

LUCAS[®] 3, v3.1

Chest Compression System

16,830

Guidelines-consistent compressions administered during a successful 2 hour 45 minute resuscitation¹

30,000

devices deployed globally²

102-111-120

LUCAS delivers Guidelines-consistent rates, now 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 use³

35-40%

of total compression depth is accounted for by mattress compression during manual CPR^{4,5}

80%

CPR causes back pain in more than 80% of nurses who perform it⁶

Cath lab use

The carbon fiber LUCAS PCI back plate (optional) is intended specifically for use in the cath lab and minimizes image shadows

By the numbers

+60%

increased blood flow to the brain vs. manual CPR⁷

21%

increase of mean average EtCO₂ compared to manual CPR⁸

>99%

of survivors had good neurological outcomes in large randomized LINC trial⁹



“LUCAS is a piece of equipment that will change practices and change lives.”

— Kathryn Spears
Clinical Nurse Consultant | Liverpool Hospital¹⁰

1. Case study Regions Hospital St. Paul, GDR 3318844_A.
2. Based on internal data as of January 2019
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4. Perkins GD, Kocierz L, et al. Compression feedback devices over estimate chest compression depth when performed on a bed. *Resuscitation*. 2009; 80: 79-82.
5. Jolife AB internal test report on file FAD20181012-1
6. Jones A. Can cardiopulmonary resuscitation injure the back? *Resuscitation* 2004; 61:63-67
7. Carmona Jimenez F, Padro F, 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]
8. 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.
9. 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.
10. Case study, The Miracle Man Australia, GDR 3332139_A

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