Selected Bibliography

October 2015

Prehospital Studies

Studies with Control Groups


Maule Y. The aid of mechanical CPR; better compressions, but more importantly – more compressions… (translated from French language; Assistance Cardiaque Externe; Masser mieux, mais surtout masser plus…). *Urgence Pratique.* 2011;106:47-48.


**Patient Series**


In-Hospital Studies

Studies with Control Groups


Patient Series


Catheterization Laboratory and PCI Patient Series

Retzer E. Utilization of a Mechanical Compression Device Increases Return of Spontaneous Circulation in Patients with Cardiac Arrest in the Cardiac Catheterization Laboratory. Abstract presented at The Society for Cardiovascular Angiography and Intervention (SCAI) Congress, May 2015, San Diego.


Mooney M, Hildebrandt D, Feldman D, et al. Level 1 shock team—early experience in ECMO use as a rescue device in cardiac arrest from STEMI in the cardiac catheterization laboratory. JACC. 2013;(61);10:E17.


**Case Reports**


Rudolph S, Barung S. Case Report: Survival after drowning with cardiac arrest and mild hypothermia. ISRN Cardiology. 2011; ID 895625.


Safety Trials

Studies with Control Group


Patient Series


Organ Donation Studies

Trials with Control Group


Experimental Data


**Manikin Studies**


Review Articles And Miscellaneous Articles


Dissertations

Beesems S. Doctoral thesis: Quality and outcome of cardiopulmonary resuscitation. Amsterdam University, Amsterdam, the Netherlands, 2015. http://hdl.handle.net/11245/1.484928


There are different generations (i.e., versions) of the LUCAS Chest Compression System. Early clinical and animal studies were done with the first generation pneumatic LUCAS 1 (V1 and V2). The current LUCAS system is the battery-operated LUCAS 2. Although all LUCAS versions are similar in most respects and deliver chest compressions according to AHA and ERC guidelines, they differ somewhat in mechanical design and usability. The differences need to be considered when extrapolating clinical and animal data between the different versions.