

Fully Automatic AED Plus®

Technical Specifications



Shock Delivered Automatically

When the Fully Automatic AED Plus detects a shockable heart rhythm, it delivers the shock on its own, with no rescuer interaction required. No one needs to push a button. Once the heart analysis begins and the Fully Automatic AED Plus prompts, "DON'T TOUCH PATIENT," if a shock is needed, it will be delivered automatically after a brief verbal countdown. Research shows that safety is not compromised when rescuers use a fully automatic rather than a semiautomatic AED.¹

Measuring Chest Compression with Real CPR Help

The force required to depress the chest during CPR varies with the patient's size and build. The standard measure of chest compression quality, however, is not force but depth. The Real CPR Help® technology in ZOLL's CPR-D-padz® includes a hand-placement locator, an accelerometer, electronics, and a processing algorithm that work together to measure vertical displacement in space as each compression occurs.

Simplified Placement

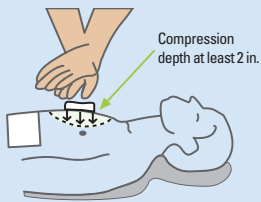
Affixing two separate electrode pads to the patient's bare chest can be confusing to a lay rescuer. ZOLL's one-piece CPR-D-padz Electrode simplifies this step by guiding placement of the red crosshairs at the center of the imaginary line connecting the patient's nipples. Once in place, the hand-locator and the two electrode pads fall naturally into optimal position for both defibrillation and CPR.

Five-Year Shelf Life

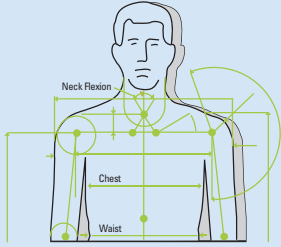
All AED electrodes transmit defibrillating electricity into the patient via metal in close contact with a salt-infused gel that is positioned between the metal and the skin. Over time, however, the salt in the gel will corrode the metal and eventually compromise electrode functionality. ZOLL's novel electrode design includes a sacrificial element that prevents significant corrosion for five years, which is unmatched in the market today.

To Order Call:
AEDSuperstore®
World's Largest Automated External Defibrillator Source
800.544.0048
help@aeds.com
www.AEDSuperstore.com
1800 US Hwy 51 N | Woodruff, WI 54568

ZOLL®



Real CPR Help® provides unique assistance to rescuers with real-time feedback on CPR compression depth and rate.



ZOLL's one-piece CPR-D-padz Electrode is easy to place.



CPR-D-padz Electrode comes complete with rescue essentials, including a barrier mask, a razor, scissors, disposable gloves, and a towelette.



Fully automatic shock delivery means there is no need to push the Shock button.

Fully Automatic AED Plus Specifications

Defibrillator

Protocol: Automatic

Waveform: Rectilinear Biphasic

Energy Selection: Automatic preprogrammed selection

(120J, 150J, 200J)

Patient Safety: All patient connections are electrically isolated

Charge Time: Less than 10 seconds with new batteries

Electrodes: ZOLL CPR-D-padz, pedi-padz® II, or stat-padz® II

Self-Test: Configurable automatic self-test from 1 to 7 days. Default = every 7 days. Monthly full-energy test (200J).

Automatic Self-Test Checks: Battery capacity, electrode connection, electrocardiogram and charge/discharge circuits, microprocessor hardware and software, CPR circuitry and CPR-D sensor, and audio circuitry

CPR: Metronome Rate: Variable 60 to 100 CPM

Depth: 0.75 in. to 3.5 in.; 1.9 to 8.9 cm

Defibrillation Advisory: Evaluates electrode connection and patient ECG to determine if defibrillation is required

Shockable Rhythms: Ventricular fibrillation with average amplitude >100 microvolts and wide complex ventricular tachycardia with rates greater than 150 BPM for adults, 200 BPM for pediatrics. For ECG analysis algorithm sensitivity and specificity, refer to AED Plus Administrator's Guide.

Patient Impedance Measurement Range: 0 to 300 ohms

ECG Circuitry: Defibrillator protected

Defibrillator: Protected ECG circuitry

Display Format: Optional LCD with moving bar

Size: 2.6 in. x 1.3 in.; 6.6 cm x 3.3 cm

Optional ECG Viewing Window: 2.6 seconds

Optional ECG Display Sweep Speed: 25 mm/sec; 1 in./sec

Battery Capacity: Typical new (20°C) = 5 years (225 shocks) or 13 hours continuous monitoring. End of life designated by red X (typical remaining shocks = 9)

Data Recording and Storage: 50 minutes of ECG and CPR data. If audio recording option is installed and enabled, 20 minutes of audio recording, ECG, and CPR data. If audio recording option is installed and disabled, 7 hours of ECG and CPR data.

PC Minimum Requirements For Configuration and Patient Data Recovery: Windows® 98, Windows® 2000, Windows® NT, Windows® XP, Windows® 7, IBM-compatible PII with 16550 UART (or higher) computer. 64MB RAM. VGA monitor or better. CD-ROM drive. IrDA port. 2MB disk space.

Device

Size: (H x W x D) 5.25 in. x 9.50 in. x 11.50 in.; 13.3 cm x 24.1 cm x 29.2 cm

Weight: 6.7 lbs; 3.1 kg

Power: User-replaceable batteries. 10 Type 123A Photo Flash lithium manganese dioxide batteries

Device Classification: Class II and internally powered per EN60601-1

Design Standards: Meets applicable requirements of UL 2601, AAMI DF-39, IEC 601-2-4, EN60601-1, IEC60601-1-2

Environmental

Operating Temperature: 32° to 122°F; 0° to 50°C

Storage Temperature: -22° to 140°F; -30° to 60°C

Humidity: 10 to 95% relative humidity, non-condensing

Vibration: MIL Std. 810F, Min. Helicopter Test

Shock: IEC 68-2-27; 100G

Altitude: -300 to 15,000 ft.; -91 m to 4573 m

Particle and Water Ingress: IP-55

CPR-D-padz

Shelf Life: 5 years

Conductive Gel: Polymer hydrogel

Conductive Element: Tin

Packaging: Multilayer foil laminate pouch

Impedance Class: Low

Cable Length: 48 in (1.2 m)

Sternum: Length: 6.1 in (15.5 cm); Width: 5.0 in (12.7 cm); Length, conductive gel: 3.5 in (8.9 cm); Width, conductive gel: 3.5 in (8.9 cm); Area, conductive gel: 12.3 sq in (79.0 sq cm)

Apex: Length: 6.1 in (15.5 cm); Width: 5.6 in (14.1 cm); Length, conductive gel: 3.5 in (8.9 cm); Width, conductive gel: 3.5 in (8.9 cm); Area, conductive gel: 12.3 sq in (79.0 sq cm)

Complete Assembly: Folded Length: 7.6 in (19.4 cm); Folded width: 7.0 in (17.8 cm); Folded height: 1.5 in (3.8 cm)

Design Standards: Meets applicable requirements of ANSI/AAMI/ISO DF-39-1993

¹Hosmans T, et al. *Resuscitation*. 2008 May;77(2):216-19.

Specifications subject to change without notice.

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