



Advantages of Life-Stat™

Michigan Instruments Inc.

www.life-stat.com

Feature	Life-Stat™	AutoPulse® ¹	JOLIFE/LUCAS™ ²	Life-Stat™ Advantage
Provide Hands-Free fully compliant 30:2 AHA CPR	Yes. Cycles 30 compressions at 100/minute, pauses and delivers 2 ventilations.	No. Compressions only at 80/min. (1.4.4) No built-in coordinated ventilator.	No. Compressions only at 100/minute. (6.2) No built-in coordinated ventilator.	Electronic control coordinates chest compressions with built-in ventilator.
Provide Hands-Free fully compliant Continuous AHA CPR	Yes. Delivers 100 compressions with 9 asynchronous ventilations per minute	No. Compressions only at 80/min. (1.4.4) No built-in coordinated ventilator.	No. Compressions only at 100/min. (6.2) No built-in coordinated ventilator.	Electronic control coordinates chest compressions with built-in ventilator.
Adjustable Compression Depth	Yes Adjustable from 0 to 3.2 inches.	No. Automatically set to 20% of chest depth. (1.4.4)	No. No adjustment. (6.2)	Has the capability to adjust compression depth to accommodate patient size.
Transfer time from Manual CPR to Mechanical CPR with minimal interruption of compressions	In ~ 5 seconds, can swing piston into position during a manual CPR ventilation phase with virtually no loss of compressions.	Slower (usually > 30 seconds), must (a) position LifeBand® properly (3.1) and (b) make required control selection (3.2) .	Slower (~ 20 seconds), must (a) position board under patient, (b) attach side clamps and adjust piston both horizontally & vertically interrupting compressions 2 times. (3.3)	Fastest switch-over from manual to mechanical CPR less likely to jeopardize effective Coronary Perfusion Pressure (CPP) and blood flow to the brain.



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Can operate while attached to spineboard	Yes. Uses MII spineboard mount or Patient Restraint System (PRS).	Yes. First apply AutoPulse® to patient then multiple rescuers lift patient onto transportation device and then secure patient to device. (3.6)	Possibly. First apply LUCAS™ to patient then 3 rescuers minimal recommended to lift patient (while stopping compressions) onto stretcher. (3.7.2) Only stretcher or ambulance cot use cited in IFU. (3.7)	Higher mobility in stairwells, while providing continuous CPR support, including ventilation.
Accommodate both small and large patients (Over 375 lbs.)	Yes. Sternum height: 4.5 to 14.5 in. (11.4 to 36.8 cm or 114 to 368 mm) Chest width range: Up to 22 in. (55.9 cm or 559 mm) No Weight limit as long as patient fits.	No. Chest circumference: 29.9 to 51.2 in. (76 to 130 cm) Chest width: 9.8 to 15 in. (25 to 38 cm) (1.2) Max weight is 350 lbs.	No. Patient must fit into the device. Sternum height: 7.5 to 11.9 in. (190 to 303 mm) Maximal width: 17.7 in. (449 mm) (6.2) Max weight is 375 lbs.	EMS reports successful use on patients > 600lb. If necessary, the patient can be positioned on the Life-Stat™ with their arm placed outside the column.
Uninterrupted fully compliant AHA CPR in stairwell from a 2 rescuer transporting team	Yes.	No. In either 30:2 or continuous mode an adjunct ventilator is required for ventilations.	No. Must be level to provide compressions. (3.7.4) An adjunct ventilator is required for ventilations.	Hands-Free CPR in any position with secured patient. Both compressions and ventilations provided in selectable 30:2 or CCV (Continuous Compressions with 9 asynchronous Ventilations per minute) mode.

References

1. AutoPulse® Resuscitation System Model 100 User Guide, P/N 11440-001 Rev. 1-4-07, © Copyright ZOLL 2007 (section number in parenthesis)
2. LUCAS™ Chest Compression System Instructions for Use, Art. No. 100057-00 F, © Copyright JOLIFE AB 2007 (section number in parenthesis)