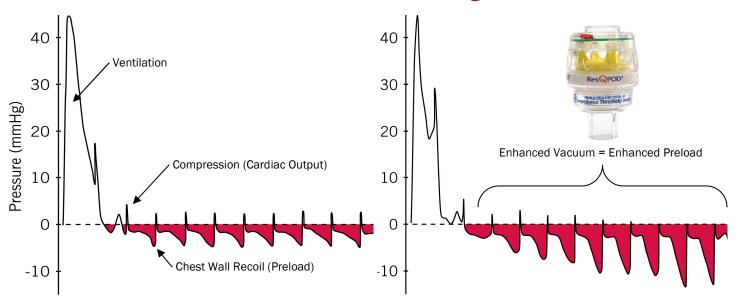
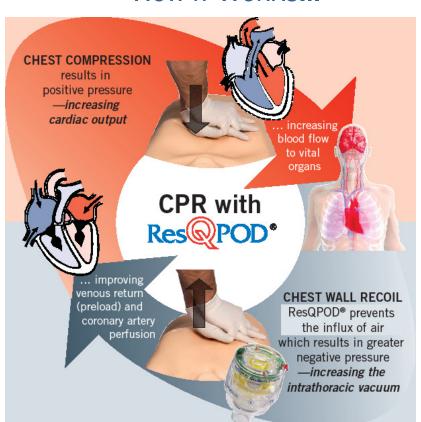
HEMODYNAMIC EFFECTS OF Res QPOD® ITD



AIRWAY PRESSURES DURING CPR

How IT Works...



WHERE TO USE IT...

Apply ASAP!



First on facemask using a 2-handed seal technique; then...



Move to advanced airway once intubated.

ResQPOD® ITD

TOP FACTS:

- Inspiratory impedance lowers intrathoracic pressure during the recoil phase of chest compressions that, in turn, enhances preload and cardiac output.
- Timing assist lights flash at 10/min to promote proper ventilation and chest compression rates.
- Compatible with any airway adjunct (e.g. facemask, ET tube, etc.)
- Compatible with any ventilation source (e.g. mouth to mask, bag-valve ventilator, automatic ventilator)
- Simple, non-invasive, single-use (disposable) and latex free

ANIMAL AND CLINICAL STUDIES* HAVE SHOWN THAT DURING CPR, THE RESOPOD:

- Doubles blood flow to the heart
- Increases blood flow to the brain by 50%
- Doubles systolic blood pressure
- Increases survival rates

- Increases the likelihood of successful defibrillation
- Provides benefit in all cardiac arrest rhythms
- · Circulates drugs more effectively



KEY STUDIES:

- 1. Aufderheide T, et al. Standard CPR versus ACD-CPR with augmentation of negative intrathoracic pressure for out-of-hospital cardiac arrest: a randomised trial. Lancet 2011;377(9762):301-11.
- 2. Hinchey P, et al. Improved out-of-hospital cardiac arrest survival after sequential implementation of the 2005 AHA guidelines for compressions, ventilations and induced hypothermia: the Wake County experience. Ann Emerg Med 2010;56(4):358-61.
- 3. Aufderheide TP, et al. Implementing the 2005 AHA guidelines improves outcomes after out-of-hospital cardiac arrest. Heart Rhythm 2010;7(10):1357-64.
- 4. Lick CJ, et al. Take Heart™ America: a comprehensive, community-wide, systems-based approach to the treatment of cardiac arrest. Crit Care Med 2010;39(1);26-33.
- 5. Dailey M, et al. Implementation of the AHA guidelines with a systems-based approach improves survival to hospital discharge following cardiac arrest. Circulation 2010;122:A51.
- 6. Thigpen K, et al. Implementing the 2005 AHA guidelines, including use of the ITD, improves hospital discharge rate after in-hospital cardiac arrest. Resp Care 2010;55(8):1014-1019.

Using the ResQMAN[™] Demonstrator

SIMULATING CONVENTIONAL CPR:

Without a ResQPOD in place, the heart (red) balloon and lung (blue) balloons should both empty during compression of the chest dome and refill (slightly) during chest wall (dome) recoil. This is intended to simulate the fact that cardiac output during conventional CPR is typically 20% of normal.





SIMULATING CPR WITH THE RESQPOD:

When the ResQPOD is attached to the ventilation port, the heart and lung balloons should both empty during compression of the chest dome. When the chest is allowed to recoil, the ResQPOD prevents ambient air from rushing into the chest. This enhances the vacuum in the chest and returns more blood to the heart. This is demonstrated by the fact that the red balloon, with the ResQPOD in place, refills more completely, and this "blood" is then circulated forward on the subsequent compression.

IMPORTANT:

- 1. Never attach anything (e.g. ventilation bag) other than a ResQPOD to the ventilation port as blowing excessive air into the dome may cause ResQMAN to malfunction.
- 2. Compress the dome only until the balloons empty and not beyond.

 Excessive compression forces may cause the ResQMAN to malfunction.
- 3. If balloons do not behave as above, please call ACSI at 1-877-737-7763 for guidance.
- 4. Vent tab on the back should be sealed.
- 5. For a video demonstration of this device, go to www.advancedcirculatory.com and click on the ResQMAN icon.

ORDERING INFORMATION:

#12-0242-000: ResQPOD ITD 10 (National Stock #6515-01-535-4139) #12-0247-000: ResQPOD ITD 16 #12-0869-000: ResQCPR Demo Kit 1 #12-0906-000: ResQCPR Demo Kit 3