

**PHYSIO  
CONTROL**

# Why choose LUCAS?

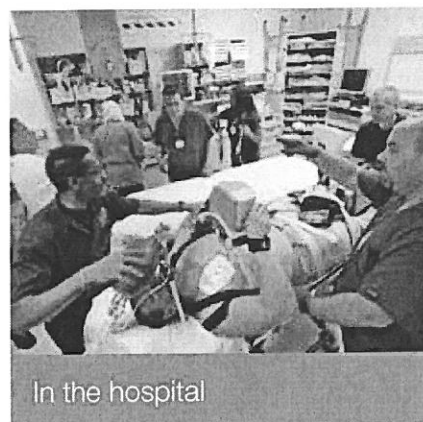
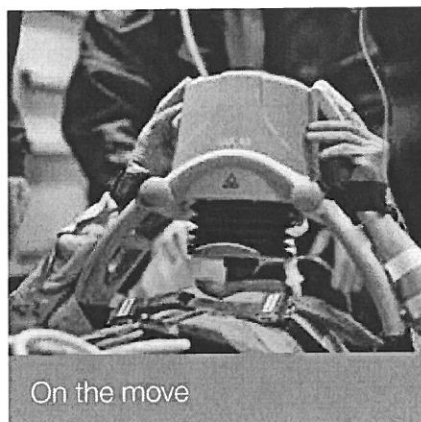
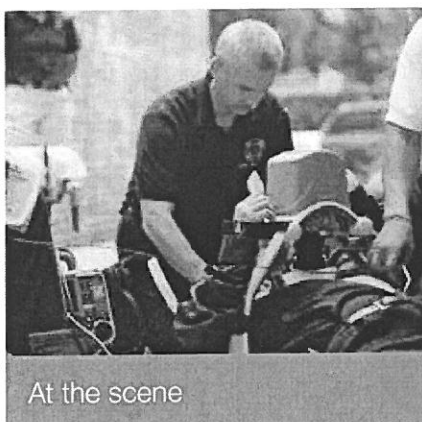
Clinical Overview



**LUCAS® 2** CHEST COMPRESSION SYSTEM

# 1

LUCAS delivers effective and consistent chest compressions with a minimum of interruptions.



## Better than manual CPR...

LUCAS delivers compressions according to guidelines:

- > 5cm/2" depth
- > 100 compressions per minute
- equal time for compression / decompression
- full chest recoil

LUCAS has shown to **significantly improve quality and increase consistency of compressions** compared to manual CPR, both at the scene, during ambulance or helicopter transportation, as well as in the cath lab setting.<sup>1-3</sup>

## ...with less interruptions

In prehospital use, at the scene and during transportation,<sup>4,5</sup> LUCAS has shown to **significantly increase chest compression fractions** to around 90% compared to manual CPR.

EFFECTIVE

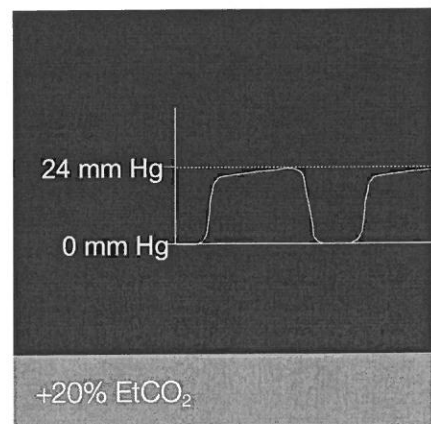
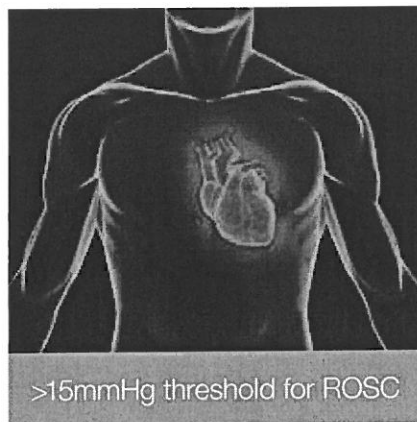
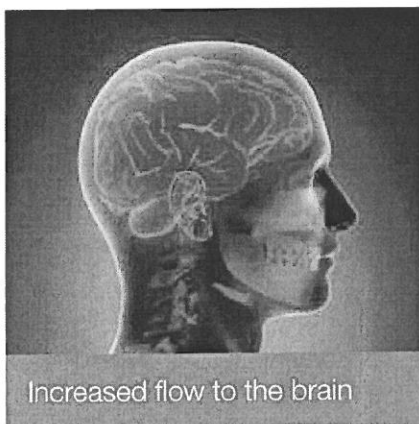
CONSISTENT

UNINTERRUPTED

SAFE

# 2

LUCAS helps sustain blood circulation to the brain, the heart and vital organs.



## Increased flow to the brain

LUCAS has shown to **improve blood flow to the brain** compared to manual CPR in prehospital patients (60% increase as measured by Doppler).<sup>6</sup> These findings are consistent with results from experimental studies.<sup>7</sup> In addition, brain circulation as measured by cerebral oximetry during prolonged LUCAS compressions has shown values exceeding previously published values during manual CPR.<sup>8</sup>

## >15mmHg threshold for ROSC

Both human<sup>9, 10</sup> and experimental<sup>11, 12</sup> studies have shown that LUCAS can **produce coronary perfusion pressures of over 15mmHg** during prolonged CPR, better than manual CPR.

## +20% EtCO<sub>2</sub>

LUCAS has shown to **significantly increase EtCO<sub>2</sub> levels**, compared to manual CPR in a prehospital, controlled clinical study<sup>13</sup> as well as in experimental studies.<sup>7, 14</sup>

# 3

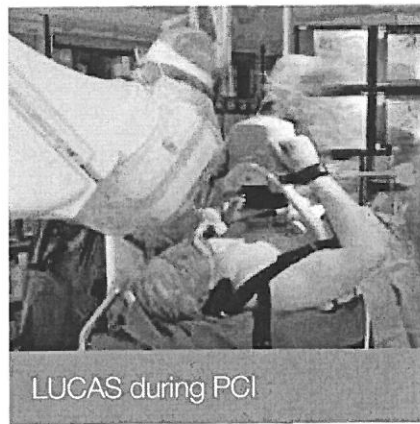
LUCAS allows for lifesaving interventions.

### The H's and T's

H	HYPOXIA
	HYPOVOLEMIA
	HYDROGEN ION (ACIDOSIS)
	HYPO-/HYPERKALEMIA
	HYPOTHERMIA
T	TOXINS
	TAMPONADE (CARDIAC)
	TENSION PNEUMOTHORAX
	THROMBOSIS, PULMONARY
	THROMBOSIS, CORONARY

Treatable causes of SCA<sup>15</sup>

Mechanical chest compressions during PCI



## Treat the cause during prolonged CPR

The importance of diagnosing and treating the underlying cause (known as the H's and the T's) is fundamental to the management of all cardiac arrest rhythms.<sup>15</sup>

LUCAS has **helped save patients** whose cardiac arrest required treatment of the underlying cause, such as:

- coronary artery infarction treated with PCI during CPR<sup>16-19</sup>
- pulmonary emboli treated with prolonged CPR and thrombolysis<sup>20-22</sup>
- accidental hypothermia and/or submersion<sup>23-28</sup>
- electrolytical imbalances<sup>29, 30</sup>
- cardiac arrest due to anaphylactic shock<sup>31</sup>

Several more therapy-resistant cardiac arrests requiring long resuscitation efforts, many over an hour, have been reported with LUCAS and with **good neurological outcomes**.<sup>32-36</sup>

## PCI during LUCAS chest compressions

Mechanical chest compressions have an **AHA class IIa** recommendation for use during emergency coronary intervention in the cath lab, based mainly on LUCAS references.<sup>37</sup>

EFFECTIVE

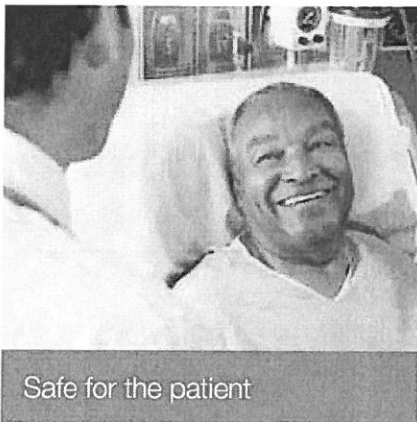
CONSISTENT

UNINTERRUPTED

SAFE

# 4

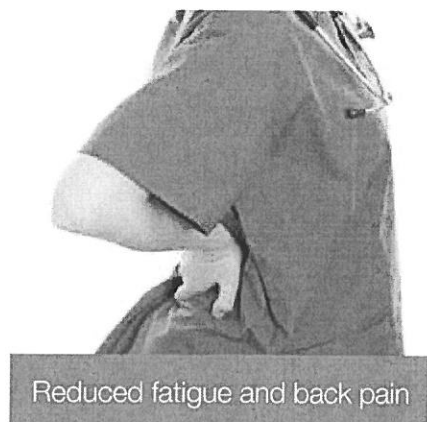
LUCAS delivers safe chest compressions for patients and responders.



Safe for the patient



Improved safety during transit



Reduced fatigue and back pain

## Safe for the patient

Autopsy studies have shown that LUCAS compressions are **safe for the patient**, with the same type of side-effects as for manual CPR.<sup>38-41</sup>

EMS and hospital organizations around the world have reported good, improved or neutral short term outcomes<sup>42-48</sup> as well as **improved neurological outcomes**<sup>49</sup> after implementing LUCAS.

## Improved responder safety

Effective CPR is hard work, tiring and could cause injury to a rescuer's back. One study showed that ~60% of rescuers always experienced back discomfort when providing manual CPR.<sup>50</sup> LUCAS facilitates effective CPR and removes the issue of the "mattress effect". CPR related back injuries can be reduced among the staff.

In the case of transporting patients during ongoing CPR, rescuers can sit **safely belted** in ambulances **or harnessed** during take-off and landing in helicopters.

In the cath lab, CPR providers can stay out of the immediate X-ray field.

# Referenced publications

The references in this document are a selection from over 100 publications available on the LUCAS Chest Compression System (as of March 2013).

If you want to see the comprehensive list, please ask your LUCAS sales representative for a copy of the LUCAS Reference List or the LUCAS Summarized Bibliography.

- Putzer G, Braun P, Zimmerman A, Pedross F, Strapazzon G, Brugger H, Paal P. LUCAS compared to manual cardiopulmonary resuscitation is more effective during helicopter rescue – a prospective, randomized, cross-over manikin study. *Am J Emerg Med*. 2013 Feb;31(2):384-9.
- Gässler H, Ventzke MM, Lampf L, Helm M. Transport with ongoing resuscitation: a comparison between manual and mechanical compression. *Emerg Med J*. 2012 Jul 25. [Epub ahead of print].
- Wyss CA, Fox J, Franzeck F, Moccetti M, Scherrer A, Hellermann JP, Lüscher TF. Mechanical versus manual chest compression during CPR in a cardiac catheterisation setting. *Cardiovascular Medicine*. 2010;13(3):92-96 ([http://www.cardiovascular-medicine.ch/pdf/2010/2010\\_03/2010-03-005.PDF](http://www.cardiovascular-medicine.ch/pdf/2010/2010_03/2010-03-005.PDF)).
- Olasveengen TM, Wik L, Steen PA. Quality of cardiopulmonary resuscitation before and during transport in out-of-hospital cardiac arrest. *Resuscitation*. 2008;76(2):185-90.
- Maule Y. The aid of mechanical CPR; better compressions, but more importantly – more compressions... (translated from French language; Assistance Cardiaque Externe; Masser mieux, mais surtout masser plus...). *Urgence Pratique*. 2011;106:47-48.
- Carmona Jiménez F, Padró PP, García AS, Martín RC, Venegas JCR, Naval EC. Cerebral flow improvement during CPR with LUCAS, measured by Doppler. *Resuscitation*. 2011;82S1:30.APO90. [This study is also published in a longer version, in Spanish language with English abstract, in *Emergencias*. 2012;24:47-49].
- Rubertsson S, Karlsten R. Increased cortical cerebral blood flow with LUCAS, a new device for mechanical chest compressions compared to standard external compressions during experimental cardiopulmonary resuscitation. *Resuscitation*. 2005;65:357-363.
- Wagner H, Madsen Hardig B, Rundgren M, Harnek J, Götzberg M, Olivecrona G. Cerebral oximetry during prolonged cardiac arrest and percutaneous coronary intervention. *ICU Director*. 2013(4):1:22-32.
- Larsen AI, Hjørnevik A, Bonarjee V, Barvik S, Melberg T, Nilsen DW. Coronary blood flow and perfusion pressure during coronary angiography in patients with ongoing mechanical chest compression: A report on 6 cases. *Resuscitation* 81. (2010) 493-497.
- Wagner H, Madsen Hardig B, Harnek J, Götzberg M, Olivecrona G. Aspects on resuscitation in the coronary interventional catheter laboratory. *Circulation*. 2010;122:A91 (+ Poster on file at Physio-Control).
- Liao Q, Sjöberg T, Paskevicius A, Wohlfart B, Steen S. Manual versus mechanical cardiopulmonary resuscitation. An experimental study in pigs. *BMC Cardiovascular Disorders*. 2010;10:53 (open access; <http://www.biomedcentral.com/1471-2261/10/53>).
- Wagner H, Madsen Hardig B, Steen S, Sjöberg T, Harnek J, Olivecrona G. Evaluation of coronary blood flow velocity during cardiac arrest with circulation maintained through mechanical chest compressions in a porcine model. *BMC Cardiovascular Disorders*. 2011;11:73.
- Axelsson C, Karlsson T, Axelsson ÅB, Herlitz J. Mechanical active compression-decompression cardiopulmonary resuscitation (ACD-CPR) versus manual CPR according to pressure of end tidal carbon dioxide (PETCO2) during CPR in out of hospital cardiac arrest (OHCA). *Resuscitation*. 2009;80(10):1099-103.
- Steen S, Liao Q, Pierre L, Paskevicius A, Sjöberg T. Evaluation of LUCAS, a new device for automatic mechanical chest compression and active decompression for cardiopulmonary resuscitation. *Resuscitation*. 2002;55:289-299.
- AHA Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science. *Circulation*. 2010;122:S737.
- Wagner H, Terkelsen CJ, Friberg H, Harnek J, Kern K, Flensted Lassen J, Olivecrona G. Cardiac arrest in the catheterization laboratory; a 5-year experience of using mechanical chest compressions to facilitate PCI during prolonged resuscitation efforts. *Resuscitation*. 2010;81(4):383-387.
- Azadi N, Niemann JT, Thomas JL. Coronary imaging and intervention during cardiovascular collapse: Use of the LUCAS mechanical CPR device in the cardiac catheterization laboratory. *Invasive Cardiol*. 2012;24:79-83.
- Grogaard HK, Wik L, Eriksen M, Brekke M, Sunde K. Continuous mechanical chest compressions during cardiac arrest to facilitate restoration of coronary circulation during percutaneous coronary intervention. *Journal of the American College of Cardiology*. 2007;50(11):1093-1094.
- Prause G, Archon S, Gemes G, Kallenböck F, Smolnikov I, Schuchlenz H, Wildner G. Tight control of effectiveness of cardiac massage with invasive blood pressure monitoring during cardiopulmonary resuscitation. *Am J Emerg Med*. 2010; 23(6):746.e5-6.
- Bonnemeier H, Simonis G, Olivecrona G, Weidmann B, Götzberg M, Weitz G, Gerling I, Strasser R, Frey N. Continuous mechanical chest compression during in hospital cardiopulmonary resuscitation of patients with pulseless electrical activity. *Resuscitation*. 2011;82(2):155-9.
- Chenailia H, Fournier M, Brun JP, Michelet P, Auffray JP. Association of mechanical chest compression and prehospital thrombolysis. *Am J Emerg Med*. 2011 Jun 22. [Epub ahead of print].
- Weise M, Lutzner J, Heineck J. P14: Thrombolysis therapy at fulminant pulmonary embolism and a high risk of bleeding – what therapy makes sense? (translated from German language: Lysetherapie bei fulminanter Lungenembolie und hohem Blutungsrisiko – sinnvolle Therapieentscheidung?) *Intensivmedizin und Notfallmedizin*. 2009;46(4):264-P14.
- Wik L, Kili S. Use of an automatic chest compression device (LUCAS) as a bridge to establishing cardiopulmonary bypass for a patient with hypothermic cardiac arrest. *Resuscitation*. 2005;66:391-394.
- Friberg H, Rundgren M. Submersion, accidental hypothermia and cardiac arrest, mechanical chest compressions as a bridge to final treatment: a case report. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*. 2009;17:7.
- Riemann U, Münz S, Maier J, Scheffold N, Hennesdorf M. P06: Life-threatening accidental hypothermia in a 55 year old patient (translated from German language: Lebensbedrohliche akzidentelle Hypothermie bei einer 55jährigen Patientin). *Intensivmedizin und Notfallmedizin*. 2009;46(4):261-262:P06.
- Rudolph SS, Barnung S. Case Report: Survival after drowning with cardiac arrest and mild hypothermia. *ISRN Cardiology*. 2011; ID 895625 2 pages.
- Kyrval HS, Ahmad K. Automatic mechanical chest compression during helicopter transportation. [Article in Danish, Abstract in English]. *Ugeskr Laeger*. 2010 Nov 15;172(46):3190-3191.
- Holmström P, Boyd J, Sorsa M, Kuisma M. A case of hypothermic cardiac arrest treated with an external chest compression device (LUCAS) during transport to re-warming. *Resuscitation*. 2005;67:139-141.
- Simonis G, Ebner B, Strasser RH. P93 – Mechanical CPR devices: A useful addition to the resuscitation therapy in the emergency department? (translated from German language: P93: Mechanische Reanimationshilfen: Eine sinnvolle Ergänzung für die Reanimationsbehandlung auf der Intensivstation?) *Clin Res Cardiol*. 2009;98. Suppl 2:P93.
- Greisen J, Gollbrekdal KI, Mathiasen ON, Ravn HB. Prolonged mechanical cardiopulmonary resuscitation. [Article in Danish and abstract in English. *Ugeskr Laeger*. 2010 Nov 15;172(46):3191-3192.
- Vatagar TT, Ingebrigtsen O, Fjosea LO, Wikström B, Nilsen JE, Wik L. Cardiac arrest and resuscitation with an automatic mechanical chest compression device (LUCAS) due to anaphylaxis of a woman receiving caesarean section because of pre-eclampsia. *Resuscitation*. 2006;68:155-159.
- Gillis M. Full neurological recovery following cardiac arrest during percutaneous coronary intervention due to accidentally intracoronary administration of ajmaline. *Resuscitation*. 2011 Sep;82(9):1254.
- Hödl R, Maier R, Stoschitzky, Lischig M, Perl S, Luha O. A case of complicated transcatheter aortic valve implantation (TAVI). *Journal für Kardiologie*. 2009;16 5-6:189; abstract 167 (Austrian Journal of Cardiology; available at [www.kup.at/kup/pdf/7899.pdf](http://www.kup.at/kup/pdf/7899.pdf)).
- Lassnig E, Maurer E, Nörmeyer R, Eber B. Osborn waves and incessant ventricular fibrillation during therapeutic hypothermia. *Resuscitation*. 2010;81(4):500-1.
- Gonzales L, Langlois J, Parker C, Yost D. Combined interventions may improve success when treating sudden cardiac arrest. *Prehosp Emerg Care*. 2010 Apr 6;14(2):222-8.
- Matveosian E, Doll D, Sackl J, Sinicina I, Schneider J, Simon G, Huser N. Prolonged closed cardiac massage using LUCAS device in out of hospital cardiac arrest with prolonged transport time. *Dovepress.com Open Access Em Med*. 2009; 1:1-4.

- 37 AHA Guidelines for CardioPulmonary Resuscitation and Emergency Cardiovascular Care Science. *Circulation*. 2010;122:S849.
- 38 Smekal D, Johansson J, Huzevka T, Rubertsson S. No difference in autopsy detected injuries in cardiac arrest patients treated with manual chest compressions compared with mechanical compressions with the LUCAS device – a pilot study. *Resuscitation*. 2009;80:1104–1107.
- 39 Oberladstätter D, Braun P, Freund M, Rabi W, Paal P, Baubin M. Autopsy is more sensitive than computed tomography in detection of LUCAS CPR related non-dislocated chest fractures. *Resuscitation*. 2012;83(3):e89–90.
- 40 Mateos Rodríguez A, Navalpotro Pascual JM, Peinado Vallejo F, Gámez García AP, Belmonte AA. Lung injuries secondary to mechanical chest compressions. *Resuscitation*. 2012;83(10):e203.
- 41 Menzies D, Barton D, Nolan N. Does the LUCAS device increase injury during CPR? *Resuscitation*. 2010;81S:S20.AS076.
- 42 Satterlee PA, Boland LL, Johnson PJ, Hagstrom SG, Lick CJ. Implementation of mechanical chest compression device as standard equipment in a large, urban ambulance system. *Resuscitation*. 2012;83(10):e203.
- 43 Steen S, Sjöberg T, Olsson P, Young M. Treatment of out-of-hospital cardiac arrest with LUCAS, a new device for automatic mechanical compressions and active decompression. *Resuscitation*. 2005;61:25–30.
- 44 Durnez P, Stockman W, Wynendaele R, Germonpre P, Dobbels P. ROSC and neurologic outcome after in-hospital cardiac arrest and LUCAS-CPR. *Resuscitation*. 2008; 77S:S49,AP-033 (+ Poster on file at Physio-Control).
- 45 Saussy J, Elder J, Flores CA, Miller AL. Optimization of cardiopulmonary resuscitation with an Impedance Threshold Device, automated compression cardiopulmonary resuscitation and post-resuscitation in-the-field hypothermia improved short-term outcomes following cardiac arrest. *Circulation*. 2010;122:A256 (+ Poster on file at Physio-Control).
- 46 Maule Y. Mechanical external chest compression: a new adjuvant technology in cardiopulmonary resuscitation. (Translated from French language: L'assistance cardiaque externe: nouvelle approche dans la RCP). *Urgences & Accueil*. 2007 (7);29:4–7.
- 47 Axelsson C, Nestin J, Svensson L, Axelsson Å, Herlitz J. Clinical consequences of the introduction of mechanical chest compression in the EMS system for treatment of out-of-hospital cardiac arrest – a pilot study. *Resuscitation*. 2006;71:47–55.
- 48 Smekal D, Johansson J, Huzevka T, Rubertsson S. A pilot study of mechanical chest compressions with the LUCAS device in cardiopulmonary resuscitation. *Resuscitation*. 2011;82:702–706.
- 49 Olson H, Rundgren M, Silverstolpe J, Friberg H. Out-of-hospital cardiac arrest – A panorama in transformation. *Resuscitation*. 2008; 77S:S47,AP-027. (+ Poster on file at Physio-Control).
- 50 Jones AYM, Raymond AE, Lee YW. Cardiopulmonary resuscitation and back injury in ambulance officers. *Int Arch Occup Environ Health*. (2005) 78:332–336.



All claims valid as of May 2013.

For further information, please contact Physio-Control at 800.442.1142 (U.S.), 800.895.5896 (Canada) or visit our website at [www.physio-control.com](http://www.physio-control.com).



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## Product Comparison

LUCAS® 2 Chest Compression System  
vs. Zoll® AutoPulse® Non-invasive  
Cardiac Support Pump



LUCAS 2 chest compression system



AutoPulse

WHICH COMPRESSION DEVICE TO USE?		
Compressions per minute	at least 100	80 ±5
Compression depth	2.1 ± 0.1 (5 - 5.6 cm)	20% reduction in anterior-posterior chest depth +0.25/-0.5 inches (+0.6/-1.3 cm)
Compression method	Sternal Compressions	Circumferential Compressions
Compression forces at work	Intrathoracic pressure gradient differences	Intrathoracic pressure gradient differences
Power source	Rechargeable Lithium-ion Polymer Battery 3.3 Ah (typical)	Rechargeable Nickel Metal Hydride Battery 3.2 Ah (typical)
Typical operating time on one battery	45 minutes	30 minutes
Charge time between uses	Less than 4 hours	Less than 4.25 hours
Total solution weight (in carry case with extra battery)	22 lbs (10 kg)	39 lbs (18 kg)
Device weight (with battery)	17.2 lbs (7.8 kg)	25.6 lbs (11.6 kg)
Battery weight	1.3 lbs (0.59 kg)	5.1 lbs (2.3 kg)
Patient size	Sternal height of 6.7 to 11.9 inches (17 to 30.3 cm)	Chest circumference of 29.9 to 51.2 in (76 to 130 cm)
Chest width limits	Up to 17.7 inches (44.9 cm)	9.8 to 15 inches (25 to 38 cm)
Patient weight	The use of LUCAS is not restricted by patient weight	The AutoPulse is designed for adults with weight of no more than 300 lbs (136 kg)
Time to apply device	Interruptions in manual compressions of <20 seconds	Not specified
IP Rating	44	24
COST OF OWNERSHIP		
Cost of Device	\$14,495.00	\$10,995.00
Service support	\$1,095.00	\$1,095.00
Carry case	included with device	\$395.00
Batteries (for 1.5 hours run time)	\$615.00 (1 battery included with device)	\$1,725.00 (no batteries included with device)
Charger	\$945.00	\$1,795.00
Disposable (3 pack) starter kit	included with device	\$375.00
<b>Initial Investment</b>	<b>\$17,150.00</b>	<b>\$16,380.00</b>
COST PER USE		
Battery	\$2.97	\$5.75
Disposable	\$40.00	\$125.00
Standard operating costs over 1 year (100 uses)	<b>\$4,297.00</b>	<b>\$13,075.00</b>
Standard operating costs over 5 years (500 uses)	<b>\$21,485.00</b>	<b>\$65,375.00</b>

LUCAS is very easy to use and requires fewer steps to apply than AutoPulse.  
LUCAS can be applied with interruptions to compressions of less than 20 seconds.

## LUCAS 2 chest compression system

### STEPS FOR OPERATION

- 1 Push on/off for 1 second to power up
- 2 Carefully put the back plate under the patient, immediately below armpits
- 3 Pull release rings to make sure claw locks are open and then let go of the release rings
- 4 Attach the support leg nearest to you on the back plate
- 5 Attach the other support leg to the back plate and listen for click
- 6 Pull up once to be sure parts are correctly attached
- 7 Center the suction cup over the chest, with lower edge immediately above the end of the sternum
- 8 Press the adjust button on the device and push down on the suction cup with two fingers until pressure pad touches patient's chest
- 9 Press pause to lock suction cup in place
- 10 Push activate to start compressions

**Note:** Defibrillation pads can be applied after LUCAS is applied and running

**Refer to your compression device operating instructions for actual operation of the device.**

## AutoPulse

### STEPS FOR OPERATION

- 1 Power up the AutoPulse
- 2 Sit patient up, make a single cut down the back of patient's clothing
- 3 Place posterior defibrillation/pacing pad on patient's back, if using anterior/posterior placement
- 4 Slide AutoPulse into position behind the sitting patient and lay the patient down onto the platform
- 5 Grasp clothing by the sleeves and pull down towards ankles to remove from both the front and the back of the torso
- 6 The anterior pad may be placed at this time
- 7 Position patient so he/she is centered laterally and that the armpits are aligned with the AutoPulse using the yellow line positioning guides on the platform
- 8 Close the LifeBand® around the patient's chest
- 9 Properly align the two sides of the LifeBand, place on top of patient's chest
- 10 Locate mating slot of band over the alignment tab
- 11 Press bands together to engage and secure Velcro® fastener
- 12 Lift up the LifeBand to the fullest, ensuring that the side bands are at a 90 degree angle to the platform, that they are not twisted or that there are no obstructions
- 13 Center the LifeBand on the patient's chest, placing it such that its center is over the area upon which manual compressions are conducted
- 14 Make sure the yellow upper edge of the LifeBand is aligned with patient's armpits and is over the yellow line on the AutoPulse platform
- 15 Press and release the start button once to begin compressions

## REFERENCE DOCUMENTS

- Power source cost per use is based on total number of uses per battery (200 for LUCAS 2 battery, 100 for AutoPulse battery)..
- All ZOLL AutoPulse pricing is based on 2011 quotes.
- ZOLL AutoPulse service plan listed is for a 1-year extended warranty for depot repair.
- LUCAS 2 Chest Compression System Instructions for Use (26500-003434, 2011).
- AutoPulse Resuscitation System Model 10 User Guide (P/N 11440-001, Rev. 3 2009).

For further information please call 1.800.442.1142 or visit [www.physio-control.com](http://www.physio-control.com)



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**LUCAS References who switched from AutoPulse (in FLORIDA):**

**Hallandale Beach Fire Rescue**

Chief Mark Ellis  
EMS Division Chief  
Tel: 954-457-1481  
[mellis@hallandalebeachfl.gov](mailto:mellis@hallandalebeachfl.gov)

**Palm Beach Gardens Fire Rescue**

Chief James Ippolito  
Division Chief – Emergency Medical Services  
Tel: 561-799-4316  
[jippolito@pbgfl.com](mailto:jippolito@pbgfl.com)

**Riviera Beach Fire Rescue**

Chief Tom McCarthy  
Division Chief of EMS  
(O) 561-845-4109  
(C) 561-248-1145  
[tmccarthy@rivierabch.com](mailto:tmccarthy@rivierabch.com)

**Tamarac Fire Rescue**

Lt. Patty Pyke  
Logistics Officer  
Tel: 954-597-3826  
[Patty.Pyke@tamarac.org](mailto:Patty.Pyke@tamarac.org)

**North Palm Beach Fire Rescue**

Captain Andrew Lezza  
EMS Captain  
Tel: 561-841-3319  
[alezza@village-npb.org](mailto:alezza@village-npb.org)

**Leon County EMS**

Tallahassee, FL  
Chief Chad Abrams  
850-606-2100  
[abramsc@leoncountyfl.gov](mailto:abramsc@leoncountyfl.gov)

**LUCAS References who switched from AutoPulse (outside of FL):**

**D.C. Fire & EMS – 16 LUCAS**

Washington, DC

Keith Long

[keith.long@dc.gov](mailto:keith.long@dc.gov)

Dr. David Miramontes, Medical Director at the time, recommended change, but he is no longer there. Happily switched from AutoPulse primarily because of numerous battery issues & heaviness compared to LUCAS devices.

### **Newton Medical Center EMS**

Covington, GA

Kevin Johnson—Director

[mkjohnson@newtonmedical.com](mailto:mkjohnson@newtonmedical.com)

His comments:

The biggest issue with the AutoPulse is the recurring cost, the weight and the rotation of the battery systems (fluids can leak into the electronics).

We are big advocates for the LUCAS and think they rock. Light weight, easy to set up and carry with the patient (hate the bags they come in, need duffle bags).

If anyone needs to call me about either unit, feel free to forward my name. KJ

### **Plano Fire Dept. – 14 LUCAS**

Plano, TX

Dan Anderson

[Dana@plano.gov](mailto:Dana@plano.gov)

From Plano Physio Rep:

Dan Anderson would take the call at Plano. He actually pulled me aside shortly after they bought the 14 LUCAS for a total of 17, to tell me about an asystole patient waking up because the perfusion was so good. They are very happy. Pat and I spoke with Med Director yesterday who is very supportive.

One other thought on Plano. When we ran the numbers; discovered that what Plano was paying for all AutoPulse accessories and batteries over a 5 year period would have paid for all their LUCAS devices. We could not calculate time spent managing repairs, etc.

The problems they had with A/P were:

- Weight limit

- Batteries failing

- Body Fluids in mechanism/expensive repair

- Having to pause to shock/actually had ICD disrupt the A/P and cause shutdown

- Lots of repairs, constantly rotating devices for repair

What they liked about LUCAS is:

- No weight limit

- Batteries are very reliable

- Body Fluids are not really an issue

- Can follow the latest guidelines of shocking without stopping compressions

Local service

They use the tarp/sack to carry people down stairs. They run LUCAS with pt. in the sack.

There is a perception that it is providing better perfusion

Fast and easy setup

#### **South Texas Emergency Care Foundation – 14 LUCAS**

Harlingen, TX

Pete Moreno

Clinical/Operations

[Pedro.moreno@stec-ems.org](mailto:Pedro.moreno@stec-ems.org)

956-564-2418 (cell)

956-364-2711 (work)

They had the AutoPulse deployed for several years. We were able to convince them of the concept of LUCAS with the LUCAS 1, and they ultimately purchased the LUCAS 2. The main reason was the medics stopped using the AutoPulse due to weight, size, cost and failures. They currently have 14 LUCAS devices on all of the front line units.

#### **Bossier City Fire Department – 14 LUCAS**

Bossier City, LA

Chief Jeff Watson

Chief of EMS

Tel: 318-741-8714

[jeffrey.watson@bossierfire.com](mailto:jeffrey.watson@bossierfire.com)

#### **Littleton Fire Rescue**

Littleton, CO

Captain Mike Simon

EMS Captain

Tel: 303-795-3800

[msimon@littletongov.org](mailto:msimon@littletongov.org)

#### **LUCAS customers in FLORIDA who converted from AutoPulse**

Fernandina Beach

Hallandale Beach Fire Rescue

Leon County

Lifeguard

North Naples Fire

North Palm Beach Fire Rescue

Palm Beach Gardens Fire Rescue

Putnam County

Riviera Beach Fire Rescue

Tamarac Fire Rescue

Tequesta Fire Rescue (approved – PO pending)

**More LUCAS customers in FLORIDA**

Bayflite

Boynton Beach Fire Rescue

City of Naples Fire Department

Coral Springs Fire Rescue

Fort Lauderdale Fire Rescue

Highlands County Fire

Lauderhill Fire Rescue

Little Gasparilla Island

Marathon Fire Rescue

Miami Dade County Fire Rescue (approved – PO pending)

Miramar Fire Rescue

Monroe County Fire Rescue

Palm Beach County Fire Rescue

Plantation Fire Rescue

Pompano Beach Fire Rescue

Seminole Tribe EMS

St. Johns County Fire