LUCAS® 3, v3.1
chest compression system

By the numbers

16,830

Guidelines-consistent compressions administered during a successful two hour and 45-minute resuscitation[1]

50,000

devices deployed globally

102-111-120

The LUCAS device 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 device compressions during routine BLS/ALS use[2]

30-40%

of patients who achieve ROSC will re-arrest prior to hospital arrival[3,4]

60%

CPR causes back pain in more than 60 percent of ambulance officers[5]

6.5X

unrestrained occupants are 6.5 times more likely to be severely injured and 3.8 times more likely to be killed[6] in the 4,500 annual ambulance accidents[7]

+60%

increased blood flow to the brain vs. manual CPR[8]

21%

increase of mean average $EtCO_2$ compared to manual CPR[9]

>99%

of survivors at 6 months follow up had good neurological outcomes in large randomized LINC trial[10]

*With LUCAS 3, v3.1 chest compression system

1. Case study Regions Hospital St. Paul, GDR 3318844_A.
2. Levy M, Yost D, Walker R, et al. A quality improvement initiative to optimize use of a mechanical chest compression device within a high performance CPR approach to out-of-hospital cardiac arrest. *Resuscitation*. 2015;92:32-37.
3. Salcido DD, Stephenson AM, Condle JP et al., Incidence of rearrest of spontaneous circulation in out-of-hospital cardiac arrest. *Prehosp Emerg Care*. 2010;14(4):413-8.
4. Lerner EB, O'Connell M, Pirrallo RG. Rearrest after prehospital resuscitation. *Prehosp Emerg Care*. 2011;15(1):50-4.
5. Jones A, Lee R. Cardiopulmonary resuscitation and back injury in ambulance officers. *International Archives of Occupational and Environmental Health*. 2005 May; 78 (4); 332-336.
6. Becker L, Zaloshnja E, Levick N, et al. Relative risk of injury and death in ambulances and other emergency vehicles. *Accident analysis and prevention*. 2003; 35(6): 941-948.
7. NHTSA's Fatality Analysis Reporting System (FARS) 1992-2010 Final and 2011 Annual Report File (ARF) and National Automotive Sampling System (NASS) General Estimates System (GES), 1992-2011. http://www.ems.gov/pdf/GrundAmbulanceCrashesPresentation.pdf
8. Carmona Jimenez F, Padro P, Garcia A, et al., Cerebral flow improvement during CPR with LUCAS, measured by Doppler. *Resuscitation*. 2011; 82S1:30,AP090. [This study is also published in a longer version, in Spanish language with English abstract, in *Emergencias*. 2012;24:47-49]
9. Axelsson C, Karlsson T, Axelsson A, et al. Mechanical active compression-decompression cardiopulmonary resuscitation (ACDCPR) versus manual CPR according to pressure of end tidal carbon dioxide (PETCO2) during CPOR in out-of-hospital cardiac arrest 9OHCA). *Resuscitation*. 2009;80(10):1099-1103.
10. Rubertsson S, Lindgren E, Smekal, D et al. Mechanical chest compressions and simultaneous defibrillation vs conventional cardiopulmonary resuscitation in out-of-hospital cardiac arrest. The LINC randomized trial. *JAMA*. 2013;311(1):53-61.

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

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).

This document is intended solely for the use of healthcare professionals. A healthcare professional must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that healthcare professionals be trained in the use of any particular product before using it.

The information presented is intended to demonstrate Stryker's product offerings. A healthcare professional must always refer to operating instructions for complete directions for use indications, contraindications, warnings, cautions, and potential adverse events, before using any of Stryker's products. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your representative if you have questions about the availability of Stryker's products in your area. Specifications subject to change without notice.

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