



# CPR GUIDELINES 2005

## AVAILABLE SAMARITAN® PAD CONFIGURATION

HeartSine Technologies provides you with a fully configureable samaritan® PAD system to allow you to comply with your chosen SCA treatment protocol. Our current devices can be configured to be compliant with the **2000** or **2005** version of the AHA/ERC guidelines on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC). You should have been trained in the appropriate version of the AHA/ERC guidelines and the use of your device configuration.

AHA/ERC 2000	AHA/ERC 2005
Configuration Label	
<p>3 Shocks 60 sec CPR Pause 150J-150J-200J</p>	<p>1 Shock 120 sec CPR Pause 150J-150J-200J</p>
<p>After analysis and shock decision (Yes - No) you will hear following audible prompts:</p>	<p>After analysis and shock decision (Yes - No) you will hear following audible prompts:</p>
<ul style="list-style-type: none"> <li> <b>It's safe to touch the patient</b></li> <li> <b>Check for Airway</b></li> <li> <b>Check for Breathing</b></li> <li> <b>Check for Circulation</b></li> <li> <b>If needed begin CPR</b></li> </ul> <p><b>If needed begin CPR!</b></p>	<ul style="list-style-type: none"> <li> <b>It's safe to touch the patient</b></li> <li> <b>Begin CPR</b></li> </ul> <p><b>Begin CPR immediately!</b></p>
<p>The PAD will continue in a 3 escalating energy shock protocol with a one minute CPR interval.</p>	<p>The PAD will remain in CPR mode for 2 minutes. After 2 minutes of CPR you will hear the following audible prompt:</p>
	<ul style="list-style-type: none"> <li> <b>Stop CPR</b></li> </ul>
<p>The PAD will continue in a 3 escalating energy shock protocol with a one minute CPR interval.</p>	<p>When performing CPR watch and listen to the PAD. The "OK to touch indicator" will flash. The PAD may emit <b>100</b> beeps per minute as a guide to CPR when configured to do so. <b>100</b> is the recommended rate to perform compressions under AHA/ERC 2005 guidelines.</p>
<p><b>CPR</b> <b>15 : 2</b></p>	<p><b>CPR</b> <b>30 : 2</b></p>

### CPR GUIDELINES 2005 VERSUS 2000

In December 2005 both the American Heart Association (AHA) and the European Resuscitation Council (ERC) in collaboration with the International Liaison Committee on Resuscitation (ILCOR) released new guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC). These 2005 guidelines superseded the previous guidelines released in 2000 and contained several changes to the recommended procedures for both CPR and automatic external defibrillation. While the AHA/ERC 2005 guidelines are based on the latest research and represent what is believed to be best practice by both the AHA and ERC both organisations state that the 2000 guidelines continue to offer safe therapy for patients suffering from Sudden Cardiac Arrest (SCA).

### Main changes in defibrillation therapy from 2000 to 2005:

Treat ventricular fibrillation/pulseless ventricular tachycardia (VF/VT) with a *single shock*, followed by *immediate resumption of CPR* (2 ventilations and 30 compressions). Do not reassess the rhythm or feel for a pulse. After 2 min of CPR (= 5 cycles of 30:2), check the rhythm and give another shock (if indicated). The recommended initial energy for biphasic defibrillators is 150J-200J. Give second and subsequent shocks at 150J or greater. The 2000 guidelines recommended up to 3 shocks followed by 1 minute of CPR (15 compressions to 1 ventilation). Further details can be found on the AHA and ERC websites.