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**Trademark Information**

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**Patents**

This device is covered by the following U.S. and foreign patents. For a list of patents, visit www.cardiacscience.com/patents

Other U.S. and foreign patents pending.

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1 Product Information and Safety

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Before Operating the Powerheart G3 AED:
◆ Become familiar with the various safety alerts listed in the Safety chapter of the Operator and Service Manual.
◆ Safety alerts identify potential hazards using symbols and words to explain what could potentially harm you, the patient, or the Powerheart G3 AED.
Contact information

Inside the United States:
To order additional Powerheart® G3 AEDs or accessories, contact Cardiac Science Customer Care:
◆ Toll Free (USA): 1.800.426.0337 (option 2)
◆ Telephone: +1.262.953.3500 (option 2)
◆ Fax: +1.262.953.3499
◆ Email: care@cardiacscience.com

Cardiac Science provides 24-hour telephone technical support. You can also contact Technical Support through fax, email or live web chat.

There is no charge to the customer for a technical support call. Please have the serial and model numbers available when contacting Technical Support. (The serial and model numbers are located on the underside of the AED.)
◆ Toll Free (USA): 1.800.426.0337 (option 1)
◆ Telephone: +1.262.953.3500 (option 1)
◆ Fax: +1.262.798.5236
◆ Email: techsupport@cardiacscience.com
◆ Web site: www.cardiacscience.com

Outside the United States:
Contact your local Cardiac Science representative to order devices or accessories and to receive technical support for your AED products.
Product models

This guide is for Powerheart G3 Pro model 9300P.

Warranty information

The Limited Warranty provided by Cardiac Science serves as the sole and exclusive warranty for the Powerheart AED and its accessories. To obtain a limited warranty statement, contact your local Cardiac Science representative or go to www.cardiacscience.com.
Safety terms and definitions

The symbols shown below identify potential hazard categories. The definition of each category is as follows:

**DANGER**

⚠️ This alert identifies hazards that will cause serious personal injury or death.

**WARNING**

⚠️ This alert identifies hazards that may cause serious personal injury or death.

**Caution**

⚠️ This alert identifies hazards that may cause minor personal injury, product damage, or property damage.
This section presents information on unpacking and setting up the AED.

Unpacking and inspecting

Every attempt is made to ensure your order is accurate and complete. However, to be sure that your order is correct, verify the contents of the box against your packing slip.

If you have any questions about your order, contact Customer Care (see Contact information on page 1-2).

AED parts

The following drawings show the AED parts and their locations.
Getting Started

Powerheart® AED G3 Pro 9300P

- Battery compartment
- Lid
- Rescue Ready status indicator
- Latch (Push in to open)
- Manual override button (Behind blue cover)
- IR port
- Pad holders
- Speaker
- Pad expiration window
- Pad/ electrode socket
- Color display
- Shock button
AED modes

Operating mode
Defined as having the battery installed and the lid open. This is the mode the AED would be in during an actual rescue situation.

Standby mode
When the battery is installed, but the lid is closed. In this mode the AED is not being used in a rescue. The device will conduct its routine self-tests to ensure proper operation.

Storage mode
When the battery is removed, such as during shipping or transport. With the battery removed, the AED is unable to perform self-tests or rescues.

Environmental operating and standby conditions
See the Technical Data chapter in the Operator and Service Manual.

Caution: Temperature Extremes.
Exposing the AED to extreme environmental conditions outside of its operating parameters may compromise the ability of the AED to function properly. The Rescue Ready® daily self-test verifies the impact of extreme environmental conditions on the AED. If the daily self-test determines environmental conditions outside of the AED’s operating parameters, the Rescue Ready indicator could change to red (not Rescue Ready) and the AED may issue a “SERVICE REQUIRED” alert to prompt the user to move the AED to environmental conditions within the acceptable operating parameters at once.

Shipping and transport conditions
For up to 1 week. See the Technical Data chapter in the Operator and Service Manual.
Batteries

The 9300P is shipped with either an Intellisense battery (model 9145) or a rechargeable battery (model 9144). Confirm which battery is included with the AED and see the applicable instructions below.

Intellisense battery

Intellisense batteries contain an integrated memory chip that automatically stores important usage information, enabling the battery to maintain a complete history of its operating life. The battery history can be reviewed using the Rescuelink software.

This history includes:

- Battery identification
- Battery type
- Original date of installation in an AED
- Number of charges completed
- Time in operation (hours:minutes)
- Days of standby operation
- Battery capacity remaining

**Warning! Battery is Not Rechargeable (model 9145).**

Do not attempt to recharge the battery. Any attempt to recharge the battery may result in an explosion or fire hazard.

**Caution: Lithium Sulfur Dioxide Battery (model 9145).**

Pressurized contents: never recharge, short circuit, puncture, deform, or expose to temperatures above 65°C (149°F). Remove the battery when discharged.
Caution: Battery Disposal.
Recycle or dispose of the lithium battery in accordance with all federal, state and local laws. To avoid fire and explosion hazard, do not burn or incinerate the battery.

Caution: Use only Cardiac Science Approved Equipment.
Using batteries, pads, cables, or optional equipment other than those approved by Cardiac Science may cause the AED to function improperly during a rescue.

Rechargeable battery
The rechargeable battery meets all respective IEC standards. All configurations comply with system standard, IEC 60601-1-1.

1 Charger connection
2 Charge LED
3 Battery capacity
4 Test button
Directions for use

The rechargeable battery is shipped half-charged. Charge battery fully before using.

Note: The battery charger (model 9044) is sold separately.

To charge the battery:

1. Remove the rechargeable battery from the AED. The rechargeable battery can be recharged only when removed from the Powerheart AED G3 Pro.
2. Plug the charger into an appropriate electrical outlet.
3. Insert the charger cable into the rechargeable battery and ensure the yellow LED above the rechargeable battery symbol is on. Charging is complete when the yellow Charge LED goes out, and the four green Fuel Gauge LEDs are continuously lit.
4. Remove the charger cable from the battery when done charging. Charging may be terminated early by removing the charger cable from the battery. If the battery is charged for a minimum of 3 hours, the stated capacities will be met.

Caution: Incorrectly charged battery (model 9144).

If the yellow Charge LED blinks continuously, a charging error occurred. Contact customer service in the event of a charging error.

Note: It is recommended that you keep a spare, non-rechargeable battery nearby. For longest battery life, when storing battery, discharge half-way. Do not store for extended periods at high temperature.

The Powerheart AED G3 Pro will first indicate Low Battery while there is still sufficient charge remaining to perform at least one rescue. It is recommended to recharge the battery as soon as practical after the Low Battery indication. It is considered normal operation for the battery capacity gauge to show some remaining capacity when the Low Battery indication first occurs.
**Battery operating life**

The battery operating life depends on the type of battery, actual usage and environmental factors.

A new model 9145 battery provides:
- A minimum of 12 hours (14 hours typical) of device operating time at 20°C to 30°C ambient temperature with no shocks delivered, OR
- A minimum of 9 hours of device operating time at 0°C ambient temperature with no shocks delivered, OR
- A minimum of 9 hours of device operating time at 50°C ambient temperature with no shocks delivered, OR
- up to 290 shocks (typical)

**Table 2-1: Normal battery life**

<table>
<thead>
<tr>
<th>Model</th>
<th>Estimated Shelf Life (from date of manufacture)</th>
<th>Full Operational Replacement Guarantee (from date of installation)</th>
<th>Typical Shocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>9145 lithium sulphur dioxide</td>
<td>5 years</td>
<td>1 year from date of installation or 12 hours of use, whichever occurs first</td>
<td>up to 290</td>
</tr>
<tr>
<td>9144 lithium ion</td>
<td>5 years</td>
<td>2.5 years of 300 battery charge/discharge cycles, whichever comes first</td>
<td>Per charge: 60 shocks minimum (100 shocks typical)</td>
</tr>
</tbody>
</table>

**Battery shelf life**

The batteries have a shelf life of five years from the date of manufacture. Shelf life is defined as the length of time a battery can be stored at room temperature, prior to installation into AED, and still meet the specifications under battery operating life.

**Note:** Storing the battery outside its specific range (0-50°C) will decrease battery life.
Battery installation

To install the battery:

1. With the label on the battery facing the AED battery compartment, insert the battery as shown in the drawing.

2. Push the latched end of the battery firmly into the AED, as shown in the drawing, until the battery snaps into place. The exposed side of the battery should be flush with the outside of the AED case.

3. Wait a few seconds and then open the lid for 5 seconds to initiate a self-test.

   If the battery is installed properly:
   - The Rescue Ready status indicator turns green.

   If service is required, the Service indicator illuminates instead. Contact Cardiac Science Technical Support (see Contact information on page 1-2) or outside the U.S., your local Cardiac Science representative.

4. Close the lid.
Defibrillation pads

The defibrillation pads come in a ready-to-use, sealed package containing one pair of self-adhesive pads with an attached cable and connector. The pads are disposable and should be discarded after each rescue.

The pads have a limited shelf life and should not be used beyond the expiration date. Keep a fresh, unopened pair of 9131 pads plugged into the AED at all times. Refer to the pad package label for operation temperatures.

An audible and visual alert will indicate after the self-test if the pads are missing, unplugged, or damaged.

Note: Store pads at room temperature.

Caution: Use only Cardiac Science Approved Equipment.

Using batteries, pads, cables, or optional equipment other than those approved by Cardiac Science may cause the AED to function improperly during a rescue.

Caution: Possible Improper AED Performance.

Using pads that are damaged or expired may result in improper AED performance.
Pad installation

To install the pads:

1. Open the lid of the AED.
2. Place the pad package into the lid so that the expiration label is visible through the clear window on the lid. The expiration date of the pads will then be readable without opening the lid of the AED.
3. Match the color of the connectors (red to red and white to white), then plug the pad connector into the AED case as shown in the photograph.

4. Tuck the excess cable length in the bottom holder. With the pad package completely secured to the AED lid, close the lid.
5. Make sure the expiration date is visible through the clear window of the lid and check to make sure that the STATUS INDICATOR is GREEN. If the pads are not installed properly, the STATUS INDICATOR will be RED. Contact Cardiac Science Technical Support (see Contact information on page 1-2) or outside the U.S., your local Cardiac Science representative.
Defibrillation pads

Directions for use

WARNING! Do not reuse pads.
Used pads may not adhere properly to the patient. Improper pad adhesion may result in skin burns. Improper pad adhesion may result in improper AED performance. Used pads may cause patient-to-patient contamination.

WARNING! Reduced therapy delivery.
Failure to remove blue liner completely could impact therapy delivery.

Caution. Short-term use only. Not for pacing.
DO NOT open defibrillation pads package until ready to use. Short term use only.
Pads are not intended for use in pacing.

Caution. Equipment Damage.
Do not pull on the lead wire to separate the pads from the blue liner.

Note: Store pads at room temperature.

Note: Pads are intended for adult use.
1. Ensure skin site is clean and dry.
2. Tear open foil package and remove pads.
3. Separate one pad from blue liner by peeling from the tabbed corner.
   Note: DO NOT pull on the lead wires.
4. Place pad on skin.
   • 9131 non-polarized pads: Place pad on skin in either location shown.
   • 9660 polarized pads: Place pad on skin exactly as shown on pouch.
5. Separate second pad from blue liner by peeling from the tabbed corner.
   Note: DO NOT pull on the lead wires.
6. Place second pad on opposite location as shown.
Read the *Operator and Service Manual* before using this device. Follow the instructions provided in this chapter in the order given.

This section presents information about how to use the AED to perform a rescue.

These are the general steps in performing a rescue:

1. Assess the patient.
2. Prepare the patient.
3. Place the defibrillation pads.
4. Analyze the patient’s ECG.
5. Deliver a defibrillation shock.
6. Administer CPR.
AED operating modes

The AED has three operating modes. The AED is pre-set to AED mode, but the user can change the mode during a rescue. The energy delivered is determined by the Medical Director and programmed into the AED prior to the rescue.

AED mode (default)

For patients exhibiting signs of sudden cardiac arrest. Once defibrillation electrodes are placed on the patient, the AED analyzes the heart rhythm. If a shockable rhythm is detected, the AED automatically charges to the pre-set variable energy protocol and prompts rescuer to press the Shock button to deliver therapy.

Manual mode

For patients exhibiting signs of sudden cardiac arrest. Once the defibrillation electrodes are placed on the patient, a trained ALS rescuer may wish to read the ECG display to determine whether or not a shock is required. This mode is activated by pushing the manual button once then again to confirm; the device will begin charging. If the rescuer deems that the rhythm is shockable, therapy can be delivered by pressing the Shock button. Then, the AED reverts back to AED mode. By entering this mode, the rescuer is taking responsibility to identify a shockable rhythm and to administer a shock.

Remain in Manual Mode—This optional mode can be enabled using MDLink software. With Remain in Manual Mode enabled and the user enters manual mode, the AED will remain in manual mode and not revert to the AED mode.

ECG Monitoring mode

For patients who require basic ECG monitoring. Non-diagnostic ECG patient monitoring can be activated by inserting the ECG patient monitoring cable into the electrode socket on the AED, connecting the 3-lead patient cables to the specialized ECG electrodes and placement as directed onto the patient. Should the AED detect a shockable rhythm, defibrillation electrodes should be placed on the patient and the connector should be plugged into the electrode socket on the AED to enable a defibrillation shock.
Warnings and Cautions

The following cautions must be observed to prevent problems during the rescue.

**DANGER! Fire and Explosion Hazard**

To avoid possible fire or explosion hazard, do not operate the AED:

- In the presence of flammable gases
- In the presence of concentrated oxygen
- In a hyperbaric chamber

**WARNING! Shock Hazard and Possible Equipment Damage**

Defibrillation shock current flowing through unwanted pathways is potentially a serious electrical shock hazard and potential damage to the equipment. To avoid this hazard during defibrillation abide by all of the following:

- Do not touch the patient, unless performance of CPR is indicated.
- Do not touch metal objects in contact with the patient.
- Keep defibrillation pads clear of other pads or metal parts in contact with patient.
- Disconnect all non-defibrillator proof equipment from the patient before defibrillation.
- Disconnect all non-defibrillator proof equipment from the patient before defibrillation.

**WARNING! Do not reuse pads**

Used pads may not adhere properly to the patient. Improper pad adhesion may result in skin burns. Improper pad adhesion may result in improper AED performance. Used pads may cause patient-to-patient contamination.

**Caution: Use only Cardiac Science Approved Equipment**

Using batteries, pads, cables, or optional equipment other than those approved by Cardiac Science may cause the AED to function improperly during a rescue.

**Caution: Possible Improper AED Performance**

Using pads that are damaged or expired may result in improper AED performance.
**Caution: Possible Radio Frequency (RF) Susceptibility**

Radio-frequency (RF) interference from devices such as cellular phones and two-way radios can cause improper AED operation. The AED should be used at least 6 feet (2 meters) away from RF devices, as stated in accordance with EN 61000-4-3:2002.

**Caution: Possible Interference with Implanted Pacemaker**

Therapy should not be delayed for patients with implanted pacemakers and a defibrillation attempt should be made if the patient is unconscious and not breathing. The AED has pacemaker detection and rejection, however, with some pacemakers the AED may not advise a defibrillation shock.

When placing pads:
- Do not place the pads directly over an implanted device.
- Place the pad at least an inch from any implanted device.

**Caution: Moving the Patient During a Rescue**

During a rescue attempt, excessive jostling or moving of the patient may cause AEDs to improperly analyze the patient’s cardiac rhythm. Stop all motion or vibration before attempting a rescue.
Step 1: Assess the patient

Determine that the patient is over 8 years of age or weighs more than 55 pounds (25 kg) and is both:
◆ Unresponsive
◆ Not breathing

DO NOT delay therapy to determine the patient’s exact age or weight. See the directions for use accompanying pediatric pads to replace adult pads with pediatric pads. If you do not have pediatric pads, use adult pads to apply therapy.

CALL EMERGENCY MEDICAL SERVICES!

Note: When the patient is a child under 8 years of age or weighs less than 55 pounds (25kg), the AED should be used with the Model 9730 Pediatric Attenuated Defibrillation Pads. If you do not have pediatric pads, use adult pads to apply therapy.

Step 2: Prepare the patient

1. Place the AED next to the

   Note: Lay the AED flat (horizontal) as shown.

2. Open the AED lid.
3. Wait until the LEDs illuminate.
# Step 3: Place pads

<table>
<thead>
<tr>
<th>When the AED prompts…</th>
<th>Do this…</th>
</tr>
</thead>
</table>
| “Tear open package and remove pads.” | 1. Keeping the pads connected to the AED, tear open the package  
2. Remove the pads from the package. Leave the package attached to the pad wires. |
| “Peel one pad from plastic liner.” | With a firm, steady pull, peel one pad away from the blue plastic liner. It does not matter which pad to use.  
**Note:** Do not pull on the lead wires. |
| “Place one pad on bare upper chest.” | Place the pad without the liner on the bare upper chest as shown. |
| “Peel second pad and place on bare lower chest.” | 1. Pull the blue liner from the second pad.  
**Note:** Do not pull on the lead wires.  
2. Place the pad on the bare lower chest as shown. |

**Note:** Cardiac Science’s standard defibrillation pads are non-polarized and can be placed in either position as shown on the pad package.  
If you are using model 9660 polarized pads, see the diagram on the package for specific placement of each electrode.
Step 4: Analyze the heart rhythm

**When the AED prompts...** | **Do this...**
---|---
“Do not touch patient. Analyzing rhythm...” | 1. Do not touch the patient.
The AED begins analyzing the cardiac rhythm of the patient. | 2. Wait for the next prompt.

During the analysis phase, you may hear one or more of these prompts:

**If the AED prompts...** | **This is the problem...** | **Do this...**
---|---|---
“Press pads firmly to patient’s bare skin.” | The pads are not properly placed or are loose. | Ensure that pads are firmly placed on clean, dry skin.
“Analysis interrupted. Stop patient motion.” | The patient is excessively jostled or there is a strong electromagnetic emitting device nearby (within 5 meters). | Remove the electronic device or stop the excessive motion.
## Step 5: Deliver a shock

<table>
<thead>
<tr>
<th>When the AED prompts…</th>
<th>Do this…</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Shock advised. Charging”</td>
<td>Ensure that no one is touching the patient.</td>
</tr>
</tbody>
</table>

When the AED is ready to deliver a defibrillation shock, the Shock button flashes.

“Stand clear. Push flashing button to deliver shock.”

1. Ensure that no one is touching the patient.
2. Press the Shock button.

If you do not press the Shock button within 30 seconds of hearing the prompt, the AED disarms the charge and prompts you to start CPR.

### After the AED delivers the defibrillation shock:

“Shock delivered.”

Wait

“It is now safe to touch the patient. Start CPR.”

Begin CPR

When the AED is charged, it continues to analyze the patient’s heart rhythm. If the rhythm changes and a shock is no longer needed, the AED prompts, “Rhythm changed. Shock cancelled,” and then prompts you to start CPR.

## Step 6: Administer CPR

After the AED delivers a shock or detects a non-shockable rhythm, it enters CPR mode.

**Note:** Your AED may have either Traditional (compressions and breaths) CPR (Table 3-1) or compressions-only CPR (Table 3-2 on page 3-9) enabled.
WARNING! Equipment not functioning.
If the AED stops functioning during a rescue, continue to perform CPR as needed until EMS personnel arrive.

Table 3-1: Traditional CPR (compressions and breaths)

<table>
<thead>
<tr>
<th>When the AED prompts…</th>
<th>Do this…</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Give 30 compressions, then give two breaths.”</td>
<td>Perform CPR for two minutes in accordance with applicable guidelines. Follow the countdown timer on the display.</td>
</tr>
<tr>
<td>“Start CPR.”</td>
<td>Perform chest compressions as directed by the AED.</td>
</tr>
</tbody>
</table>

Table 3-2: Compressions-only CPR

<table>
<thead>
<tr>
<th>When the AED prompts…</th>
<th>Do this…</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Start CPR.”</td>
<td>Perform chest compressions for two minutes in accordance with applicable guidelines. Follow the countdown timer on the text display.</td>
</tr>
</tbody>
</table>

This cycle continues until the CPR time expires. At the end of CPR, the AED prompts, “Stop CPR”. The AED returns to the ECG Analysis Mode (see Step 4: Analyze the heart rhythm on page 3-7).

If the patient is conscious and breathing normally, leave the pads on the patient’s chest connected to the AED. Make the patient as comfortable as possible and wait for Emergency Medical Services (EMS) personnel to arrive.
Step 7: Prepare the AED for the next rescue

After transferring the patient to EMS personnel, close the lid of AED. Prepare the AED for the next rescue:

1. Open the AED lid.

2. (Optional) Retrieve the rescue data stored in the internal memory of the AED. Use Rescuelink software installed on a PC (see the Data Management chapter in the G3 Pro Operator and Service Manual).

3. Connect a new pair of pads to the AED (see Pad installation on page 2-10).

4. Close the lid.

5. Verify that the status indicator on the AED handle is green.
Using manual override (Manual mode)

For use by qualified EMS personnel only. The AED has a manual override feature that overrides the AED’s automatic analysis protocol. By entering this mode, the rescuer is taking responsibility to identify a shockable rhythm and to administer a shock. The default setting for the manual override is enabled. When enabled, the Manual Override option allows the user to charge the AED and deliver a shock at the user’s discretion. After the shock button is pressed or 30 seconds has elapsed, the AED automatically exits the manual mode and returns to the AED mode.

Optionally, the manual override default behavior may be modified so that after entering manual mode, the AED remains in the manual override mode for the duration of the rescue. This feature is enabled by selecting the REMAIN IN MANUAL MODE option in the MDLink software and can be configured during the initial set up of the AED.

To enter Manual mode:

1. Refer to Step 1: Assess the patient on page 3-5.
2. Lift the blue plastic cover on far left of diagnostic panel.
3. Press the Manual button once to initiate the mode. The voice prompt and corresponding text prompts indicate “Entering manual mode. Press button again to confirm.”
4. Press the Manual button again to confirm and change to manual mode. The manual indicator on the display panel will be active. The voice and corresponding text prompts indicate, “Manual Mode.”

   **Note:** MANUAL MODE is initially displayed on the screen when activated. If the Medical Director has disabled this feature in MDLink, an icon indicating NO MANUAL MODE will appear in the bottom left of the display. Continue the rescue in AED Mode.

5. The voice prompts and corresponding text prompts indicate, “If rhythm is shockable, press SHOCK button to deliver therapy”. Read the ECG and determine if the rhythm is shockable. If so, press the SHOCK button to deliver therapy.

   **Note:** The RHYTHMx analysis algorithm is disabled in manual mode. It is the rescuer’s responsibility to determine if a shock is necessary.
6. After pressing the shock button or 30 seconds elapses without the shock button being pressed, the AED reverts to AED MODE and prompt, “START CPR”. Follow the voice prompts. If “Remain in Manual Mode” has been enabled, the device remains in Manual Mode.

7. To re-enter manual mode, press the **MANUAL** button ONCE.

   **Note:** Should the rescuer go into manual mode and decide that AED mode is more appropriate, the AED will revert back to AED mode 30 seconds after charging is complete. The seconds count down on the display. If **Remain in Manual Mode** has been enabled, the device will remain in Manual Mode.

**Exiting Manual mode**

By default, the device will return to AED mode after you perform any of these actions:

- Press the Shock button
- Allow 30 seconds to elapse without pressing the shock button
- Close the AED lid momentarily
- Remove the battery momentarily
- Attach the optional 3-lead ECG monitoring cable
- Disconnect the pads from the AED
- Remove the pads from the patient

**Exiting Manual mode when Remain in Manual Mode is Enabled**

If **Remain in Manual Mode** is enabled, the device will return to AED mode after you perform any of these actions:

- Close the AED lid momentarily
- Remove the battery momentarily
- Attach the optional 3-lead ECG monitoring cable (upon reattaching the defibrillation pads the AED will be in manual mode)
ECG Monitoring Mode

At the discretion EMS personnel, the AED can be used for ongoing ECG patient monitoring. By using a separately sold ECG Patient Monitoring Kit (5111), the AED provides non-diagnostic ECG display of the patient’s heart rhythm for attended patient monitoring. It is not necessary to turn the device off prior to connecting the ECG cable. While connected to the AED, the shock capability is disabled.

Indications for use: A conscious or breathing patient, regardless of age.

Contra-indications: No known contra-indications.

The separately sold ECG Patient Monitoring Kit is designed for connection to ECG electrodes per AAMI or IEC color convention and is required to use this feature. Once connected the AED displays and evaluates the patient’s ECG (Lead II). Follow all prompts from the AED.

The kit includes a cable that contains electronics (with a non-replaceable battery) that is inserted into the electrode socket on the AED; the other end of the cable has three patient lead wires. Each lead wire terminates in an ECG electrode connector to attach to a disposable ECG electrode.

To install ECG monitoring electrodes:

1. Remove packaging from kit components. Connect the ECG electrodes to the colored lead wires.
2. Peel off the adhesive backing from the ECG electrodes. Apply the ECG electrodes to the patient’s bare chest accordingly:

   - RA/R Electrode: Place near the right midclavicular line, directly below the clavicle.
   - LA/L Electrode: Place near the left midclavicular line, directly below the clavicle.
   - LL/F Electrode: Place between the 6th and 7th intercostals space on the left midclavicular line.

   Note: Make sure there is adequate space between the defibrillation electrodes of at least 1 inch or 2.54 cm (if previously applied) and the ECG monitoring electrodes.
3. Plug the ECG patient cable into the electrode socket located on the AED.

Once connected the AED displays and evaluates the patient’s ECG (Lead II) and heart rate. Follow all prompts from the AED.

Check the patient if:

- Indicated by the observed ECG or heart rate display.
- The patient becomes unresponsive or stops breathing.
- The AED prompts “Shockable Rhythm. Attach Defibrillation Pads”.

If appropriate, disconnect the ECG patient cable from the AED and connect the defibrillation pads to pads socket. Then, place the defibrillation pads on the patient.

**Note:** If the Manual Mode button is pressed when in ECG Monitoring Mode, a voice prompt will indicate “ECG Monitoring Mode.”