

LUCAS™ CHEST COMPRESSION SYSTEM

Application for Case Study

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If you have any questions, please call Physio-Control at 1.800.442.1142 and ask to speak to a clinical specialist in the marketing department.

Please provide the following information so your case study can be considered. Be sure to complete and sign the consent.

NOTE: If this information is contained in an emergency medical services run report or hospital cardiac arrest form, please include a copy and supplement only missing data on this form. Attach originals or clear copies of CODE SUMMARY™ reports, ECG reports, etc. Complete one application form for each clinical event.

SERVICE OR INSTITUTION INFORMATION

Name: _____

Mailing address: _____

Name and title of contact person: _____

Telephone: _____ Fax: _____

Email: _____

PATIENT PROFILE *(Please delete all patient identifiers on all records.)*

Age: _____ Gender: _____ Chief Complaint: _____

Presenting signs and symptoms: _____

Significant medical history, comorbidities, cardiac risk factors: _____

CASE DESCRIPTION

Initial rhythm: _____

Was manual CPR in progress? Yes No By whom (title)? _____

Suspected downtime prior to discovery: _____

Manual CPR duration, if known: _____

Location of patient: _____

On scene time to initiation of LUCAS chest compressions: _____

Time to apply LUCAS to patient: _____

Length of time LUCAS was in use: _____

Was LUCAS in use during defibrillation shock? Yes No

Number of discharges and joule settings: _____

Resulting rhythm: _____

Corresponding Clinical Data:

BP _____ SpO₂ _____ EtCO₂ _____ Other: _____

Patient outcome: ROSC on scene ROSC during transportation ROSC at hospital

ROSC during PCI Survival to hospital discharge

Clinician's comments (attempts with other defibrillators, etc.): _____

(Please attach a separate sheet if more space is desired.) Attach any waveform printouts that may be applicable.

Please complete the entire form and sign the following permission consent section before returning it. Thank you.

CONSENT FOR CASE STUDY PUBLICATION AND DISTRIBUTION:

I grant to Physio-Control, Inc., permission to create, publish and distribute a case study paper, slide or presentation on the information provided on this form. This case report will be distributed at no charge by Physio-Control for use in training and education of health care providers in the prehospital and hospital care of the cardiopulmonary patient. I agree to provide Physio-Control only with de-identified data in accord with HIPAA (Health Insurance Portability and Accountability Act of 1996) section 164.514 (b)(2) or 164.512 (i)(1)(i).

Name (type in): _____ Date: _____

Title: _____ Signature: _____



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