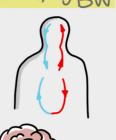


CARDIAC ARREST-WHAT TO DO?

- 1 Perform alternate chest compressions & ventilation!
- 30:2
- 2 Secure the airway and carry on with continuous ventilation!
- 10/min 6-7 ml/kgBW

OBJECTIVES OF RESUSCIATION

- 1 Maintaining a minimum circulation
- 2 Oxygenation of the internal ~ organs and the brain
- 3 Adequate alveolar ventilation



STANDARD PROCEDURE

Chest compressions & ventilation are carried out independently of each other.



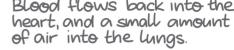
DISADVANTAGE OF THIS PROCEDURE

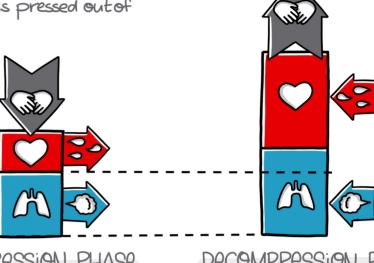
Gas escapes from the lungs during the compression phase, reducing the intrathoracic pressure.

Heart and lung vessels are compressed.

Blood is pumped into the circulation. At the same time, air is pressed outof the lungs.

Without CCSV/





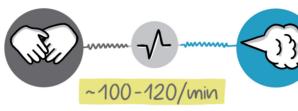
COMPRESSION PHASE DECOMPRESSION PHASE

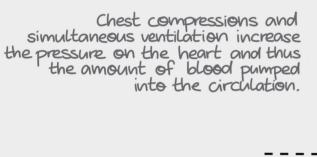
HOW DOES CCSV HELP WITH RESUSCIATION?

CCSV is an innovative ventilation mode that was specially developed for use in cardiopulmovary resusciation.

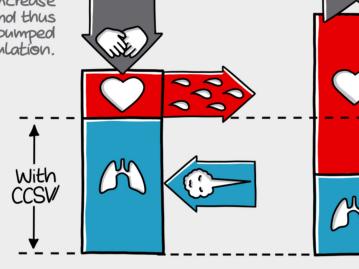
With CCSV, the mechanical breaths are precisely coordinated with the chest compressions. This synchronization ensures that every chest compression is immediately supported by a mechanical breath.

The ventilation rate in CCSV mode is linked to the frequency of the chest compressions.



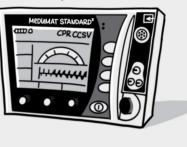


Maximization of intrathoracic pressure during compression. Cardiac output increases.



COMPRESSION PHASE DECOMPRESSION PHASE

During the decompression phase, the ventilator switches to expiration.



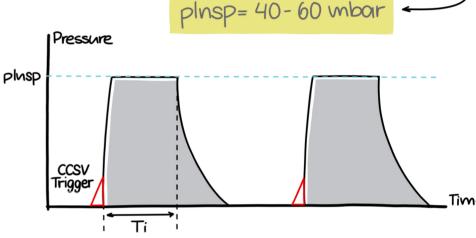
Air escapes from the lungs. The venous return flow to the heart can take place without any hindrance.

With CCSV, the gas flow out of the lungs generated by chest compressions is detected by the ventilator and used as an inspiration trigger.

The coordination leads to:

▶ very short inspiratory times

➤ an inspiratory pressure of pInsp



This interaction enables more efficient heart compression and thus a better cardiac output plus improved gas exchange.

recommend

verk.*6

Over 150 emergency trend is rising 1."

Prehospital ROSC was 21 out of 34 CCSV patients.*





Longest CCSV ventilation time of a patient requiring CPR and able to leave

CONTINUOUS MONITORING

treatment in hospital.

CCSV as a bridge to further

MODICAL EFFICACY OF CCSV COMPAROD TO CONVENTIONAL VENTILATION

► Hemodynamics

Significant increase in arterial blood pressure and the difference between arterial and central venous blood pressure, which is largely responsible for cardiac and cerebral perfusion pressure.

OXYGENATION

Increased oxygen supply for heart and brain.

► ADEOUATE ALVEOLAR VENTILATION

Improved elimination of COz (decarboxylation) and maintenance of an arterial carbon dioxide partial pressure that is as close to normal as possible to prevent respiratory acidosis.

This assists the workflow enormously.

USERS PLEASE NOTE:

Correct use of CCSV requires both extensive training and practical experience - especially when it comes to dealing with ventilators and CCSV-compatible chest compression devices.



FURTHER BENEFITS OF CCSV?

INTERRUPTION-FREE CHEST COMPRESSIONS

Following airway management, MRDUMAT Standard² automatically detects every chest compression in CCSV mode.

If compressions are interrupted, the device stops automatically. If compressions are recommenced, the device immediately resumes CCSV mode and ventilation.

SUMMARY

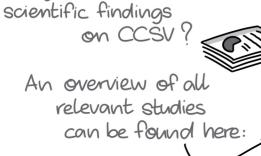
Maximizing intrathoracic pressure in the compression phase by means of chest compression with synchronous ventilation (CCSV) produces demonstrably more effective and efficient resusciation compared to traditional resusciation.

& THERAPY



Do you have any questions? Then contact us direct and we will be happy to help!

ANNA



"Are you interested in the

