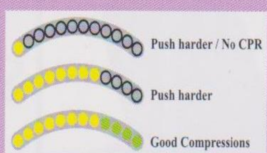
CAN SAVE YOUR LOVE ONE'S ! ! !

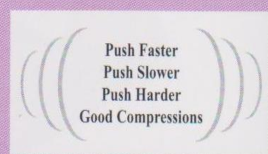
HeartSine Samaritan 500P

Defibrillation is easy, CPR is the hard part...

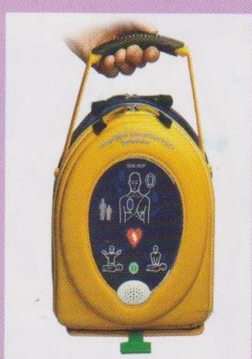
Regardless of whether it is a lay person or a professional rescuer, the AHA/ERC guidelines place a greater emphasis on the importance of CPR and advocate the prompt initiation of effective bystander CPR to significantly reduce mortality due to out-of-hospital Cardiac Arrest (CA). HeartSine can now provide a device to support these guidelines by the introduction of the HeartSine samaritan PAD with CPR Advisor model 500P.



Visual indicators let the user know if effective CPR is being administered.



Voice prompts let the user know if chest compressions are being given correctly. Aural "clicks" help the user keep time.



Easy-to-Follow Visual and Voice Prompts

Built-in confidence.
The samaritan PAD 500P uses an Impedance Cardiogram (ICG) to assess the effectiveness of the CPR.

User-friendly.
Easy-to-understand visual and voice prompts guide a user through the entire process.

AED Cabinet w/Siren can be wall mounted w/Break Glass

35.5cm(H) x 35.5cm(L) x 18.5cm(W)
5.4kg

CPR Kit

www.heartsine.eu

HeartSine samaritan® PAD
with CPR Advisor
model 500P

push faster
push slower
push harder
good compressions

CE 0120
ISO 13485
7 year warranty

Integrated memory / Automatic self check / CPR support / Audio and Visual aids / Charging time less than 8 seconds. Available for adults and children.

HeartSine®

Technical Overview

GUIDELINES CPR ECC 2010

Physical	With Pad-Pak™ Inserted
Size:	8.0 in x 7.25 in x 1.9 in (20cm x 18.4cm x 4.8cm)
Weight:	2.4 lbs (1,1 kg) including Pad-Pak Battery

Defibrillator	
Waveform:	Self-Compensating Output Pulse Envelope Biphasic waveform. Optimized biphasic escalating waveform compensates energy, slope and envelope for patient impedance

Energy Selection	
Adult:	1. Shock 150J 2. Shock 150J 3. Shock 200J
Pediatric:	1. Shock 50J 2. Shock 50J 3. Shock 50J

Charging Time	
New Battery:	Typically 150J in <8 sec., 200J in < 12 sec.
After 6 Discharges:	Typically 150J in <8 sec., 200J in < 12 sec.

Patient Analysis System	
Method:	Evaluates patient's ECG, signal quality, electrode contact integrity and patient impedance to determine if defibrillation is required
Sensitivity/Specificity:	Meets ISO 60601-2-4 and AAMI DF80:2003

Environmental	
Operating/Standby Temperature:	0°C to 50°C (+32°F to +122°F)
Temporary Transportation Temperature:	-10°C to 50°C (14°F to 122°F) for up to two days. Unit must be returned to standby/operating temperature for 24 hours before use.
Relative Humidity:	5% to 95% (non-condensing)
Water Resistance:	IEC 60529/EN 60529 IP56
Altitude:	0 to 15,000 feet (0 – 4,575 meters)
Shock:	MIL STD 810F Method 516.5, Procedure I (40G's)
Vibration:	MIL STD 810F Method 514.5+ Category 4 Truck Transportation – US Highways Category 7 Aircraft – Jet 737 & General Aviation (Exposure)
EMC:	EN 60601-1-2, Second Edition: 2002

Environmental (continued)	
Radiated Emissions:	EN55011:1999+A2:2001
Electrostatic Discharge RF Immunity:	EN61000-4-3:2001 80MHZ-2.5GHZ (10V/m)
Magnetic Field Immunity:	EN61000-4-8:2001 (3 A/m)
Aircraft:	RTCA/DO-160F: 1997, Section 21 (Category M) RTCA DO-227
Falling Height:	1 meter

Event Documentation	
Type:	Internal Memory
Memory Capacity:	90 minutes of ECG (full disclosure) and event/incident recording
Playback Capabilities:	Custom USB cable directly connected to PC and Saver™ EVO Windows-based data review software

Materials Used	
PAD SAM300P:	ABS, Santoprene. Printed circuit board with electronic components.
PAD Cartridge:	Battery: Lithium Manganese Dioxide
Housing:	ABS – Electrodes: Hydrogel, Silver, Aluminium and Polyester

Pad-Pak – Electrode and Battery Cartridge	
Adult Pad-Pak (Pad-Pak-01) and Pediatric Pad-Pak (Pad-Pak-02)	
Shelf Life:	4 years from manufacture date
Weight:	0.44 lbs (0.2kg)
Size:	3.93 in x 5.24 in x .94 in (10cm x 13.3cm x 2.4cm)
Battery Type:	Lithium Manganese Dioxide (LiMnO2)
Capacity:	Meets ISO 60601-2-4 and AAMI DF80:2003 18V, 1.5 Amp Hrs
Electrodes:	HeartSine samaritan® disposable defibrillation pads are supplied as standard with each device
Placement:	Anterior-lateral (Adult); Anterior-posterior (Pediatric)
Active Gel Area:	100cm²
Cable Length:	3.5 ft (1m)

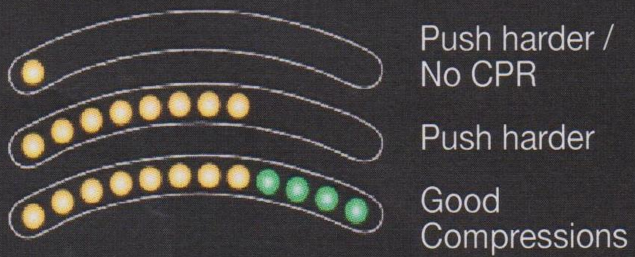
Defibrillation is easy, CPR is the hard part...

Regardless of whether it is a lay person or a professional rescuer, the ERC guidelines place a greater emphasis on the importance of CPR and advocate the prompt initiation of effective bystander CPR to significantly reduce mortality due to out-of-hospital CA. HeartSine can now provide a device to support these guidelines the introduction of the HeartSine samaritan PAD with CPR Advisor model 500P.

CPR stands for Cardio (heart) Pulmonary (lung) Resuscitation which is a combination of pushing the heart to circulate blood to all the vital organs and breathing into the victim to give them oxygen. There has been a lot of research into the best way to resuscitate a patient and the results of that have been built into the HeartSine® PAD500P guidance.

The HeartSine® PAD500P uses an Impedance Cardiogram (ICG) to assess how good the CPR is - are the compressions fast enough? Hard enough? The Impedance Cardiogram (ICG) measures Impedance changes in blood volume in the chest cavity which determines effective CPR. Since the blood-flow is related to how fast the compressions are applied as well as how hard, the PAD500P can guide you on both - for example - 'push faster, good compressions' means the compressions are too slow but the pressure is good.

Likewise, 'push harder' means more pressure is needed before concerning yourself with the speed. The simple objective is to ensure that the green indicators are on during CPR with the voice prompting 'good compressions' . One amber light means that either CPR is not being applied at all, or it is too gentle and too slow. All amber lights showing mean you are not applying enough pressure. All lights on mean you are pushing hard enough. The aural 'clicks' will help you keep time.



However, if good CPR is to be achieved at all, it is really important that the electrodes and the hands are placed correctly as the device cannot remove the need for CPR training. The left electrode should be placed at the apex to the left side of the patient, just below and to the left of the pectoral muscle, the anterior (right) electrode should be placed on the right, below the clavicle and underneath the left arm as per the diagram on the unit. Hands must be clasped and placed two fingers up from the bottom of the centre of the ribcage. Hands must not touch the electrodes. For this reason, HeartSine® strongly advises you to take a short training course on CPR.