AED Plus®





ARE YOU PREPARED TO HELP IN A HEARTBEAT?

It happens in a split second. A person collapses — the victim of sudden cardiac arrest (SCA) — and the clock starts ticking. You call for help, and medical personnel are on their way. But precious seconds are racing by. The victim's best chance for survival is immediate CPR and a rescuer with an automated external defibrillator (AED).

The immediate initiation of CPR can double or quadruple survival from cardiac arrest.

- 2015 ERC Guidelines¹

Designed for Unexpected Heroes[™]

The latest guidelines from resuscitation councils worldwide are clear: Successful defibrillation must be supported with high-quality CPR. The AED's first heart analysis is critical. If it calls for no shock, only CPR can lead to a shockable rhythm on the next analysis. CPR provides a struggling heart with oxygenated blood needed to help restore a normal rhythm.

The ZOLL AED Plus® defibrillator will guide you through the process of performing high-quality CPR and will, if needed, deliver a potentially lifesaving shock to the heart. With a ZOLL AED Plus and quick action, you could help avert tragedy.



EMPOWERING RESCUERS WITH REAL CPR HELP®

While only 50% of sudden cardiac arrest victims will initially need a shock, nearly all will require CPR to increase the flow of oxygenated blood to the heart and brain.

ZOLL's proprietary Real CPR Help® technology helps guide rescuers to perform CPR in accordance with the most recent guidelines for depth and rate of compressions. You will know when you are delivering high-quality CPR. The user-friendly and intuitive design of the ZOLL AED Plus will help give unexpected heroes the confidence and knowledge they need to treat SCA.

SHOCKS: 01 00:22

GOOD

COMPRESSIONS

SHOCKS: 01 00:20

PUSH
HARDER

SHOCKS: 01 00:20

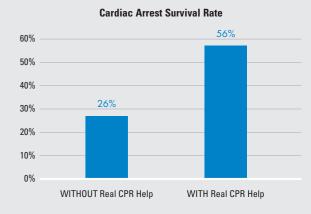
DONT TOUCH
PATIENT
ANALYSING

Integrated, real-time feedback provides visual and audio prompts to "Push Harder" or confirms when you are doing "Good Compressions," keeping you on track to administer potentially life-saving CPR.

Survival More than Doubled

In a large study conducted with EMS providers in Arizona, ZOLL technology and training combined to more than double survival to discharge from the hospital for patients who suffered cardiac arrest.³ This study used professional defibrillators equipped with the same Real CPR Help technology found in the AED Plus.

Half of the victims were treated with Real CPR
Help turned on while the other half were treated
with this technology turned off. The study found
that using Real CPR Help more than doubled
survival when the individual's collapse was
witnessed by someone and the irregular heart
rhythm was ventricular fibrillation.









EXCEPTIONAL SUPPORT WHEN YOU NEED IT MOST

SMART

Rescue with confidence

In addition to step-by-step audio prompts, our proven Real CPR Help technology includes a compression depth indicator that provides real-time visual guidance to help you deliver the best possible CPR.

Simple, accurate pad placement

Speed is of the essence when treating a cardiac arrest victim. ZOLL's CPR-D-padz® electrodes feature a unique one-piece design to ensure easy and accurate placement. Electrodes come with a rescue accessory kit that includes scissors, gloves, a mask, and other items

READY

Ready for the rescue

Industry-leading batteries and pads that last five years mean fewer replacements, less maintenance, and an AED that's ready when needed.

Smart investment

Once installed, the AED Plus has the lowest total cost of ownership compared to other AEDs. It's an invaluable investment that can help save a life.

Designed for durability

Designed to withstand harsh environments and temperature extremes, the AED Plus has an ingress protection (IP) rating of IP55, which means it is highly resistant to dust and moisture.

AED Programme Management Maximise the benefits of your ZOLL AED

Is Your AED Ready?

Your AED needs to be ready the day you need it, not just the day you buy it. AED programme management software can help you track and document AED inspections as well as pad and battery expirations.

Are Your Trained Responders Ready?

AEDs are most effective when used by rescuers who know how to use them. Easily track and manage your trained responders and the status of their AED/CPR certifications with an AED programme management solution.

Do You Have a Plan in Place?

Having a plan for what to do before, during, and after an event pays off. A programme management system can help you document all of these steps before an emergency happens.

Maximise the Effectiveness of Your Programme

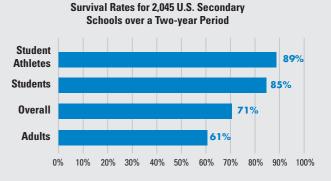
Tracking consumables' expirations, managing your responder certifications, and maintaining written response protocols are important factors in ensuring that your AED programme is effective. AED programme management keeps your AED and responders prepared.

Studies have shown that well-implemented AED programmes can significantly improve survival rates.4

AED Programmes Pay Off

Research based on data collected from more than 2,000 U.S. secondary schools has shown that schools with AED programmes experience an overall survival rate of 71%.4

The authors concluded that "Secondary school AED programs demonstrate a high survival rate for students and adults who suffer sudden cardiac arrest on school campus. School-based AED programmes are strongly encouraged."







Be prepared with a ZOLL AED as your rescue partner.

Every sudden cardiac arrest victim will need high-quality CPR

 The AED Plus with Real CPR Help will give you integrated, real-time feedback to help you deliver the best possible CPR

Time is of the essence

• One-piece electrode design makes applying pads simple, fast, and accurate

Invest in the ability to help save a life

 A low total cost of ownership and batteries and pads that last five years mean you will be ready to help in a heartbeat

IERC Guidelines for resuscitation 2015. Resuscitation 2015; 95:83
PAHA CPR Quality Consensus Statement. Circulation. 2013;128; pg. 420
Bobrow BJ, et al. Ann Emerg Med. 2013 Jul;62(1):47–56.e1.
Porezner JA, et al. Br J Sports Med. 2013;47:1179-1183.

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