

# LUCAS<sup>®</sup> 3, v3.1

## Chest Compression System

### 16,830

Guidelines-consistent compressions administered during a successful 2 hour 45 minute resuscitation<sup>1</sup>

### 30,000

devices deployed globally<sup>2</sup>

### 102-111-120

LUCAS delivers Guidelines-consistent rates, configurable\* to 102-111-120 per minute, without sacrificing compression depth

### 7 seconds

median interruption when transitioning from manual to LUCAS compressions during routine BLS/ALS use<sup>3</sup>

### 30-40%

of patients who achieve ROSC will re-arrest prior to hospital arrival<sup>4,5</sup>

### 60%

CPR causes back pain in more than 60% of ambulance officers<sup>6</sup>

### 6.5X

unrestrained occupants are 6.5 times more likely to be severely injured and 3.8 times more likely to be killed<sup>7</sup> in the 4,500 annual ambulance accidents<sup>8</sup>

## By the numbers

### +60%

increased blood flow to the brain vs. manual CPR<sup>9</sup>

### 21%

increase of mean average EtCO<sub>2</sub> compared to manual CPR<sup>10</sup>

### >99%

of survivors had good neurological outcomes in large randomized LINC trial<sup>11</sup>



“With LUCAS we know that if we do everything right the patient can survive”

— Steve Hagstrom  
Paramedic and Clinical Educator | Allina Health EMS<sup>12</sup>

1. Case study Regions Hospital St. Paul, GDR 3318844\_A.
2. Based on internal data as of January 2019
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12. Case study Allina Health EMS, GDR 3302700\_B.

**For further information, please contact Stryker at 800 442 1142 (U.S.), 800 668 8323 (Canada) or visit our website at [strykeremergencycare.com](http://strykeremergencycare.com)**

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The LUCAS 3 device is for use as an adjunct to manual CPR when effective manual CPR is not possible (e.g., transport, extended CPR, fatigue, insufficient personnel).



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