

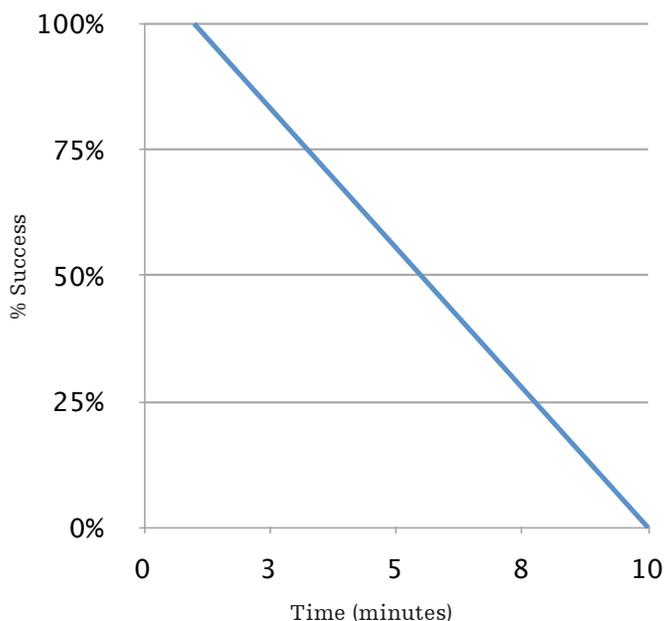
It's about time

When sudden cardiac arrest strikes, you can't wait.

There is actually a way to prevent many deaths from sudden cardiac arrest—Defibrillating the heart within minutes of the victim's collapse. Yet many people forgo an Automated External Defibrillator (AED) program because there is a fire station or EMS service just down the street. It's important to note is that the average EMS response time in the U.S. is 8-10 minutes.¹

Once someone goes into sudden cardiac arrest, you have to act quickly for the best chance to save them. The longer they stay in this condition the lower the chances are that they can be revived, as shown in the following chart.

Success rates decrease 7–10% each minute²



Defibrillation is most likely to succeed if the patient is shocked within about the first three minutes after collapse. Here's why. When the heart stops pumping blood, the heart, brain and other vital organs stop getting the oxygen they need. The odds of restarting the heart decrease about ten percent every minute.

That's why performing CPR and having an AED is so important. Think about the steps that happen when someone goes into cardiac arrest. First, the victim collapses. Then someone has to get to a phone and call 911. That's when the response clock is starting if you don't have an AED on site. All you can do is perform CPR until EMS arrives. CPR can extend the time a patient can survive; but an AED can restore normal blood flow before EMS arrives.

Chain of survival



Having an AED on site and knowing CPR are so important that the American Heart Association includes both in their chain of survival. AHA recommends the chain of survival as follows:

- Immediate **recognition** of cardiac arrest and **activation** of the emergency response system
- Early **cardiopulmonary resuscitation (CPR)** with an emphasis on chest compressions
- Rapid **defibrillation**
- Effective **advanced life support**
- Integrated **post-cardiac arrest care**

References

1. National EMS Database: Accessed September 2012.
2. Cummins RO. 1989. From concept to standard of care? Review of the clinical experience with automated external defibrillators. *Annals of Emergency Medicine*. 18: 1269–75.

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