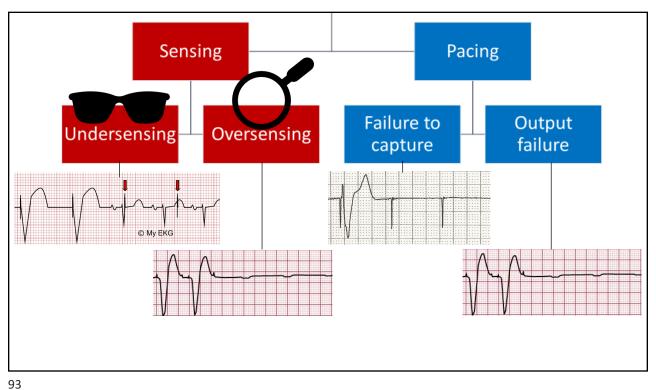












- Bradycardia → Magnet •Spikes w/o capture → Chest X ray
- Paces despite native beats → R on T, fix 大学 百一日 计

device

