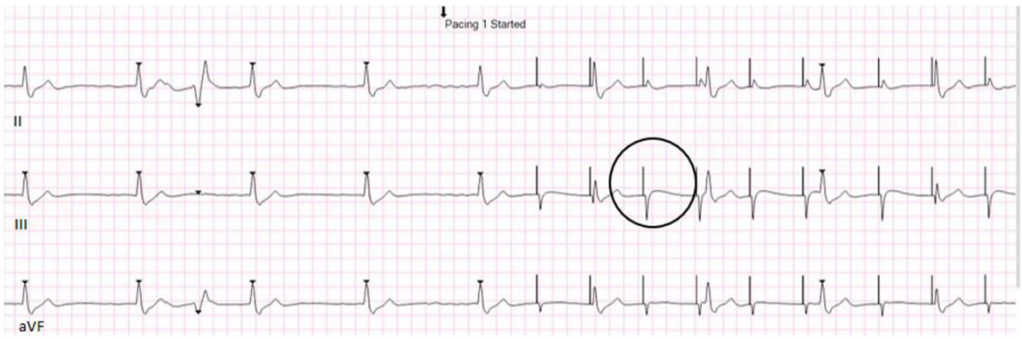

Figure 2. A junctional rhythm at a rate of 38 bpm is shown with pacing initiated. TCP begins with a black arrow at the center-top of the strip, annotated "Pacing 1 Started." Note the placement of the black triangles, indicating the demand pacer's recognition of a QRS from the underlying bradycardic rhythm. A black circle highlights a phantom complex, where an arcing electrical artifact was mistaken by paramedics as electrical capture.

Figure 4. Paramedics initiate TCP on a patient with symptomatic bradycardia, with a black arrow and an annotation at the center-top portion of the rhythm strip marking the beginning of TCP. High-voltage pacer potential makes ECG interpretation difficult, but there are no identifiable T waves and the underlying bradycardic rhythm is seen at a consistent rate throughout the strip.

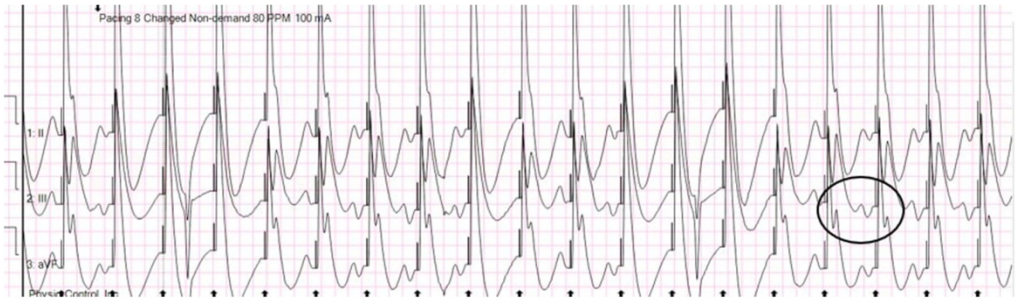

Figure 5. This rhythm strip shows true electrical capture with discernible T waves in a majority of the complexes and a change in morphology. The T wave, absent in Figure 6, is highlighted. The arrow and annotation at the top-left corner of the rhythm strip indicates a change in the current applied during TCP to 100 mA. The arrows on the bottom of the rhythm strip indicate the firing of the TCP.

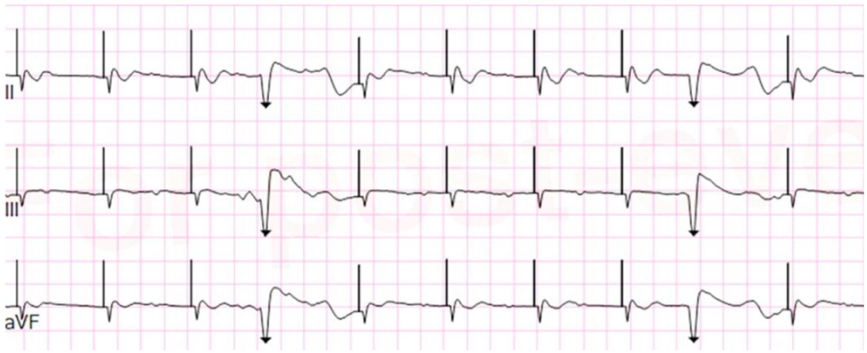

Figure 7. In this tracing, the initial pacing shows a lack of electrical capture with an underlying rhythm marching through at a rate of 20–25 beats per minute. The lack of electrical capture is shown by a low-voltage arcing artifact after pacer spikes that is interspersed by a larger idioventricular rhythm which is denoted by a triangle, as the demand pacer recognizes this underlying rhythm and avoids firing.

Figure 8. This rhythm strip shows one ECG lead, lead II, and a pulse oximetry waveform on the monitor. This is true electrical capture at 100 mA visualized by a change in QRS morphology and clearly discernible T waves. Additionally, pulse oximetry pleth waves correspond with heart rate, a potential method for verifying true capture.