

corpuls **cpr** Arm

Configuration Agreement Document

This document contains detail of the corpuls **cpr** arm factory settings and configurable options. Please complete the 'Adjustments' column for different configuration settings to be applied.

Settings	Factory Settings	Configurable Options	Adjustments
Mode	30:2	15:2, Cont., 30:2	
Compression depth	5.5 cm	2.0 cm – 6.0 cm in increments of 0.1	
Compression rate	100 1/min	80 – 120 in increments of 1	
Usage selection	Advanced	Basic, Advanced	
User level	Default	Default, Operator	
Duration of pause for ventilation	4 s	3 s – 8 s in 1 s increments	
Volume	10	1 -10 in increments of 1	
LED brightness	7	1 -10 in increments of 1	
Backlight	7	1 -10 in increments of 1	
Start Screens	Not Active	Activate as Patient or Mode	
Key Tone	Enabled	Enable, Disable	
Ventilation signal frequency	10 1/ min	6 – 30 in increments of 1	
Duration of alarm suspension	120 s	15 s – 120 s in 15 s increments	
Code for user level DEFAULT	0000	Bespoke code available	
Code for user level OPERATOR	1234	Bespoke code available	
Bluetooth	Not active	Not active, active	
BT PIN	1234	--	--
LED	Enabled	Enable, Disable	
Audio (Tone)	Enabled	Enable, Disable	
Reminder signal	Enabled	Enable, Disable	
Overload alarm	Disabled	Enable, Disable	
Language	English	English, Deutsch	
Date	YYYY-MM-DD	--	--
Time	HH:MM:SS	--	--
Patient groups are configurable when Start Screens are activated			
Patient Group 1	Mode	30:2	15:2, Cont., 30:2
	Compression depth	6.0 cm	2.0 cm – 6.0 cm in increments of 0.1
	Compression rate	100 1/ cm	80 – 120 in increments of 1
Patient Group 2	Mode	30:2	15:2, Cont., 30:2
	Compression depth	5.5 cm	2.0 cm – 6.0 cm in increments of 0.1
	Compression rate	100 1/ cm	80 – 120 in increments of 1
Patient Group 3	Mode	30:2	15:2, Cont., 30:2
	Compression depth	5.0 cm	2.0 cm – 6.0 cm in increments of 0.1
	Compression rate	100 1/ cm	80 – 120 in increments of 1

I confirm that the Factory default configuration settings */ the above adjusted configuration settings* (* delete as required) are to be uploaded onto the _____ (insert number of devices) corpuls cpr arms.

Name:

Role:

Signature:

Dept/Trust:

Date: