

Key facts:

- More than 135 million cardiovascular deaths occur globally every year.
- Out-of-hospital cardiac arrest (OHCA) survival average is <15%.
- At *Get With The Guidelines-Resuscitation*[®] sites, in-hospital cardiac arrest (IHCA) median survival is 18% in adults.
- Patient survival is linked to quality of CPR.

AHA states that poor quality CPR should be considered a “preventable harm” and there “remains unacceptable disparity in the quality of resuscitation care delivered”.

The purpose of the consensus statement is to “stimulate transformative changes on a large scale”.

What are the options for monitoring feedback?

Physiological (How the patient is doing)

- Invasive monitoring:
 - CPP >20 mmHg (diastolic >25 to 30 mmHg)
- Arterial Line: >25 mmHg
- Capnography: EtCO₂ >20 mmHg

CPR Performance (How the rescuer is doing)

- Real-time during arrest
- Post arrest feedback on metrics

How can Physio-Control help?



LIFEPAK[®] 15 Monitor/Defibrillator



LIFEPAK 20e device with CodeManagement Module[™]



TrueCPR[™] Coaching Device



LUCAS[®] 2 Chest Compression System



CODE-STAT[™] Data Review Software

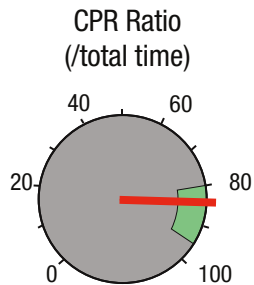
Quick Reference Summary of AHA Consensus Statement June 2013

CPR Quality: Improving Cardiac Resuscitation Outcomes Both Inside and Outside the Hospital: A Consensus Statement

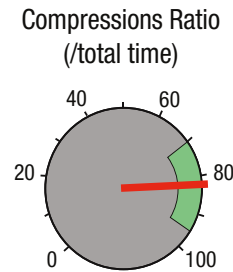
Endorsed by the American College of Emergency Physicians

Five key areas identified due to their contribution to blood flow and outcome:

1. Minimize Interruptions: Chest Compression Fractions (CCF) of >80% to maximize the amount of time chest compressions generate blood flow and to improve chance of shock success.



2. Chest Compression Rate of 100 to 120/min; as chest compressions (CC) rates fall, a significant drop-off in ROSC occurs.



4. Full Chest Recoil: No Residual Leaning. Leaning is known to decrease the blood flow throughout the heart and can decrease venous return and cardiac output.



3. Chest Compression Depth of ≥50 mm in adults... earlier studies suggested that compression at a depth of >50 mm may improve defibrillation success and ROSC in adults.

5. Avoid Excessive Ventilation: <12 Breaths per Minute, Minimal Chest Rise. Providing sufficient oxygen to the blood without impeding perfusion is the goal of assisted ventilation during CPR.

