



October 2010

Dear Customers,

As expected, the 2010 Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) from the American Heart Association (AHA) and the Guidelines for Resuscitation 2010 from the European Resuscitation Council (ERC) were released on October 18, 2010.

In order to quickly assess the new Guidelines and their potential impact on our customers, Physio-Control hosted cardiorespiratory physician experts on the 18th for a detailed briefing and discussion session with our Research and Clinical teams. We believe the changes have the potential to save more lives in our communities. Systems that have already implemented many of these recommendations have seen success in improving patient care and outcomes.

The 2010 Guidelines contain more detail than we can include in this update. However, I wanted to share some initial observations:

- AHA has changed their emphasis from "ABC - Airway, Breathing, Compressions" to "CAB - Compressions, Airway, Breathing" in order to initiate chest compressions sooner as the first step to revive victims of sudden cardiac arrest.
- CPR quality is also a topic of continued emphasis, particularly fewer interruptions in chest compressions and post-event review as a method of improving CPR quality. The 2010 Guidelines recommend compression depth of at least 2 inches (5cm) for adults and a rate of at least 100 compressions per minute for adults, children and infants.
- Implementing a quality improvement system for resuscitation performance, including measurement, benchmarking, feedback and change, is recommended to improve care and outcomes.
- The use of quantitative waveform capnography for airway management in adults was made a Class 1 recommendation for confirmation and monitoring of endotracheal tube placement. Capnography and other physiologic monitoring are also recommended to monitor and optimize quality of CPR and detect return of spontaneous circulation.
- Further development of Automated External Defibrillator (AED) programs is encouraged.

- A systematic approach for post-cardiac arrest care is recommended, including therapeutic hypothermia, immediate percutaneous coronary intervention (PCI) for patients with confirmed ST-elevation myocardial infarction (STEMI) and other structured interventions, to improve the likelihood of patient survival with good quality of life.
- Several strategies are emphasized for the treatment of chest pain patients, including systems of care for patients with STEMI, performance of prehospital 12-lead ECGs with transmission or interpretation by EMS providers and triage to hospitals capable of performing PCI.
- Regarding biphasic defibrillation energy, the Guidelines again state that if a first defibrillation shock is not successful and the device is capable of delivering higher energy shocks, it is reasonable to increase the energy for subsequent shocks. Importantly, the Guidelines 2010 confirm no human studies have demonstrated evidence of harm from any biphasic waveform up to 360J.
- Physio-Control LIFEPAK® defibrillators continue to be consistent with the Guidelines recommended defibrillation protocols.

As we study the Guidelines in more depth, we will communicate any changes we believe will impact how you conduct your operations or treat your patients. Please sign up to receive email updates from Physio-Control at www.physio-control.com/Guidelines2010/.

Physio-Control is committed to being a dependable source of information on the 2010 Guidelines. If you have any questions, please do not hesitate to contact your Physio-Control representative.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian Webster". The signature is fluid and cursive, with the first name "Brian" and last name "Webster" clearly distinguishable.

Brian Webster
President
Physio-Control, Inc.