



The power to save lives



By Medical Feedback Technologies LTD



Beaty

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WHY BEATY?

Beaty helps you perform chest compressions effectively by providing audio feedback when reaching a depth of 5 cm



88% of cases happen at home



Gauging the exact depth of chest compression is **very difficult** for professionals and almost impossible for bystanders and lay rescuers

X3

Effective bystander CPR can **triple** the chances of survival



70% may feel helpless to act during a cardiac emergency



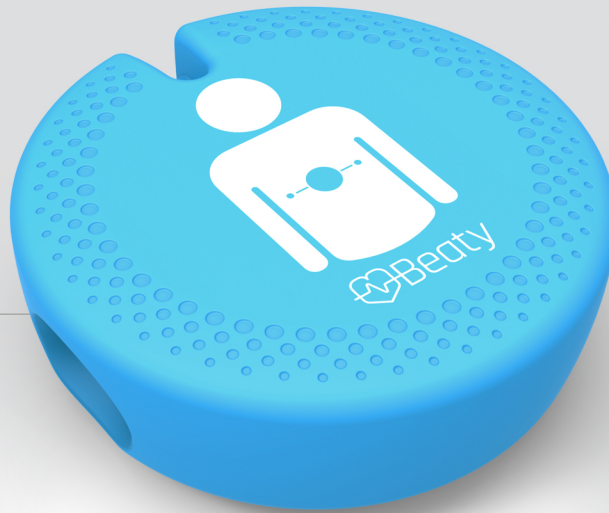
Within approximately **4 minutes** of cardiac arrest the damage to the brain is irreversible. This can be prevented by immediate initiation of chest compressions reaching a **depth of 5cm**



FEATURES AND BENEFITS



A silicone adapter adds protection to your device and increases user's comfort when prolonged CPR is required.



Affordable- costs what you pay for a few cups of coffee



Curved silicon pad ergonomic design- fits the palm of the hand for optimal use



Audio feedback- enables the user to perform effective chest compressions



Simple, user friendly, just apply and start compressing



Small dimensions and light weight- designed to fit anywhere within reach



Was developed by a team of leading doctors and medical engineers

CLINICAL STUDIES

Chest compression depth and survival in out-of-hospital cardiac arrest

Vadeboncoeur, Tyler, et al. "Chest compression depth and survival in out-of-hospital cardiac arrest." *Resuscitation* 85.2 (2014): 182-188.

The aim of this study was to assess the relationship between chest compression depth and OHCA survival.

Among 593 OHCA, 136 patients (22.9%) achieved return of spontaneous circulation, 63 patients (10.6%) survived and 50 had favorable functional outcome (8.4%). Mean compression depth was significantly deeper in survivors (53.6 mm, 95% CI: 50.5–56.7) than non-survivors (48.8 mm, 95% CI: 47.6–50.0).

This study demonstrated that deeper chest compressions were associated with improved survival and functional outcome following OHCA. The results suggest that adhering to the current AHA Guideline-recommended depth of at least 51 mm could improve outcomes for victims of OHCA.

Quality of cardiopulmonary resuscitation during out-of-hospital cardiac arrest

Wik, Lars, et al. "Quality of cardiopulmonary resuscitation during out-of-hospital cardiac arrest." *Jama* 293.3 (2005): 299-304.

The aim of this study was to measure the quality of out-of-hospital CPR performed by ambulance personnel, as measured by adherence to international CPR guidelines.

176 adult patients with out-of-hospital cardiac arrest treated by paramedics and nurse anesthetists, between March 2002 and October 2003 were examined. The defibrillators that were used in these cases recorded chest compressions via a sternal pad fitted with an accelerometer and ventilations by changes in thoracic impedance between the defibrillator pads, in addition to standard event and electrocardiographic recordings.

In this study of CPR during out-of-hospital cardiac arrest, chest compressions were not delivered half of the time, and most compressions were too shallow. Mean compression depth was 34 mm (95% CI, 33-35 mm).

Highlights of the 2015 American Heart Association guidelines update for CPR and ECC

American Heart Association. "Highlights of the 2015 American Heart Association guidelines update for CPR and ECC." Dallas, USA: American Heart Association (2015).

"Untrained lay rescuers should provide compression-only (Hands-Only) CPR, with or without dispatcher guidance, for adult victims of cardiac arrest."

"During manual CPR, rescuers should perform chest compressions to a depth of at least 2 inches (5 cm) for an average adult..."

"Most monitoring via CPR feedback devices suggests that compressions are more often too shallow than they are too deep."

"Compression depth may be difficult to judge without use of feedback devices..."

References

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- ③ Mary Fran Hazinski, RN, MSN. (2015). Highlights of the 2015 American Heart Association Guidelines for CPR and ECC [Brochure]. Author.
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- ⑥ Wik, Lars, et al. "Quality of cardiopulmonary resuscitation during out-of-hospital cardiac arrest." *Jama* 293.3 (2005): 299-304.
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info@imbeaty.com | www.imbeaty.com

