

## User Manual

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This user manual has been compiled to provide users with information necessary for safe and trouble-free operation, use on patients and maintenance of corpuls3 and corpuls3T. All persons dealing with use, maintenance and troubleshooting must read and implement this user manual.

If in this user manual the corpuls3 is mentioned, the information is valid for all functions and all product variants, unless indicated otherwise.

In addition to this user manual, the currently applicable ordinances and the generally accepted engineering principles as well as national regulations for occupational health and safety and accident prevention must be complied with.

The corpuls3 complies with the basic standards as specified in Annex I of the "Medical Device Directive 93/42/EC of the Commission". The corpuls3 is a medical product class IIb. In the UMDNS (Universal Medical Device Nomenclature System) the corpuls3 has the code 17-882.



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For a patient/user/third party in the European Union and in countries with identical regulatory regime (Regulation 2017/745/EU on Medical Devices); if, during the use of this device or as a result of its use, a serious incident has occurred, please report it to the manufacturer and/or its authorised representative and to your national authority.

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## Service Address

In case of enquiries, please contact:

Address of the sales and service partner

Information on the authorised service and sales partners can also be found on the following website:

[www.corpuls.com](http://www.corpuls.com)

## Versions of the corpuls3 user manual

Issue	Date	User manual version	Software version
1	06/2007	ENG V1.1 - 04130.2	1.1.0
2	08/2007	ENG V1.2 - 04130.2	1.2.0
3	11/2007	ENG V1.3 - 04130.2	1.3.0
4	07/2008	ENG V1.4 - 04130.2	1.4.1
5	07/2009	ENG V1.5 - 04130.2	1.5.0
6	12/2009	ENG V1.6 - 04130.2	1.6.0
7	11/2010	ENG V1.7 - 04130.2	1.7.0
8	07/2011	ENG V1.8 - 04130.2	1.8.0
9	10/2011	ENG V1.9 - 04130.2	1.9.0
10	07/2012	ENG V2.0 - 04130.2	2.0.0
11	06/2013	ENG V2.1 - 04130.2	2.1.0
12	05/2014	ENG V2.2 - 04130.2	2.2.2
13	02/2015	ENG V2.3 - 04130.2	2.3.2
14	07/2017	ENG V3.0 - 04130.2	3.0.3
15	02/2019	ENG V3.1 - 04130.2	3.1.0
16	02/2020	ENG V3.2 - 04130.2	3.2.0
17	2020-0707	ENG V4.0 - 04130.2	4.0.0

Table 1-1 Versions of the User manual

## Supplements to the corpuls3 user manual

Version	Date	Description	User manual version	Version Software
A	04/2010	Supplement of the alarm messages	DE V1.4 - 04130.1 DE V1.5 - 04130.1 DE V1.6 - 04130.1	1.4 1.5 1.6
A	05/2010	New defib keyboard	DE V1.7 - 04130.1	1.7.0
A	03/2011	Interval Measurement NIBP	DE V1.7 - 04130.1	1.7.2
A	07/2011	Night vision mode	DE V1.8 - 04130.1	1.8.0
A	03/2017	Supplement of the alarm messages	ENG 2.3 - 04130.2	2.3.51
A	07/2017	Parameter Race, Recording of RTD tracks	ENG 2.3 - 04130.2	2.3.61
A	2019-05-08	Printer intensity	GER 3.1 - 04130.1	3.0.5, 3.1.1
A	2019-11-15	Priority of DE lead	GER 3.1 - 04130.1	3.1.3
A	04/2010	Supplement of the alarm messages	DE V1.4 - 04130.1 DE V1.5 - 04130.1 DE V1.6 - 04130.1	1.4 1.5 1.6

Table 1-2 Supplements to the User manual

## Compatibility of software versions

corpuls3 version	corpuls cpr version
4.0.0	1.2.0



### Warning

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#### Delayed therapy due to incompatibility!

Compression-synchronised therapy can only be implemented in combination with a corpuls cpr, as a connection to other chest compression devices is not possible.

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## Table of Contents

<b>1</b>	<b>Safety .....</b>	<b>1</b>
1.1	General.....	1
1.2	Operating Staff.....	1
1.2.1	Restrictions of Use of Therapeutic Functions .....	1
1.2.2	Maintenance .....	2
1.3	Related Documents.....	2
1.4	Information Labels, Warning Labels and Symbols on the Device.....	2
1.5	Warnings .....	3
1.6	Special Types of Risk .....	4
<b>2</b>	<b>Appropriate Use .....</b>	<b>5</b>
2.1	Intended Use .....	5
2.2	Appropriate Use.....	5
2.3	Non-intended Use.....	6
2.4	Indications and Contraindications.....	7
<b>3</b>	<b>Introduction .....</b>	<b>9</b>
3.1	Components.....	9
3.2	Device Design.....	10
3.2.1	Pairing (Connection Authorisation).....	12
3.2.2	Monitoring Unit .....	14
3.2.3	Patient Box and Accessory Bag.....	16
3.2.4	Defibrillator/pacer .....	19
3.2.5	Defibrillator/Pacer SLIM .....	20
3.2.6	Brackets .....	21
3.3	Description of the Monitoring, Diagnostic and Therapeutic Functions .....	22
3.3.1	Monitoring and Diagnostic Functions.....	22
3.3.2	Therapeutic Functions.....	23
3.4	Alarm Management .....	25
3.4.1	Alarm Signals at the Monitoring unit.....	26
3.4.2	Alarm Signals at the Patient box.....	29
3.5	Energy Management .....	30
3.5.1	Battery Operation.....	30
3.5.2	Mains Operation.....	32
<b>4</b>	<b>General Operating Instructions .....</b>	<b>35</b>
4.1	Operating- and Screen Elements .....	35
4.1.1	Operating Elements and LEDs on the Monitoring Unit.....	35
4.1.2	Basic Structure of the Screen Pages on the Monitoring Unit.....	39

4.1.3	Operation via Touchscreen (only corpuls3T).....	43
4.1.4	Patient box screen .....	44
4.1.5	Control Keys and LEDs on the Patient Box.....	45
4.1.6	Control Key and LEDs on the Defibrillator/Pacer .....	46
4.1.7	Control Key and LEDs on the Defibrillator/Pacer SLIM .....	47
4.2	Switching On and Off.....	48
4.2.1	Switching On.....	48
4.2.2	Switching off.....	49
4.3	Menu Control .....	51
4.3.1	Softkey context menu .....	51
4.3.2	Parameter Context Menu and Curve Context Menu .....	52
4.3.3	Main menu .....	54
4.3.4	Configuration dialogue.....	55
4.4	Disconnecting and Connecting Modules.....	56
4.4.1	Disconnecting the Monitoring Unit from the Defibrillator/Pacer .....	56
4.4.2	Disconnecting the Patient Box from the Monitoring Unit.....	57
4.4.3	Connecting the Patient Box to the Monitoring Unit .....	58
4.4.4	Connecting the Monitoring Unit to the Defibrillator/Pacer .....	59
4.4.5	Removing the Patient Box from the Compact Device.....	60
4.5	Accessory Bag.....	61
4.5.1	Fitting the Accessory Bag .....	61
4.5.2	Packing the Accessory Bag .....	62
4.6	Inserting the Device into the Brackets .....	65
4.6.1	Defibrillator/Compact Device Bracket .....	65
4.6.2	Monitoring Unit Bracket .....	66
4.6.3	Charging bracket Patient box.....	67
<b>5</b>	<b>Operation – Therapy.....</b>	<b>68</b>
5.1	Therapy Electrodes for Defibrillation and Pacing .....	68
5.1.1	Types of Therapy Electrodes .....	68
5.1.2	Connecting the Electrode Cable.....	70
5.1.3	Removing the Shock Paddles from their Holders and Re-inserting them .....	71
5.2	Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy.....	72
5.3	Defibrillation in AED Mode .....	73
5.3.1	Information on the AED Mode.....	73
5.3.2	Defibrillation in AED mode with corPatch Electrodes.....	77
5.3.3	Defibrillation in AED Mode with Shock Paddles .....	78
5.4	Manual Defibrillation and Cardioversion .....	80
5.4.1	Information on Manual Defibrillation and Cardioversion.....	80
5.4.2	Manual Defibrillation with corPatch Electrodes.....	83

5.4.3	Manual Defibrillation and Cardioversion with Shock Paddles .....	83
5.4.4	Manual Defibrillation and Cardioversion with Shock Spoons .....	85
5.4.5	Manual Defibrillation and Cardioversion of Neonates and Children .....	86
5.5	External Pacer .....	88
5.5.1	Information on the External Pacer .....	88
5.5.2	Preparing the pacer function .....	90
5.5.3	Starting the Pacer Function.....	92
5.6	Metronome .....	96
5.6.1	Information on the Metronome.....	96
5.6.2	Starting the Metronome .....	97
5.7	CPR Feedback.....	98
5.7.1	Information on CPR Feedback .....	98
5.7.2	Preparing CPR Feedback .....	100
5.7.3	Working with CPR Feedback .....	101
5.7.4	corPatch CPR summary.....	102
5.7.5	preShock CPR .....	102
5.8	Display of corpuls cpr Parameters .....	103
5.9	Compression Synchronised Therapy with the corpuls cpr .....	103
5.9.1	Therapy Control of the corpuls cpr via the corpuls3.....	104
5.9.2	Configuration of Therapy Parameters of the corpuls cpr .....	105
5.9.3	Compression Synchronised Therapy in AED mode .....	105
5.9.4	Compression Synchronised Therapy in Manual Mode .....	106
<b>6</b>	<b>Operation – Monitoring and Diagnosis.....</b>	<b>107</b>
6.1	Information on Monitoring and Diagnosis .....	107
6.2	Monitoring Trends .....	108
6.3	Monitoring ECG .....	109
6.3.1	Information on ECG Monitoring.....	109
6.3.2	Colour coding of ECG leads .....	110
6.3.3	Preparing ECG Monitoring .....	110
6.3.4	Performing ECG Monitoring .....	112
6.3.5	Adapting the Representation of the ECG Curve .....	114
6.3.6	Heart Rate Monitoring.....	116
6.4	Recording, Measuring, Printing and Interpreting a Diagnostic ECG.....	116
6.4.1	Information on Diagnostic ECG .....	116
6.4.2	Preparing the Patient for a D-ECG .....	117
6.4.3	Recording and Measuring a Diagnostic ECG .....	120
6.4.4	Representative Cycle .....	125
6.5	Longterm ECG.....	127
6.5.1	Information on Longterm ECG.....	127



6.5.2	Preparing Longterm ECG .....	127
6.5.3	Performing Longterm ECG .....	128
6.6	Oximetry Monitoring (Option) .....	129
6.6.1	Information on Oximetry Monitoring .....	129
6.6.2	Extended Oximetry Monitoring .....	130
6.6.3	Preparing Oximetry Monitoring .....	131
6.6.4	Performing Oximetry Measurement .....	132
6.6.5	Adjusting the Representation of the Oximetry Parameters .....	134
6.6.6	Monitoring Pulse Rate and Perfusion Index .....	134
6.7	CO <sub>2</sub> Monitoring (option) .....	135
6.7.1	Information on CO <sub>2</sub> Monitoring .....	135
6.7.2	Preparing CO <sub>2</sub> Monitoring .....	136
6.7.3	Disposable Adapter for CO <sub>2</sub> Endotracheal Tube incl. Insert for Neonates .....	138
6.7.4	Performing CO <sub>2</sub> Measurement .....	139
6.7.5	Adjusting the Representation of the CO <sub>2</sub> Values .....	140
6.7.6	Monitoring Respiratory Rate .....	141
6.8	Non-invasive Blood Pressure Monitoring (option) .....	141
6.8.1	Information on NIBP Monitoring .....	141
6.8.2	Preparing Blood Pressure Monitoring .....	145
6.8.3	Performing Individual Blood Pressure Measurement .....	146
6.8.4	Performing Blood Pressure Interval Monitoring .....	147
6.9	Invasive Blood Pressure Monitoring (IBP) (Option) .....	148
6.9.1	Information on IBP Monitoring .....	148
6.9.2	Preparing Invasive Blood Pressure Monitoring .....	149
6.9.3	Performing Invasive Blood Pressure Monitoring .....	151
6.10	Temperature Monitoring (Option) .....	152
6.10.1	Information on Temperature Monitoring .....	152
6.10.2	Preparing Temperature Monitoring .....	152
6.10.3	Performing Temperature Monitoring .....	153
<b>7</b>	<b>Configuration .....</b>	<b>154</b>
7.1	Configuring the System .....	155
7.1.1	General System Settings (User DEFAULT) .....	155
7.1.2	Configuration of Views .....	157
7.1.3	Printer settings .....	160
7.1.4	Configuration of the Fax Transmission (User DEFAULT) .....	165
7.2	Configuration of the Monitoring Functions .....	165
7.2.1	ECG Monitoring .....	166
7.2.2	Oximetry .....	167
7.2.3	CO <sub>2</sub> .....	169

7.2.4	IBP .....	170
7.2.5	CPR Feedback .....	171
7.3	Alarm Configuration.....	172
7.3.1	Configuring Alarm Settings .....	172
7.3.2	Alarm Limit Settings .....	173
7.3.3	Setting Alarm Limits for Monitoring Functions Manually .....	173
7.3.4	Setting the Alarm Limits for Monitoring Functions Automatically .....	175
7.4	Advanced settings (for persons responsible for the device) .....	176
7.4.1	Authorisation for Persons Responsible for the Device .....	176
7.4.2	General System Settings (Person responsible for the device) .....	176
7.4.3	Configuration of Manual Events (Persons Responsible for the Device) .....	180
7.4.4	Configuration of the Defibrillation Function (Persons Responsible for the Device).....	181
7.4.5	Filter Settings (Persons Responsible for the Device).....	183
7.4.6	Alarm Configuration (Persons Responsible for the Device).....	185
7.4.7	Basic Configuration of the Views (Persons Responsible for the Device).....	187
7.4.8	Configuration of Master Data (Persons Responsible for the Device) .....	188
7.4.9	Configuration of ECG Measurement and ECG Interpretation (Persons Responsible for the Device) .....	189
7.4.10	Demo Mode (Persons Responsible for the Device).....	192
7.4.11	Data Protection Settings (Persons responsible for the device).....	193
7.4.12	Configuration of the Metronome and CPR feedback (Persons Responsible for the Device) .....	194
7.4.13	Configuration of Non-Invasive Blood Pressure Measurement (NIBP) (Persons Responsible for the Device).....	196
7.4.14	Printer Settings (Persons Responsible for the Device).....	198
<b>8</b>	<b>Data Management .....</b>	<b>199</b>
8.1	Creating a Patient File .....	199
8.2	Event Key .....	200
8.3	Handling Data.....	200
8.4	Master data.....	201
8.5	Browser Key .....	202
8.5.1	Protocol.....	202
8.5.2	Mission Browser .....	205
8.6	Analysis of the Data with corpuls.manager REVIEW .....	207
8.6.1	Recording of Realtime Data (RTD) tracks .....	207
8.7	Screenshot .....	207
8.8	Insurance card reader (option) .....	207
<b>9</b>	<b>Telemetry 3.0.....</b>	<b>209</b>

9.1	Configuration of Telemetry (Persons Responsible for the Device) .....	210
9.1.1	Installing the SIM Card .....	211
9.1.2	Configuration GSM modem .....	211
9.1.3	Configuration GPRS connection .....	212
9.1.4	WLAN interface configuration .....	212
9.1.5	Saving telemetry connections (Phonebook) .....	213
9.2	Configuration of Telemetry Services (Persons Responsible for the Device) .....	214
9.2.1	Configuring a connection to corpuls.web LIVE .....	216
9.2.2	Configuration of fax transmission .....	217
9.2.3	Configuration of mission upload .....	217
9.3	Configuration of (W)LAN networks .....	218
9.3.1	Manual network settings .....	220
9.4	Data transmission options .....	220
9.4.1	Live Data Transmission to corpuls.web LIVE .....	221
9.4.2	Sending a D-ECG .....	222
9.4.3	Manually uploading missions to an FTP server .....	223
9.4.4	Manually Establishing a Connection to the Mobile Network .....	224
9.5	Bluetooth .....	224
9.5.1	Configuring a Bluetooth® data interface (Persons Responsible for the Device) .....	224
9.5.2	Configuring Bluetooth® connections .....	226
9.5.3	Establishing and interrupting a Bluetooth® connection .....	227
9.5.4	Data management via Bluetooth® .....	228
9.5.5	Bluetooth connection with corpuls cpr .....	229
9.6	Offline mode .....	229
9.7	webMessage .....	229
<b>10</b>	<b>Maintenance and Tests .....</b>	<b>231</b>
10.1	General Information .....	231
10.2	Function checks .....	232
10.2.1	Daily Checks of the Device .....	233
10.2.2	Monthly Functional Test .....	237
10.3	Automatic Selftest .....	240
10.4	Regular Maintenance Work .....	240
10.4.1	Technical Safety Check .....	240
10.4.2	Metrological Check .....	240
10.4.3	Repair and Service .....	241
10.5	Loading the printer paper .....	241
10.6	Replace battery .....	243
10.7	Cleaning, Disinfection and Sterilisation .....	243

10.7.1	Recommended Cleaning- and Disinfecting Agents.....	244
10.7.2	Monitoring Unit, Patient Box and Defibrillator/Pacer .....	245
10.7.3	Shock paddles .....	246
10.7.4	Baby shock electrodes.....	247
10.7.5	Therapy master cable .....	247
10.7.6	Cable for monitoring functions.....	247
10.7.7	Oximetry sensor.....	248
10.7.8	CO <sub>2</sub> sensor .....	248
10.7.9	NIBP Cuffs and connecting hose .....	248
10.7.10	IBP transducer cable.....	248
10.7.11	Temperature sensor.....	249
10.7.12	Accessory Bag, Carrying Strap and Backpack Carrying Strap.....	249
10.7.13	Charging brackets and MagCode connectors.....	249
10.8	Approved Accessories, Spare Parts and Consumables.....	249
<b>11</b>	<b>Procedure in Case of Malfunctions.....</b>	<b>250</b>
11.1	Device alarms.....	250
11.2	Troubleshooting and Corrective Actions.....	265
11.3	Notifications Message Line and Information in the Protocol .....	276
<b>Appendix</b>	<b>.....</b>	<b>289</b>
A	Symbols .....	289
B	List of Abbreviations.....	296
C	Checklist Functional Check.....	297
D	Factory Settings .....	298
E	Technical Specifications.....	308
F	Biphasic Defibrillator.....	326
G	Safety Information.....	332
H	ECG Analysis during Semi-automatic Defibrillation (AED mode) .....	335
I	corpuls3 HYPERBARIC (HBO) .....	338
J	Major performance characteristics.....	339
K	Guidelines and Manufacturer's Declaration .....	340
L	Warranty .....	345
M	Protection Rights and Patents .....	346
N	Disposal of the Device and Accessories.....	347
O	Note on Data Protection.....	348
P	List of Illustrations .....	349
Q	List of Tables.....	354
<b>Index</b>	<b>.....</b>	<b>357</b>



## Conventions

The following conventions apply in this user manual:

<b>Key</b>	Key on monitoring unit, patient box and defibrillator/pacer
[Softkey]	Softkey on the monitoring unit
"Menu item" ► "Submenu item"	Menu items of the main menu and parameter and curve context menus
"Alarm message"	Messages for physiological and technical alarms on the monitoring unit and patient box
VERBAL MESSAGE	Spoken operating instructions and alarm messages in the AED mode
<b>Operating instruction/ information</b>	Operating instructions and information in the message line of the monitoring unit

# 1 Safety

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## 1.1 General

The corpuls3 may only be operated if:

- in technically perfect condition;
- used as intended (see chapter 2 Appropriate Use, page 5);
- the instructions of this user manual are followed.

Malfunctions must be eliminated immediately (see chapter 11 Procedure in Case of Malfunctions, page 250).

If in this user manual the corpuls3 is mentioned, the information is valid for all functions and all product variants, unless indicated otherwise.

### corpuls3 HYPERBARIC

For the product variant corpuls3 **HYPERBARIC** read and understand Appendix I corpuls3 HYPERBARIC (HBO), page 338.

## 1.2 Operating Staff

The corpuls3 may only be operated by trained medical staff of for example hospitals, doctor's offices and emergency medical services, as well as of authorities and public safety organisations.

The qualified staff must be

- trained in proper handling, use and operation of the device and of the approved accessories as well as be
- trained in basic and advanced resuscitatory measures (BLS and ALS).

### Instructing person

The initial instruction and training on the device must be performed by the manufacturer or by authorised personnel.

### 1.2.1 Restrictions of Use of Therapeutic Functions

Use of the therapeutic functions (defibrillation, cardioversion and pacing) is restricted to qualified and authorised staff.

### Refresher courses in therapeutic use

The manufacturer recommends that persons who use the therapeutic functions of the device should take part in refresher courses regularly. The operating company/operator is responsible for offering such refresher courses.

## 1.2.2 Maintenance

Maintenance work may only be performed by persons who are appropriately trained and authorised by the manufacturer. Non-observance and loss of perfect technical condition due to this will result in invalidation of claims under the warranty.

## 1.3 Related Documents

To guarantee safe and trouble-free operation, read the respective accompanying documents of the accessories.

## 1.4 Information Labels, Warning Labels and Symbols on the Device



Read the user manual



Read the additional instructions in the user manual



USB port (Devices up to 09/2010)



BF (body floating, defibrillation-proof):

An insulated application component of this type is approved for external and internal use on the patient



CF (cardiac floating, defibrillation-proof):

An insulated application component of this type is authorised for use directly on or in the patient's heart



Equipotential bonding



Protection class IP55



Symbol for 2nd generation of radio module (hardware)



Symbol for a 3rd generation module which is incompatible with 2nd or 1st generation modules due to hardware modifications.



Approved for operation in a multiplace hyperbaric chamber for hyperbaric oxygen therapy (HBO) (option). **NOT** approved for monoplace hyperbaric chamber.



MagCode connector is **NOT** approved for operation in a hyperbaric chamber for hyperbaric oxygen therapy (HBO).



Insurance card reader (Option)




Antenna symbol; indicates that the device is emitting non-ionising radiation.



The WEEE symbol (Waste Electrical and Electronic Equipment) indicates that the device should be returned to the manufacturer for proper disposal and recycling.



 CE symbol; the number indicates the competent notified body.



The RCM (Regulatory Compliance Mark) indicates a device's compliance with applicable ACMA (Australian Communications and Media Authority) technical standards for telecommunications, radiocommunications or broadcasting equipment.

**M-LNCS™ only** M-LNCS needs a 15-pole intermediate cable. Make sure that the oximetry sensor is compatible with the oximetry intermediate cable.



Medical product Indicates that the item is a medical device.



Repackaging To identify that a modification to the original medical device packaging configuration has occurred.



Importer Indicates the entity importing the medical device into the locale.



Distributor Indicates the entity distributing the medical device into the locale.



Unique Device Identifier Indicates a carrier that contains Unique Device Identifier information.

Table 1-1 Information Labels, Warning Labels and Symbols on the Device



Fig. 1-1 Sample rating plates

## 1.5 Warnings

A number of actions during the operation of the corpuls3 carry risks for patients, users and third parties. Such actions are indicated by warning notices in this user manual.

The following symbols are used:



**Warning**

"Warning" denotes a dangerous situation. If the warning is not heeded, extremely severe or fatal injuries or substantial material damage may occur.



**Caution**

"Caution" denotes a possibly dangerous situation. If not heeded, minor injuries or slight material damage may occur.

**Note** These paragraphs contain information which must be read and understood.

## 1.6 Special Types of Risk

**Electric shock** The defibrillator emits powerful electrical energy. Severe injuries or death may result if the defibrillator is not used in accordance with this user manual.

- Familiarise yourself with the device and this user manual.

The defibrillator must not be opened. Internal components may carry high voltages.

- If a fault is suspected, have the device checked by the authorised sales and service partner and, if necessary, repaired.

The defibrillator may cause electromagnetic interference, particularly during charging and on triggering the defibrillation shock.

The functioning of devices operated in the vicinity may be compromised.

- Check the effects of the defibrillator on other devices, preferably before an emergency occurs.

**EMC** Electromagnetic fields of other devices may invalidate the ECG readings.

ECG analysis may be impaired. It may be impossible to trigger a defibrillation shock or pacer pulse.

- Read and follow the instructions for operation of the device in chapter 2 Appropriate Use, page 5 in addition to the safety warnings during use.

It is essential to read and follow the safety information in the appendix G (from page 289).

## 2 Appropriate Use

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### 2.1 Intended Use

The corpuls3 is intended

- for measurement and monitoring of vital functions as well as
- defibrillation, cardioversion or cardiac pacing of patients

in the preclinical and clinical field by qualified medical staff trained in the use of the device.

The following monitoring- and diagnostic functions are available:

- ECG
- Diagnostic ECG
- CPR Feedback

Optional:

- Oximetry (SpO<sub>2</sub>)
- Extended oximetry (SpCO<sup>®</sup>, SpHb, SpMet<sup>®</sup>)
- Capnometry (CO<sub>2</sub>)
- Temperature (Temp)
- Non-invasive blood pressure monitoring (NIBP)
- Invasive blood pressure monitoring (IBP)

### 2.2 Appropriate Use

The corpuls3 is intended for use in emergency services on location, in an ambulance, in air rescue vehicles (fixed- or rotary wing aircraft), in the emergency room or similar areas of a hospital. It is also intended to be used during transport of a patient.

According to IEC 60601-1-2, the corpuls3 is intended for use in areas of home health care and in professional healthcare institutions.

The corpuls3 is approved for monitoring in operating diagnostic X-ray units (e. g. computed tomography). Exempt from this is the oximetry option, because the readings might be falsified. When equipped with the HBO (hyperbaric oxygen therapy) option, the corpuls3 is approved for operation in a multiplace hyperbaric chamber up to 3 barg and an oxygen concentration of < 23%.

Intended use of corpuls3 includes the use of accessories which are

- approved by the manufacturer (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) and
- appropriate for the function and patient.

**Warning**

Defibrillation protection for patients, user and third parties **cannot** be guaranteed, if accessories other than those authorised by the manufacturer are used.

The therapeutic functions of defibrillation, cardioversion and pacer must only be performed with constant monitoring of the patient.

If monitoring functions are performed, the patient's condition must also be regularly monitored even when the alarm function is enabled.

**Note** The corpuls3 and the corpuls3T are devices of their own whose modules are **not** interchangeable.

The monitoring unit of the corpuls3 (P/N 04100) may only be used in combination with the patient box (P/N 04200) and the defibrillator/pacer (P/N 04300) or the defibrillator/pacer SLIM (P/N 04301).

The monitoring unit of the corpuls3T (P/N 04101) may only be used in combination with the patient box (P/N 04201) and the defibrillator/pacer (P/N 04302).

## 2.3 Non-intended Use

The corpuls3 is **not** intended for

- operation in the vicinity of readily inflammable substances,
- setup and operation under the influence of strong electromagnetic fields, which occur in the direct vicinity of radio masts, switched-on nuclear magnetic resonance tomography units, high voltage installations and overhead power lines,
- operation in the vicinity of therapeutic radiation units (e. g. tumor treatment),
- operation in a monoplace hyperbaric chamber (option HBO),
- operation in a multiplace hyperbaric chamber with more than 3 barg and/or more than 23 % oxygen concentration (option HBO).
- operation in combination with a high frequency surgical device.

The pacer function must not be used near high frequency surgical devices or microwave therapy devices.

Batteries have to be inserted in the individual modules at all times.

Defibrillation and cardioversion must not be performed without protective measures (see chapter 5.3.1 Information on the AED Mode, page 73 and 5.4.1 Information on Manual Defibrillation and Cardioversion, page 80):

- on a metal surface;
- on a wet surface.

The defibrillator must only be used for defibrillation and cardioversion and must not be used as a stimulation current device or as a pacer.

**Operating place**

Performing therapeutic functions without eye contact with the patient and thus without visual contact with the device that is near the patient is considered **non**-intended use.

Use of accessories on corpuls3 which are not approved by the manufacturer is **not** considered to be intended use.

The pacer may only be used as a transcutaneous pacer.

The pacer must not be used as an intracardial defibrillator.

The corpuls3 may not be used simultaneously on two or more patients.

**Do not use** the therapy master cable corpuls3 SLIM/corpuls1 (P/N 04326.0BA) as extension cable for the therapy master cable at the defibrillator/pacer (P/N 04300). Likewise, the therapy master cable corpuls3 SLIM/corpuls1 must not be combined with a second therapy master cable corpuls3 SLIM/corpuls1.

**Note** Modules of the corpuls3 (P/N 04100, 04200, 04300 and 04301) **must not** be used in combination with modules of the corpuls3T (P/N 04101, 04201 and 04302).



**Warning**

Avoid using the device in immediate vicinity of other devices or stacked with other devices, because this could lead to faulty operation. If use as described above is nevertheless necessary, observe the device and other devices to ensure correct functioning.

The manufacturer cannot accept any liability for damage occurring as a result of failure to use corpuls3 as intended.

## 2.4 Indications and Contraindications

The corpuls3 may only be operated by trained medical staff of e. g. hospitals, doctor's offices and emergency medical services, as well as of authorities and public safety organisations who are familiar with basic patient monitoring, assessment of vital functions, cardiologic intensive therapy and the use of the device.

Use of the therapeutic functions (defibrillation, cardioversion and pacing) is restricted to qualified and authorised staff.

The corpuls3 is used mainly with patients exhibiting symptoms of cardiac arrest or posttraumatic patients. The device may also be used for monitoring one or several vital parameters if those are (optionally) available in the device.

The corpuls3 can be used in paediatric and adult patients. The use of a defibrillator in AED mode is not recommended for patients of less than 12 months of age.

Field of medicine	Indication	Contraindication
Defibrillation, AED	Shockable cardiac arrest (resuscitation) Ventricular fibrillation Tachycardias	Normal ECG rhythm Spontaneous respiration Palpable pulse or other indications of spontaneous circulation Pulseless electrical activity (PEA) Asystole Patient < 12 month old
Defibrillation, manual	Shockable cardiac arrest (resuscitation) Ventricular fibrillation Tachycardias	Normal ECG rhythm Spontaneous respiration Palpable pulse or other indications of spontaneous circulation Pulseless electrical activity (PEA) Asystole
Cardioversion	Certain atrial and ventricular arrhythmias	Non-cardiovertable patient statuses and heart rhythms

Field of medicine	Indication	Contraindication
Pacer	Transcutaneous pacing in tachy-/bradycardial arrhythmias	Normal ECG rhythm Asystole Ventricular fibrillation
ECG, basic and diagnostic	Monitoring and recording of ECG and heart rate of adults, children and neonates with or without cardiac dysfunctions.	n/a
Oximetry	Vital parameters to be monitored, deviating/conspicuous/missing vital parameters	n/a
Capnometry		n/a
NIBP		n/a
IBP		n/a
Temperature		n/a
CPR Feedback	Cardiac arrest (resuscitation)	< 8 years old If cardiac massage is contraindicated

Table 2-1 Indications and Contraindications

Field of medicine	Body area
Defibrillation, AED	Thorax, heart, skin
Defibrillation, manual	Thorax, heart, skin
Cardioversion	Thorax, heart, skin
Pacer	Thorax, heart, skin
ECG, basic and diagnostic	Thorax, extremities, skin
Oximetry	Extremities
Capnometry	Head (airways)
NIBP	Extremities
IBP	Whole body
Temperature	Whole body
CPR Feedback	Thorax, skin

Table 2-2 Body areas of application

## 3 Introduction

### 3.1 Components

The corpuls3 is a portable device with a modular structure which can be used

- as a defibrillator/monitor or
- as a full patient monitor in its own right.

#### Monitoring, diagnostic and therapeutic functions

The corpuls3 provides comprehensive monitoring, diagnostic and therapeutic functions for treatment of emergency and intensive-care patients. Especially as part of the resuscitation of emergency patients, defibrillations, cardioversions or pacer therapies can also be performed, in addition to the monitoring of vital parameters.

Up to 6 leads can be displayed on the screen at the same time. A 12-lead ECG function allows the user a comprehensive ECG diagnosis, which can be optionally supplemented by ECG analysis software.

Further monitoring functions include oxygen saturation measurement (pulse oximetry), carbon dioxide measurement (capnometry) and temperature measurement, in addition to non-invasive and invasive blood pressure monitoring. The recorded measuring values can be displayed both numerically and as a curve. Configurable alarms draw the user's attention to current changes in the patient's condition. All measured values or logs can be printed out on paper.

#### Documentation function

The corpuls3 has extensive documentation functions for internal recording of events, alarms and logs. These can be transferred to external systems for further processing and archiving.

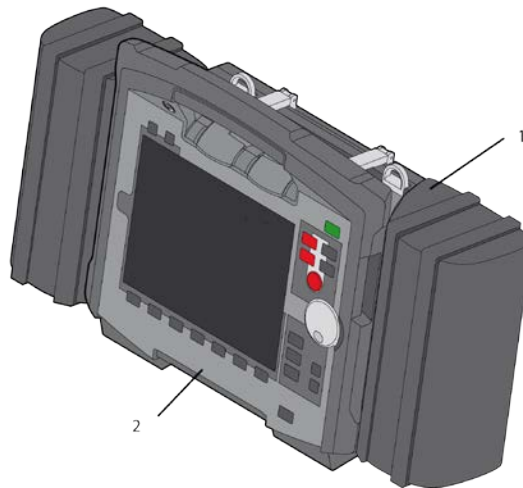


Fig. 3-1 Compact device




- 1 Accessory bag
- 2 Printer

#### Tilting the device

When equipped with the original defibrillator/pacer (P/N 04300), the corpuls3 can be tilted vertically up to 30°. With the defibrillator/pacer unit SLIM (P/N 04301), this is not possible.

Depending on the mission conditions, the monitor can be adjusted to the appropriate visual angle.

The system can be divided into the following three modules:

- Monitoring unit 
- Patient box 
- Defibrillator/pacer 

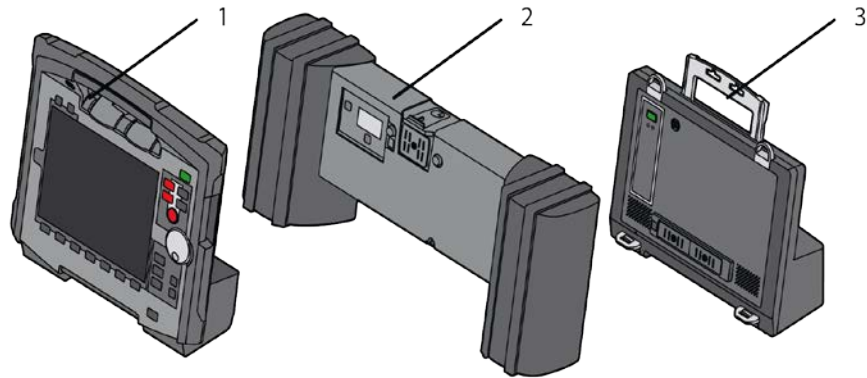


Fig. 3-2 Individual modules

- 1 Monitoring unit
- 2 Patient box
- 3 Defibrillator/Pacer

## 3.2 Device Design

**Usage options** The three modules monitoring unit, patient box and defibrillator/pacer can operate via an infrared connection or, if separated, via radio connection.

The connection status is shown on the screen of the monitoring unit (see Table 4-2, page 40) and the patient box (see Table 4-3, page 44).

**Radio connection** Communication between the modules in semi-modular and modular use is performed by radio up to a distance of 10 m in open terrain.

**Infrared connection** In the connected mechanically state, the modules communicate via an optical infrared connection.

**Note** If the radio connection is interrupted, the modules have to be connected to each other mechanically. The corpuls3 switches automatically from radio connection to infrared connection in this case.

**Note** The antenna of the radio unit in the patient box is located at the top. In case the antenna is shadowed, for example by metallic or metallised objects, the maximal reach of the radio connection may be reduced. This may happen, for example, when the patient box is placed between the patient's legs on the stretcher. If possible, choose a position for the patient box that allows unimpeded view to the other modules.



**Note** The corpuls3 and the corpuls3T are devices of their own whose modules are not interchangeable.

The monitoring unit of the corpuls3 (P/N 04100) may only be used in combination with the patient box (P/N 04200) and the defibrillator/pacer (P/N 04300) or the defibrillator/pacer SLIM (P/N 04301).

The monitoring unit of the corpuls3T (P/N 04101) may only be used in combination with the patient box (P/N 04201) and the defibrillator/pacer (P/N 04302).

The following combinations are possible:



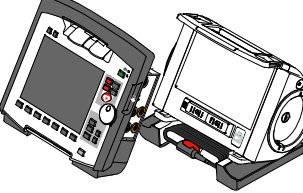

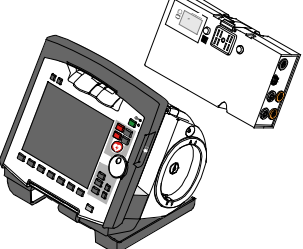
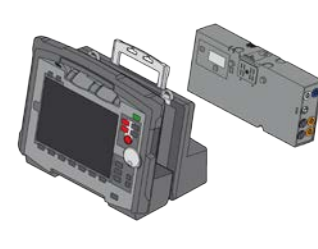
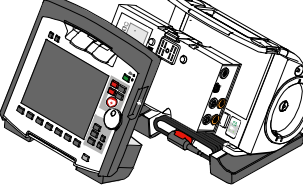
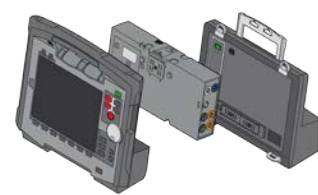
Device Design	corpuls3	corpuls3T (Defibrillator/pacer SLIM)
<p><b>1. Compact device:</b> All three modules are connected mechanically.</p>		
<p><b>2. Semi-modular use:</b> Monitoring unit and patient box are connected, defibrillator/pacer is disconnected.</p>		
<p><b>3. Semi-modular use:</b> Monitoring unit and defibrillator/pacer are connected, patient box is disconnected.</p>		
<p><b>4. Modular use:</b> Monitoring unit, patient box and defibrillator/pacer are disconnected mechanically.</p>		

Fig. 3-3 Usage options of the modular corpuls3

The following combinations are possible when used as a stand-alone patient monitoring system:

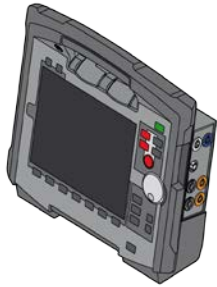
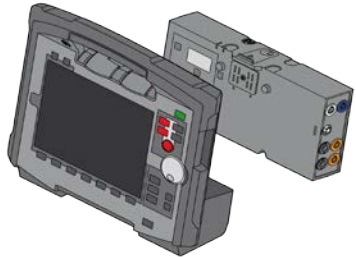
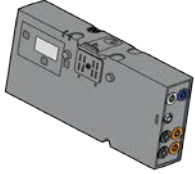
<p><b>1. Compact monitor:</b> Monitoring unit and patient box are connected mechanically.</p>	
<p><b>2. Modular use:</b> Monitoring unit and patient box are disconnected.</p>	
<p><b>3. Patient box:</b> Patient box in stand-alone use for temporary initial monitoring.</p>	

Fig. 3-4 Usage options of the modular corpuls3 as a patient monitoring system

### 3.2.1 Pairing (Connection Authorisation)

The modules of the corpuls3 can be connected to form a functional unit by means of two procedures:

- Pairing and
- Ad-hoc connection

The corpuls3 thus provides the option of substituting individual modules of one compact device for individual modules of the same type from another corpuls3.

**Note** It is not possible to connect a monitoring unit to more than one patient box or one defibrillator/pacer at the same time.

**Pairing** Pairing is a connection authorisation that enables the communication between wirelessly connected modules.

**Ad-hoc connection** An ad-hoc connection allows the use of mechanically connected modules without having to perform a pairing beforehand.

- Prerequisite** For both procedures the following prerequisites apply:
1. For a pairing, monitoring unit, patient box and defibrillator/pacer have to be equipped with radio modules of the same type (hardware version).
  2. If this is not the case, if the hardware version of the radio modules is different (1<sup>st</sup> and 2<sup>nd</sup> generation), those modules can only form an ad-hoc connection.
  3. For both a pairing and for an ad-hoc connection all modules have to be equipped with an identical software version.

**Note** As of July 2011 the corpuls3 comes equipped with a 2nd generation radio module. This new radio module is not compatible with those of the 1st generation.

**Note** As of July 2017 the corpuls3 comes equipped with 3rd generation hardware. These are not compatible with those of the 1st or 2nd generation.

**Labelling of the radio modules** The corpuls3 modules with the 2nd and 3rd generation radio module are labelled with a number symbol. This symbol is attached at the following places:

- Monitoring unit: at the front side, top left,
- Patient box: on top,
- Defibrillator/pacer: at the rear side, on top,
- Defibrillator/pacer SLIM: at front side, top left.

**(2) (3)**

The number symbol indicates a 2nd- or 3rd-generation module.

**Starting a pairing** To start a pairing, proceed as follows:

1. Connect the monitoring unit, the patient box and, if present, the defibrillator/pacer mechanically.
2. The following options are available:
  - a) The message `Perform pairing?` appears.  
Confirm the message by pressing the softkey [Start].
  - b) The message `Perform pairing?` does not appear:  
Select in the main menu "System" ► "Start Pairing".
3. The message `Pairing successful` appears on the screen of the monitoring unit. The three modules now are paired. The corpuls3 is ready for operation via radio connection.

**Starting an ad-hoc connection** To start an ad-hoc connection, proceed as follows:

1. Connect modules mechanically.
2. Do **not** confirm the message `Perform pairing?`.

The message `Ad-hoc connection [MODULE]`, e.g. `Ad-hoc connection P-box` or `Ad-hoc connection Defib` appears on the screen of the monitoring unit. The corpuls3 is ready for operation.

**Note** The connection status is shown by symbols in the status-/alarm line in the upper right corner of the monitoring unit (see Table 4-2 Module connection status, page 40 and Appendix A Symbols, page 289).

**Note** If a new pairing is performed between a monitoring unit and a patient box or with another compact device, the previously saved radio connection authorisation to the patient box or to the defibrillator/pacer is automatically deleted.



**Caution**

When connecting different patient boxes by ad-hoc connection, there can be inconsistent entries in the data management.



**Caution**

During an ad-hoc connection a radio connection to other modules is not possible.



**Warning**

If two modules connected by an ad-hoc connection are separated, a radio connection to the original patient box and defibrillator/pacer is automatically re-established.

### 3.2.2 Monitoring Unit

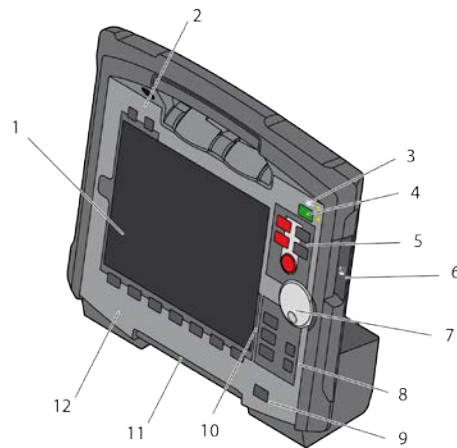


Fig. 3-5 Monitoring unit

- 1 Screen
- 2 Function keys Alarm and Event
- 3 LED Power supply/State of charge
- 4 On/Off key with LED Operating status
- 5 Defibrillation mode function keys
- 6 Insurance card reader
- 7 Jog dial and alarm light
- 8 Function keys for navigation
- 9 Print key
- 10 Operating mode keys
- 11 Printer
- 12 Softkeys

The monitoring unit is the central user interface of corpuls3. The monitoring unit comprises the screen (item 1), the printer (item 11) and the insurance card reader (item 6, option), as well the jog dial (item 7), the function keys (items 2, 5, 8 and 9), the operating mode keys (item 10) and the softkeys (item 12).

The jog dial is used to navigate in the main menu, the parameter and curve context menus and in the display areas on the screen.

An alarm light is integrated into the jog dial.

The monitoring-, pacer- and mission browser functions can be selected directly by pressing the operating mode keys.

**Softkey assignments** Softkey assignment varies depending on the selected function. Softkey assignments are described in the chapters dealing with the respective functions.

**Interfaces** Fig. 3-6 shows the interfaces at the monitoring unit.

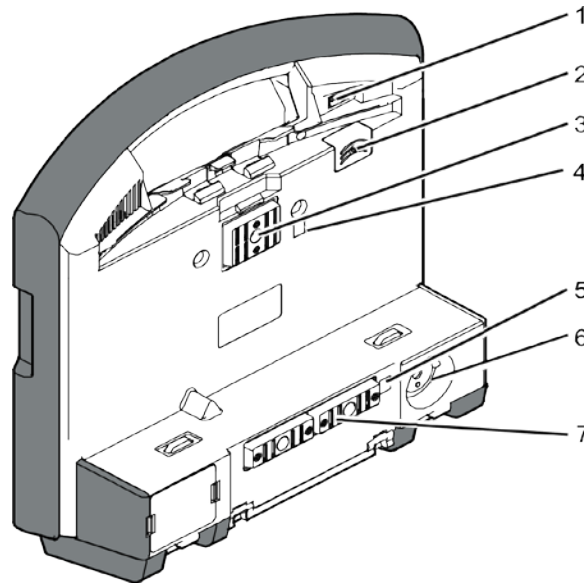


Fig. 3-6 Monitoring unit, rear view

- 1 Cover for LAN interface (option)
- 2 SIM card slot (slot for SIM card tray)
- 3 Contact element with patient box
- 4 Infrared interface with patient box
- 5 Infrared interface with defibrillator/pacer
- 6 Charging cable magnetic plug socket
- 7 Contact element with defibrillator/pacer

### 3.2.3 Patient Box and Accessory Bag

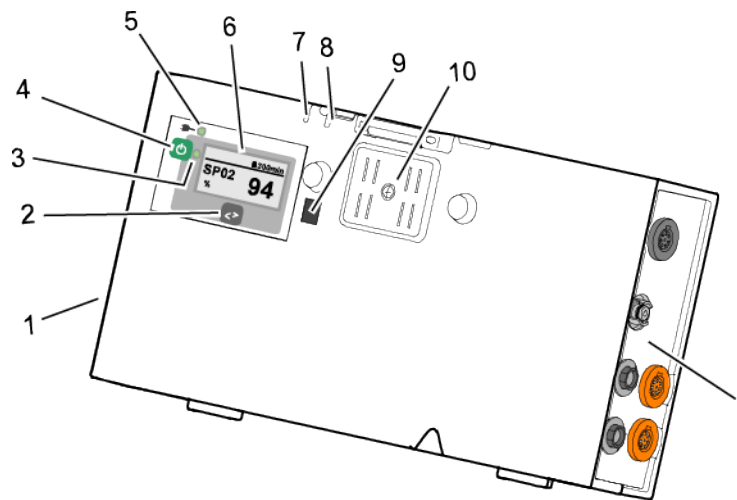


Fig. 3-7 Patient box (illustration may differ)

- 1 Sensor interfaces
- 2 Multifunction key
- 3 Multifunction LED operating status/HR/alarm
- 4 On/Off key
- 5 LED Power supply/State of charge
- 6 Screen
- 7 Microphone
- 8 Acoustic alarm (pulse signal indicator)
- 9 Infrared interface with monitoring unit
- 10 Contact element with monitoring unit

The patient box monitors and records the monitoring sensor signals. The sensors of the various monitoring functions are connected to it.

The patient box can be used as a stand-alone unit (without the monitoring unit) for patient monitoring. The screen (item 6) on the patient box shows the following:

- The readings of the monitoring functions,
- Physiological and technical alarms,
- Heart rate is visually represented by an LED (item 3).

### Patient Box Interfaces

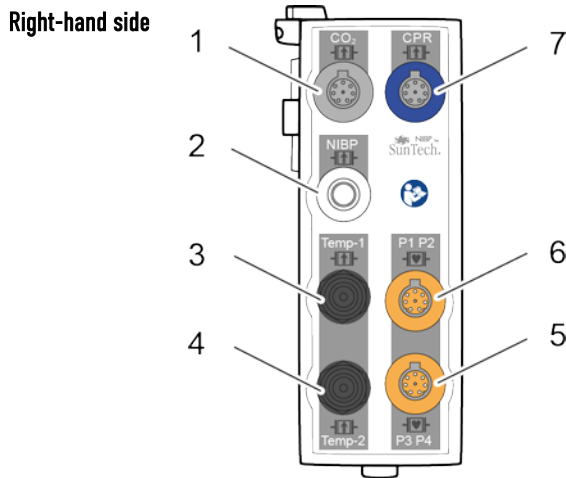


Fig. 3-8 Patient Box Interfaces, right hand side

- 1 CO<sub>2</sub>: sensor for capnometry
- 2 NIBP: sensor for non-invasive blood pressure monitoring
- 3 Temp-1: temperature sensor
- 4 Temp-2: temperature sensor
- 5 P3 P4: sensor for invasive blood pressure monitoring (channels 3 and 4)
- 6 P1 P2: sensor for invasive blood pressure monitoring (channels 1 and 2)
- 7 CPR: CPR feedback sensor

### Left-hand side

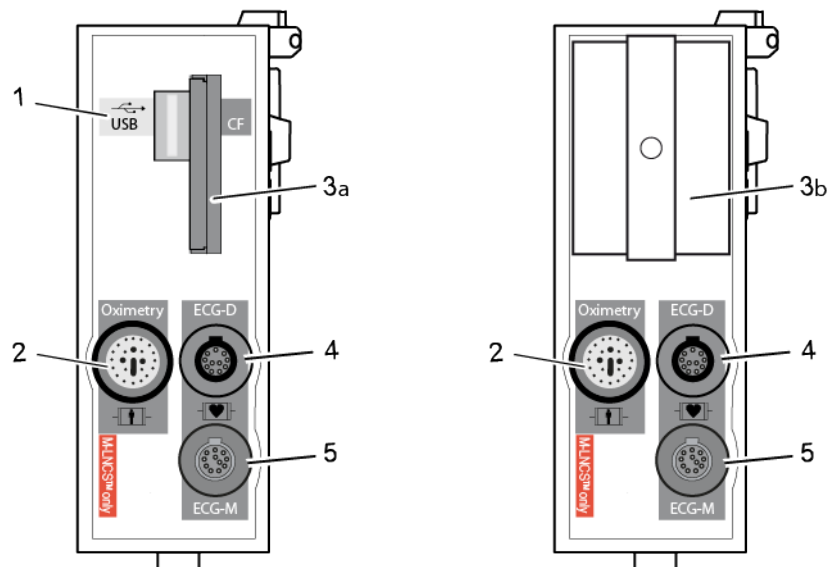


Fig. 3-9 Patient Box Interfaces, left hand side

- 1 USB port (devices up to 09/2010)
- 2 Oximetry: interface for oximetry sensor
- 3a CF: Slot for CompactFlash® card for data storage
- 3b Fixed cover over CF card
- 4 ECG-D: complementary ECG diagnostic cable
- 5 ECG-M: ECG monitoring cable



Caution

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At the moment, connecting USB devices or -cables to the USB port is not allowed.

---

## Accessory Bag

An accessory bag is available for the patient box (P/N 04221.1).

The accessory bag is used to store the preconnected cables as well as the sensors and ECG electrodes, so that they are quickly accessible during use.

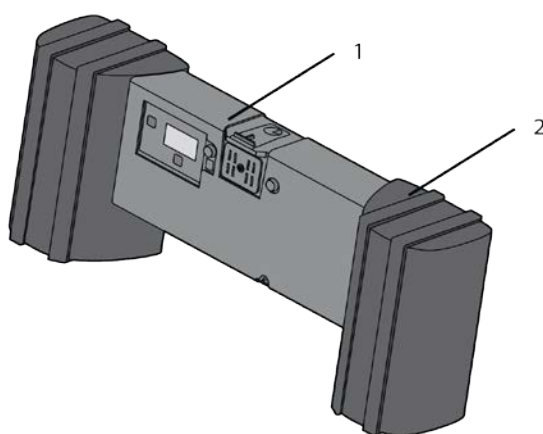


Fig. 3-10 Patient Box with Accessory Bag

- 1 Patient box
- 2 Accessory bag

Chapter 4.5 Accessory Bag, page 61 contains information on installing and packing the accessory bag.



### 3.2.4 Defibrillator/pacer

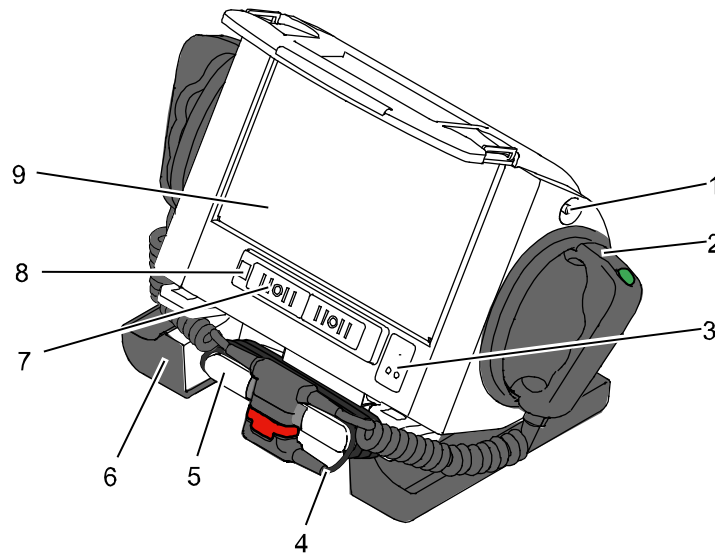


Fig. 3-11 Defibrillator/Pacer

- 1 Equipotential bonding pin with insulating cap
- 2 Shock paddle
- 3 On/Off key
- 4 Therapy master cable with plug
- 5 Cable socket with test contact
- 6 Stand and storage compartments
- 7 Contact element with monitoring unit
- 8 Infrared interface with monitoring unit
- 9 Compartment for corPatch electrodes

The therapy electrodes have to be connected to the therapy master cable (Fig. 3-11, item 4). The therapy master cable can be wound around the socket (Fig. 3-11, item 5). The plug can be lodged in the socket for storage.

Via the equipotential pin (Fig. 3-11, item 1) equipotential bonding can be performed in clinical use. For this, the insulating cap has to be removed and the cable of the equipotential bonding device has to be connected to the equipotential bonding pin.

The shock paddle marked with the green label APEX must be positioned in the right-hand shock paddle holder to ensure that the twistproof plug connector on the therapy master cable is correctly aligned. For guidance, identical labels for the APEX and STERNUM shock paddle are located on the side of the defibrillator/pacer. The plug can be lodged in the socket for storage.

The stand (Fig. 3-11, item 6) additionally serves as a storage compartment for electrode gel and razors, etc.

The angle of the defibrillator/pacer (not the SLIM) can be tilted vertically (30°) to achieve an optimal view of the screen during use.

**Note** The requirements from IEC 60601-1 for medical electric systems have to be taken into account.

### 3.2.5 Defibrillator/Pacer SLIM

The defibrillator/pacer SLIM differs from the previous defibrillator/pacer only in terms of form, size and weight.

The basic functions are identical.

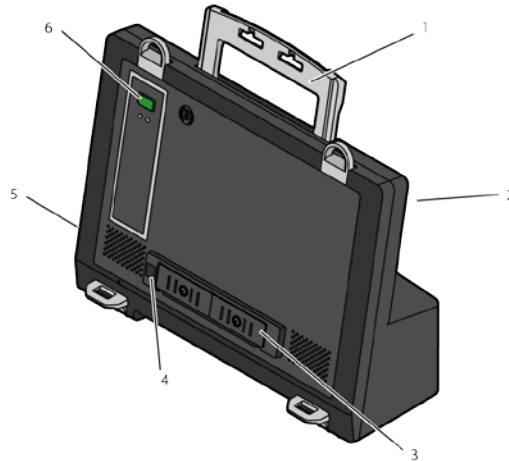


Fig. 3-12 Defibrillator/Pacer SLIM

- 1 Carrying handle and lock
- 2 Therapy socket
- 3 Contact element with monitoring unit
- 4 Infrared interface with monitoring unit
- 5 Equipotential bonding pin with insulating cap
- 6 On/Off key

The therapy electrodes have to be connected to the therapy socket (Fig. 3-12, item 2). Via the equipotential pin (Fig. 3-12, item 5) equipotential bonding can be performed in clinical use. For this, the insulating cap has to be removed and the cable of the equipotential bonding device has to be connected to the equipotential bonding pin.

**Note** The requirements from IEC 60601-1 for medical electric systems have to be taken into account.

### 3.2.6 Brackets

Various brackets, with and without power supply, are available for the device in compact, semi-modular or modular use.

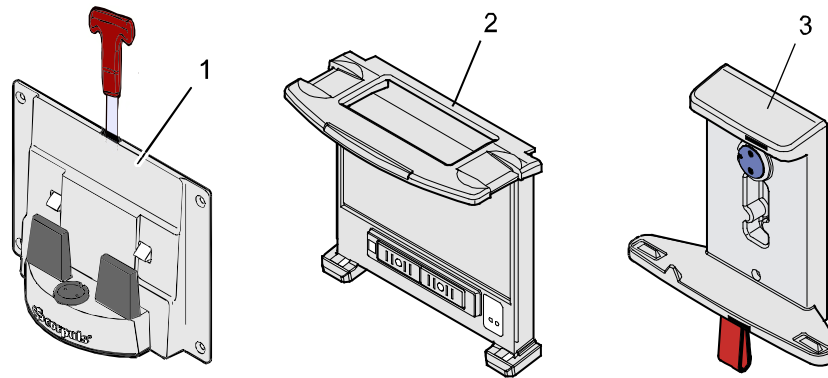


Fig. 3-13 Brackets

- 1 Defibrillator/compact device bracket
- 2 Monitoring unit bracket
- 3 Patient box bracket

How to insert the modules into the brackets is described in chapter 4.6 Inserting the Device into the Brackets, page 65.

**Note** The defibrillator/compact device charging bracket has to be installed vertically (not on the floor or the ceiling), to ensure sufficient contact with the MagCode connector via gravity.

Bracket	Use	Power supply
Bracket for defibrillator/compact device	Defibrillator/pacer and all modules connected mechanically to the defibrillator/pacer	<ul style="list-style-type: none"> <li>▪ 12 V DC</li> <li>▪ No power supply</li> </ul>
Monitoring Unit Bracket	Monitoring unit and patient box connected mechanically to the monitoring unit	<ul style="list-style-type: none"> <li>▪ 12 V DC</li> <li>▪ No power supply</li> </ul>
Bracket for patient box	Patient Box	<ul style="list-style-type: none"> <li>▪ 12 V DC</li> <li>▪ No power supply</li> </ul>

Table 3-1 Brackets and power supply options

The charging brackets can also be connected to voltages other than 12 V DC using DC/DC or AC/DC converters.

### 3.3 Description of the Monitoring, Diagnostic and Therapeutic Functions

#### 3.3.1 Monitoring and Diagnostic Functions

The corpuls3 has the following monitoring and diagnostic functions:

- ECG
- Diagnostic ECG
- CPR Feedback

Optional:

- Oximetry (SpO<sub>2</sub>)
- Extended oximetry (SpCO<sub>2</sub><sup>®</sup>, SpHb, SpMet<sup>®</sup>)
- Capnometry (CO<sub>2</sub>)
- Temperature (Temp)
- Non-invasive blood pressure monitoring (NIBP)
- Invasive blood pressure monitoring (IBP)

<b>ECG</b>	With the 4-pole ECG monitoring cable, the bipolar extremity leads according to Einthoven (I, II, III) and the unipolar extremity leads according to Goldberger (aVR, aVL, aVF) can be recorded and displayed on the monitor.
<b>Diagnostic ECG</b>	By combining the 4-pole ECG monitoring cable with the complementary 6-pole ECG diagnostic cable (chest wall leads according to Wilson (V1-V6)), 12 channels can be displayed simultaneously. This enables a comprehensive ECG diagnosis which can be supported by the ECG measurement HES <sup>®</sup> Light and an optional ECG analysis software.
<b>CPR Feedback</b>	During resuscitation, the CPR feedback option monitors the current compression rate and -depth of the thorax compressions by means of the corPatch CPR sensor. Speech- and text messages signal to the user whether the quality of the thorax compressions is sufficient or can be optimised.
<b>Oximetry and extended oximetry options</b>	Besides the peripheral pulse rate (PR), oximetry measures the perfusion index (PI) and the arterial oxygen saturation (SpO <sub>2</sub> ). Extended oximetry options (available only with with Masimo Rainbow SET <sup>®</sup> Technology) include measurement of the methemoglobin level (SpMet <sup>®</sup> ) and, depending on the used oximetry sensor, the level of carboxyhemoglobin (SpCO <sub>2</sub> <sup>®</sup> ) in percentage or the level of total hemoglobin (SpHb) in g/dl or mmol/l. Up to 6 parameter fields can be configured for display of numeric values. A curve field can display the oximetry plethysmogram.
<b>Capnometry</b>	The capnometer, which operates according to the mainstream method, measures the CO <sub>2</sub> concentration in the patient's expiratory breath in real time. The CO <sub>2</sub> concentration, measured in mmHg or kPa, can be displayed on the screen as a capnogram. The corpuls3 allows use of capnometry in intubated and non-intubated patients. The patient's respiration rate is measured as an additional parameter.
<b>Temperature</b>	Up to two temperature values can be measured by means of temperature sensors and displayed as numerical values: body core temperature rectally and/or oesophageally and surface temperature.

**Non-invasive blood pressure measurement (NIBP)**  
**Invasive blood pressure measurement (IBP)**

The non-invasive blood pressure function (NIBP) allows blood pressure monitoring on one extremity. A selection of operating modes for adults, children and infants is available.

The invasive blood pressure function (IBP) allows the invasive measurement of various different pressures as part of intensive medical care of the patient. These include, among others, arterial pressure, central venous pressure and intracranial pressure, etc.

Two interfaces are available which can be assigned as single channels or as double channels, respectively. Consequently, up to four different invasive pressure measurements can be performed simultaneously. The recorded pressure values can be displayed on the screen either as numerical parameters and/or as a curve.

### 3.3.2 Therapeutic Functions

corpuls3 provides the following therapeutic functions:

- Defibrillation
- Cardioversion
- Pacer therapy

#### Defibrillation and Cardioversion

The defibrillator which operates with the corpuls3-specific biphasic pulse has two operating modes:

- Automatic external defibrillation (AED mode)
- Manual defibrillation and cardioversion (manual mode)

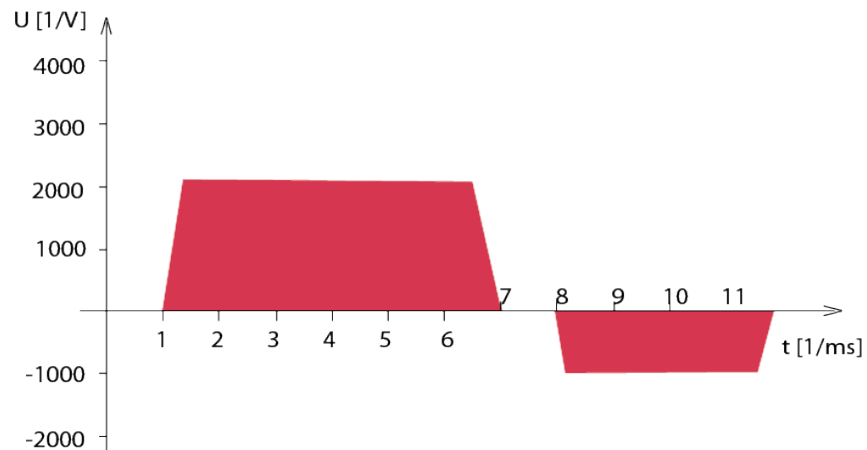


Fig. 3-14 Biphasic defibrillation pulse 6/4 (qualitative representation)

**Note** By default, the biphasic defibrillation impulse 6/4 is set. Upon request, the biphasic defibrillation impulse 4/3 can be configured by a service technician.

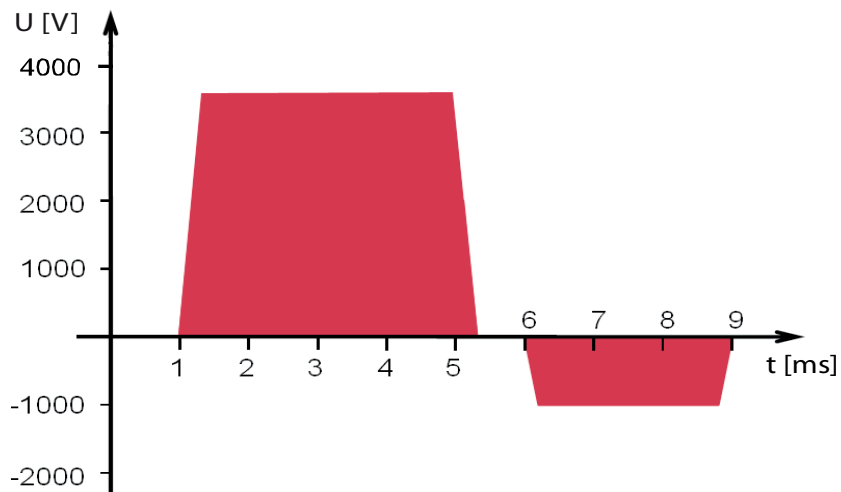


Fig. 3-15 Biphasic defibrillation pulse 4/3 (qualitative representation)

In AED mode, the user is assisted by an automated ECG analysis, verbal instructions (configurable) and a metronome (configurable). The defibrillation pulse is triggered by the user.

The algorithm of the AED mode is governed by the current recommendations.

In manual defibrillation mode, the user has full freedom of action and decision-making. The metronome (configurable) is available in this mode as well.

#### Defibrillation electrodes

Defibrillation can be performed with corpuls3 using plate electrodes, so-called shock paddles, disposable adhesive electrodes, so-called corPatch electrodes and internal shock spoons.

#### Energy selection

There are three different options for selecting energy in manual mode:

- **Softkeys**

The softkeys allow a choice of predefined energy settings (depending on which electrodes are connected, e. g. for adults 50 J, 100 J, 150 J, 200 J).

- **Jog dial**

The jog dial allows selection of 2 J, 3 J, 4 J and 5 J and subsequently in 5 J-increments up to a maximum energy of 200 J.

- **Shock paddles**

By short-circuiting the shock paddles, the energy can be selected by pressing the release buttons. This function allows the same energy selection as with the jog dial.



#### Warning

A cardioversion may lead to fibrillation or asystole. When performing a cardioversion, mind the following:

- The ECG has to be stable with a heart rate of at least 60/min.
- The synchronisation mode has to be set to SYNC.
- The QRS marks (triangles) have to mark each QRS complex. Do **NOT** rely on the QRS-/pulse tone alone.
- The shock release has to be effected according to valid guidelines.
- To release a shock, the **Shock** key at the monitoring unit or the buttons at the shock paddles have to be held down until a shock is released.

## Pacing

By electrical stimulation of the heart muscle, the external pacer of corpuls3 can supplement, positively influence or completely take over its function. The pacer emits pacing pulses to the patient's heart muscle through the corPatch electrodes attached to the chest/back.

With the pacer function, the FIX and DEMAND operating modes are available as well as the function OVERDRIVE.

**FIX** In the FIX operating mode, the heart muscle is stimulated regardless of the patient's own heart rate.

**DEMAND** The pacer only stimulates in DEMAND mode when the patient's own heart rate falls below the pre-set pacing frequency. The automatic R-wave recognition prevents pacing during the vulnerable phase of the heart.

**OVERDRIVE function** The OVERDRIVE function allows manual reduction of a patient's high heart rate. The maximum pacing frequency is  $f \leq 300/\text{min}$ .

Frequency and intensity	Minimum	Maximum	Increments
Pacing frequency FIX operating mode	30 /min	150 /min	5 /min
Pacing frequency DEMAND operating mode	30 /min	150 /min	5 /min
Pacing frequency OVERDRIVE function	30 /min	300 /min	1 /min
Intensity	10 mA	150 mA	5 mA

Table 3-2 Frequency and intensity

## 3.4 Alarm Management

The alarm management of the corpuls3 classifies all alarms into three different priorities, into physiological and technical alarms as well as into active and non-active alarms.

**Priorities** High-priority alarms warn the user of immediate lethal or irreversible injuries of the patient or of malfunctions in the device. High-priority alarms cannot be interrupted by medium-priority- or low-priority alarms.

Medium-priority alarms warn the user of immediate reversible injuries of the patient or of minor malfunctions in the device. Medium-priority alarms cannot be interrupted by low-priority alarms. High-priority alarms always take precedence over medium-priority- or low-priority alarms.

Low-priority alarms warn the user of minor injuries of the patient that may occur later or of minor limitations to the functionality of the device. High- and medium-priority alarms always take precedence over low-priority alarms.

**Physiological and technical alarms** The physiological alarms are displayed if measured values exceed or fall below the pre-set limit values of the alarm. Technical alarms are displayed, if there is a malfunction in the device. If the corpuls3 is in AED- or manual defibrillation mode, the physiological alarms are not signalled.

If the alarming is disabled for an individual alarm, pertaining active alarms will be confirmed automatically.

**Note** The physiological and technical alarms and the necessary troubleshooting measures are listed in chapter 11 Procedure in Case of Malfunctions, page 250.

**Active and non-active alarms** Alarms are active, if the conditions that trigger the alarm are present. If alarms are confirmed by pressing the **Alarm** key, they are no longer indicated in the status-/alarm line. Some alarms, however, are still listed in the alarm history as non-active for information, even if the conditions that trigger the alarm have been remedied.

**Alarm signals at monitoring unit and patient box**

The corpuls3 issues visual alarm signals at the monitoring unit and at the patient box. If there is no connection between the monitoring unit and the patient box, acoustic alarm signals are issued at both modules. If there is a connection, acoustic alarms are issued only at the monitoring unit.

No alarm signals are issued at the defibrillator/pacer. Alarms of the defibrillator/pacer are signalled at the monitoring unit.

**Covert mode**

If the covert mode function is enabled, all signalisations of the device via speakers (start-up tone, speech messages, ready signal, key tones, alarms etc.) as well as the lightening up of the jog dial are completely disabled. It is recommended to use this function only for special surroundings and not for everyday missions. All alarms can still be viewed in the alarm history on the monitoring unit.

**Warning**

Using the Covert Mode requires particular diligence and attention of the user, as otherwise it can lead to serious or lethal injuries of the patient. In this device mode, the user must have direct eye contact to the patient and the device at all times.

**Clinic mode**

The clinic mode is intended for corpuls3 devices that are used in a hospital. After this function has been enabled by the user OPERATOR, low priority alarms are repeated every 30 s until they are confirmed. High- and medium priority alarms are unchanged. All alarms can still be viewed in the alarm history on the monitoring unit.

**Warning****Potential danger due to inappropriate alarm presets in area of application!**

If the user operates the device in an area of application other than the usual, the alarm settings may cause misunderstandings.

Adjust alarm settings.

### 3.4.1 Alarm Signals at the Monitoring unit

Physiological and technical alarms are signalled at the monitoring unit via the status-/alarm line, the vital parameter field, the jog dial and by acoustic signals. The positions of the operation- and display elements are described in chapter 4.1 Operating- and Screen Elements, page 35.

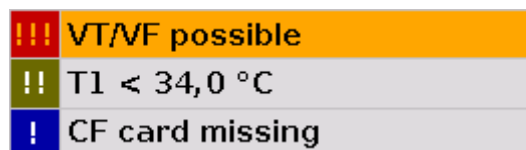

**Alarm signal in the status-/alarm line**

Fig. 3-16 Alarm messages in the alarm history

- The symbol  indicates an alarm.
- The number in brackets indicates the number of active alarms (here 4 alarms)
- The number of exclamation marks indicates the priority of the alarm (!!! – high; !! – medium; ! – low)
- The colour of the status-/alarm line indicates the priority of the alarm (red – high; yellow – medium; blue – low)
- The alarm is displayed as a text message together with the pre-set limit value.



Pressing the **Alarm** key once opens the alarm history which lists the last 8 alarms. The individual alarms can be confirmed by pressing the **Alarm** key again. In this case, the most recent alarm message is deleted from the status-/alarm line of the monitoring unit and from the screen of the patient box.



**Warning****Delayed recognition of critical patient status!**

The alarm functions "Alarm OFF" and "Autolimits" can also be operated remotely with the corpuls.mobile **REMOTE** App. This may cause a delay in recognising critical patient status.

Keep direct eye contact to the patient at all times.

**Sorting of alarm history**

In the alarm history all active and non-active alarms are displayed that have not yet been confirmed; with the alarms being sorted top-down from active (top) to non-active (bottom). Within the active and non-active alarms, the alarms are sorted by priority and then in descending order by the time of their occurrence.

**Note** The alarm history can contain up to 256 alarms. Preferably these should be confirmed as soon as possible. If more than 256 un-confirmed alarms accumulate, the oldest alarm is overwritten.

**Note** Certain technical alarms are displayed in red type. These alarms cannot be deleted from the status-/alarm line and alarm history.

Alarm signal in parameter field displayed in inverted colours:



Fig. 3-17 Inverted parameter field



- This display appears only for physiological alarms.
- The parameter field can only be displayed in inverted colours when the display of this parameter field is configured.
- The parameter field remains in inverted colours for as long as the measured value falls below or exceeds the pre-set limit value or until the alarm for this measured value is disabled. This applies regardless of whether the alarm message in the status-/alarm line has been confirmed by pressing the **Alarm** key or not.

Alarm signal via the jog dial:

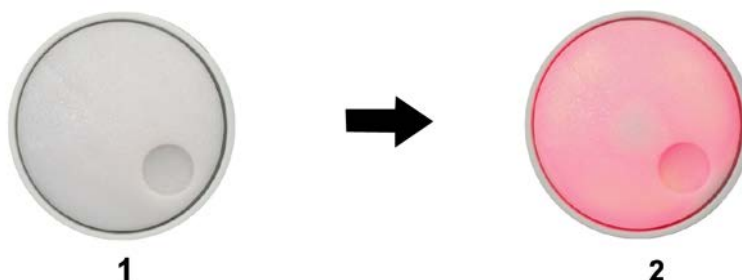


Fig. 3-18 Jog dial

- 1 Not illuminated
- 2 Illuminated to indicate an alarm

- The alarm with the currently highest priority is indicated by the colour blue, yellow or red (in older devices only red) as well as by the flashing speed of the jog dial.
- The priority of the alarm determines the flashing speed. The flashing speed increases with the priority.

**The acoustic alarm sounds:**

- The alarm with the highest priority is signalled acoustically.
- The type of sound helps the user to differentiate between low-, medium- and high-priority alarms.

**Warning****Non-recognition of alarm conditions**

Set the volume of the acoustic alarm so that it cannot fail to be heard in loud environments.

**Minimal volume Volumee**

The minimal volume can be configured by the user OPERATOR to prevent that alarms are not heard in loud surroundings. The user cannot set the volume lower than the minimal volume defined by the user OPERATOR.

**Alarm suspension**

If the **Alarm** key is pressed for more than 3 s, physiological alarms can be suspended briefly or, depending on the configuration set by the operator, also permanently. Prerequisite is that this has been configured accordingly in the settings (see chapter 7.4.6 Alarm Configuration (Persons Responsible for the Device), page 185).

If the alarm suspension has been activated, it can also be deactivated again by pressing the **Alarm** key for more than 3 s.

**Note**

If for one parameter the alarm has been disabled by selecting "Alarm OFF and the parameter field is no longer displayed, the alarm will automatically be re-enabled.

**Defibrillation mode**

Only technical alarms are displayed in defibrillation mode. Physiological alarm limits are not monitored. No physiological alarm events are saved in defibrillation mode.

**Warning**

The patient must not be left unattended when defibrillation mode is selected.

**Configuration of alarms**

Manual and automatic configuration as well as all further settings (saving, volume, etc.) with reference to the alarm function of the monitoring unit can be found in chapter 7.3 Alarm Configuration, page 172.

**Situation after switching on**

After switching on, the settings entered by the person responsible for the device apply. Differing alarm settings are only saved permanently if the user has the appropriate authorisation.

**Warning**

Night vision goggle (NVG/NVIS)-compatible monitoring units differ from the above description as follows:

- The illumination of the jog dial for signalling an alarm is not red but cyan (light-blue).
- The maximum brightness of the illumination of the jog dial is only 5% of the regular configuration.
- The signalling of an alarm via the jog dial is not visible in daylight and difficult to see in the twilight.
- The representation of colours on the screen differs. Due to this, signal colours may not be recognised as such.

### 3.4.2 Alarm Signals at the Patient box

Physiological and technical alarms are signalled on the patient box in various ways:

**Alarm message on the patient box screen:**

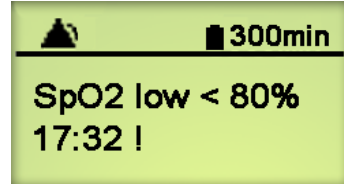



Fig. 3-19 Alarm message on the patient box screen

- The symbol  indicates an alarm.
- The number in brackets indicates the number of active alarms (here 1 alarm).
- The number of exclamation marks indicates the priority of the alarm (!!! – high; !! – medium; ! – low)
- The alarm is displayed as a text message together with the pre-set limit value and the timestamp of the alarm.



The individual alarms can be confirmed by pressing the **Multifunction** key once. If a radio connection to the monitoring unit exists, the most recent alarm message is deleted from the status-/alarm line and alarm history of the monitoring unit and from the screen of the patient box.

#### **The acoustic alarm sounds:**

Acoustic alarms are only signalled, if no radio connection to the monitoring unit exists.

If a connection to the monitoring unit exists, the acoustic alarm only sounds on the monitoring unit; the alarm on the patient box is suspended.

#### **Configuration of alarms**

The alarm limits can be modified on the monitoring unit. Manual and automatic configuration in addition to further settings pertaining to the alarm function can be found in chapter 7.3 Alarm Configuration, page 172.

#### **Situation after switching on**

After switching on, at first the settings entered by the person responsible for the device apply. Differing alarm settings are only saved permanently if the user has the appropriate authorisation.

## 3.5 Energy Management

### Influence of the modular structure

Energy management is of paramount importance owing to the modular structure of the corpuls3.

The corpuls3 and the individual modules can be operated on battery alone or on 12 V DC power supply or via a separate charger (only 230 V AC).

### 3.5.1 Battery Operation

#### Identical lithium-ion batteries

The three modules of corpuls3 each have their own lithium-ion battery. The batteries are identical and have an integrated microchip which records the history of use.

Each of these batteries can be replaced manually and without use of tools. Exchanging the batteries for one another within the corpuls3 is also possible. Information on replacing the batteries can be found in chapter 10.6 Replace battery, page 243.

When the modules of the corpuls3 are connected mechanically (compact device or semi-modular use), the energy is drawn from the battery with the currently highest state of charge. If the state of charge is identical in all batteries, the corpuls3 accesses all available batteries equally.

#### Empty or faulty batteries

If only a low level of charge remains in the battery of one module, it is possible to access the energy reserves of the other batteries by connecting this module to one or both other modules.

**Note** If the state of charge of a battery is less than 20 %, an alarm message for the respective module is triggered.

**Note** To guarantee a sufficient charge, the corpuls3 has to be inserted into the charging bracket or connected to the external charger.

One battery with adequate charge is sufficient to operate the device reliably as compact device.

Energy exchange or mutual charging between the batteries does not occur.

The corpuls3 as well as the individual modules can be operated on battery, directly on 12 V DC or via a separate charger (230 V AC).

**Note** The corpuls3 is only intended for use with all three batteries inserted.

#### Remaining running time display

To be able to offer the user the maximum possible safety, the corpuls3 calculates the remaining running time and indicates this in minutes. In calculating the remaining running time, the device takes the current energy consumption into account.

The remaining operating time is displayed in the status-/alarm line of the monitoring unit (Fig. 3-20).

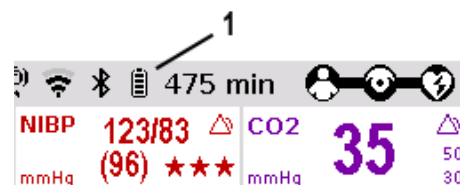


Fig. 3-20 Remaining running time of the corpuls3 in the current operating status

1 Battery symbol and remaining running time in minutes

In case of modular use of the patient box, the remaining running time of the patient box, taking into account the current energy consumption, is displayed (Fig. 3-21).

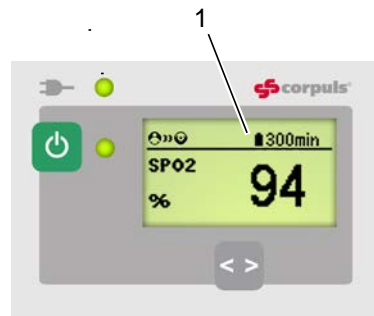


Fig. 3-21 Remaining running time of the patient box

1 Battery symbol and remaining running time in minutes

Alternatively, the state of charge of the batteries in percent can be viewed in the system info. Select in the main menu "System" ► "Info".

#### Battery charging

Since each module has a charge controller, it can be charged individually and independently from the other modules.

Furthermore, in compact or semi-modular use, the system can also be charged by only one magnetic contact. In this case, the charging time is independent of whether only one or several modules are simultaneously charged by an external power supply.

During charging, the corpuls3 system can be operated.

#### Battery maintenance

Special maintenance of the batteries is not required. Nevertheless, charging and/or operating under extreme temperatures should be avoided as far as possible. This and extreme temperature fluctuations limit the service life of lithium-ion batteries. It is therefore recommended to charge the batteries within a temperature range from 12°C to 40°C. Periodic replacement of the batteries after 3 years is recommended.

#### Operating time

- Compact device: approx. 7-10 hours
- Patient box: approx. 4-6 hours
- Monitoring unit: approx. 4 hours (at 70% background illumination)
- Defibrillator/Pacer: up to 200 shocks at 200 J

#### Charging time

- From 0 to 80 %: approx. 1 hour
- From 0 to 90 %: approx. 1.5 hours
- From 0 to 100 %: approx. 2 hours

#### Note

The batteries have an internal protection which could delay or interrupt the charging process at ambient temperatures of higher than 50°C.

### 3.5.2 Mains Operation

#### Operation with 12 V DC

The compact device and each individual module can be operated directly with 12 V DC.

#### Use of a mains charger

In combination with a multi-range mains charger, the compact device and the individual modules can also be connected to and operated with voltage sources of 100 V to 250 V AC. Operation with the mains charger on a source of alternating current functions regardless of whether no batteries, empty batteries or faulty batteries are used.

#### Note

The corpuls3 and the AC converter form a medical electric system.

#### State of charge display

The current state of charge of the batteries is displayed on the status-/alarm line of the monitoring unit (Fig. 3-22).

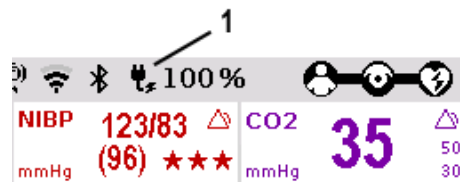


Fig. 3-22 Display of the current state of charge of the batteries on mains operation

1 Symbol for mains connection and state of charge of the batteries in percent

#### Charging brackets

The voltage can also be supplied by the three available charging brackets:

- Compact device bracket 12 V DC (P/N 04400)
- Monitoring unit wall mounting bracket 12 V DC (P/N 04401)
- Patient box bracket 12 V DC (P/N 04402)

These brackets can also be connected to voltages sources other than 12 V DC via DC/DC or AC/DC converters.

#### Charging during operation

If batteries are present in the device, they will be charged during use.

#### Magnetic contact field

Each of the three modules has its own magnetic contact field for power supply. The flow of energy only begins when the corresponding magnetic mating component (magnetic clip or bracket supplied with voltage) is applied in the correct position (observe groove). The magnetic clip releases itself automatically if the pulling force becomes excessive and so prevents damage to the connector and the cable.

The connection (item 1, Fig. 3-23) on the defibrillator/pacer is used for power supply of

- the entire device in compact use,
- the defibrillator/pacer and the monitoring unit in semi-modular use or
- the defibrillator/pacer in modular use.

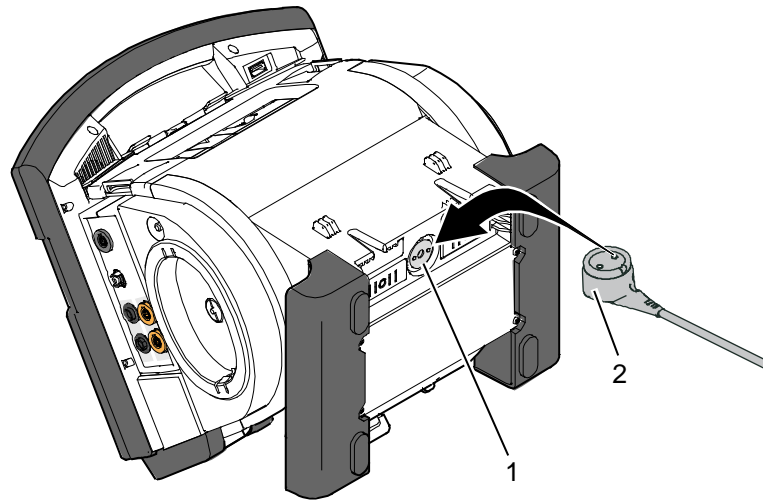


Fig. 3-23 Compact device, power supply (illustration may differ)

- 1 Power supply connection
- 2 Magnetic clip

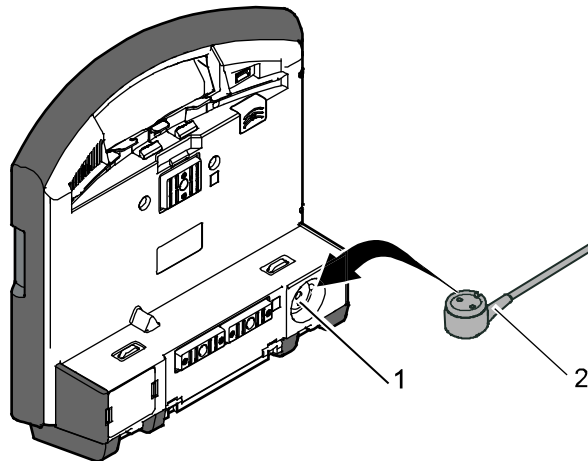


Fig. 3-24 Monitoring unit, power supply

- 1 Power supply connection
- 2 Magnetic clip

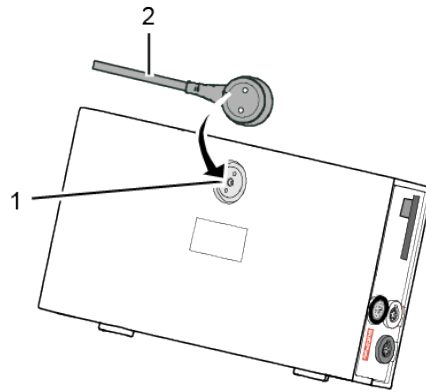


Fig. 3-25 Patient box, power supply (illustration may differ)

- 1 Power supply connection
- 2 Magnetic clip



## 4 General Operating Instructions

### 4.1 Operating- and Screen Elements

The corpuls3T, available as of version 4.0 allows, in addition to the jog dial, operation via touchscreen (see chapter 4.1.3 Operation via Touchscreen, page 43).

#### 4.1.1 Operating Elements and LEDs on the Monitoring Unit

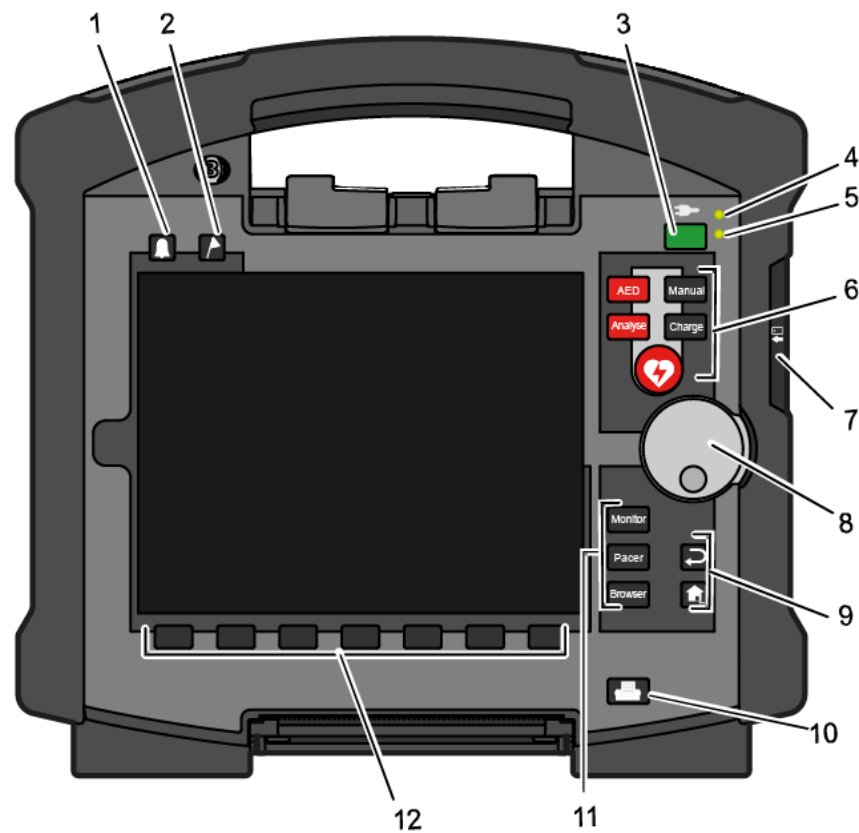


Fig. 4-1 Monitoring unit, operating elements and LEDs

- 1 Alarm key
- 2 Event key
- 3 On/Off key
- 4 LED Power supply/State of charge
- 5 Operating status LED
- 6 Defibrillation mode function keys
- 7 Insurance card reader (option)
- 8 Jog dial and alarm light
- 9 Function keys for navigation
- 10 Print key
- 11 Operating mode keys
- 12 Softkeys


**On/Off key** The following modules are switched on or off by pressing the **On/Off** key on the monitoring unit:



- all modules during use as a compact device;
- the monitoring unit and all the modules connected mechanically to the monitoring unit during semi-modular use;

During modular use only the monitoring unit is switched on with the **On/Off** key, but all modules are switched off with it. Chapter 4.2 Switching On and Off, page 48 contains further information on switching on and off.

**Status LEDs** The status LEDs of the monitoring unit indicate the power supply or the state of charge of the batteries in addition to the operating status of the device:

LED 	power supply/ state of charge (item 4)	green	- Battery is fully charged - Device is connected to the mains
		orange	- Battery is being charged
LED	operating status (item 5)	green	- Device is switched on

**Function keys, defibrillation mode** The defibrillation and cardioversion functions are called up by pressing the defibrillation mode function keys (item 6) (see also chapter 5 Operation – Therapy, page 68).






	The red <b>AED</b> key selects the operating mode "automated external defibrillation". The corpuls3 can be switched on by pressing the <b>AED</b> key. In this case the operating mode is immediately available.
	The red <b>Analyse</b> key selects the operating mode "automated external defibrillation" or starts the ECG analysis.
	The grey <b>Manual</b> key or the <b>Energy</b> key selects the operating mode "manual defibrillation". The corpuls3 can be switched on by pressing the <b>Manual</b> key. In this case the operating mode is immediately available.
	The <b>Charge</b> key selects the operating mode "manual defibrillation" or initiates the charging process.
	The <b>Shock</b> key triggers a defibrillation shock in AED- or manual mode. It is positioned centered, as it is valid for both modes.

Table 4-1 Keyboard layout defibrillation keys (modifications possible)

- Jog dial** With the jog dial, it is possible to:
- navigate on the display;
  - open a parameter context menu or curve context menu pertaining to a parameter or curve and adjust settings (see chapter 4.3.2 Parameter Context Menu and Curve Context Menu, page 52);
  - open the main menu of the device and adjust settings (see chapter 4.3.3 Main menu, page 54);
  - adjust numerical values in defibrillation mode and pacer mode;
  - adjust settings in the configuration dialogue (see chapter 4.3.4 Configuration dialogue, page 55).

**Operating mode keys** The different operating modes are selected by pressing the following keys (Fig. 4-1, item 11):



The **Monitor** key selects the monitoring functions (monitoring mode)



The **Pacer** key switches to pacer mode



The **Browser** key starts printing of the log. If the **Browser** key is held down for more than 3 seconds, the mission browser opens.

**Back and Home function keys**

The function keys **Back** and **Home** (Fig. 4-1, item 9) are used to control the device:



The **Back** key returns to the next menu level up or undoes the last selection.



1. The **Home** key switches to the basic status of the respective mode and leaves menus completely by skipping several levels.
2. By pressing the **Home** key, the lock of keyboard and touchscreen can also be engaged:

**Locking and unlocking the keyboard and touchscreen**

- a) Hold down the **Home** key and confirm the confirmation prompt "Lock input device?" by briefly pressing the softkey [A11] or [Touch]. The message "Touch display locked" or "All locked" appears.
- b) To unlock, press softkey [Unlock].

**Note** The softkey [Touch] only locks the touchscreen, the softkey [A11] locks all keys, softkeys and the touchscreen. With pressing the softkey [Unlock], however, everything is unlocked, even if only the touchscreen was locked before.

**Note** If a key is pressed while input lock is active, the message text "Input device locked - Hold down HOME key to unlock" appears. Deactivate keyboard lock immediately to avoid delaying necessary operating steps on the device.

**Note** The input lock does not apply to the red or green button at the shock paddles. A discharge of energy via shock paddles is possible despite an activated input lock.

**Print key** Pressing the **Print** key (Fig. 4-1, item 10) starts the real-time printout of the curves. Pressing the **Print** key again interrupts every running print job (log, D-ECG, real-time printing).



The time span after which the printer stops automatically can be pre-set in the printer configuration. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

**Softkeys**

The softkeys (Fig. 4-1, item 12) are assigned different functions, depending on the current operating mode or selected dialogue. The current function is displayed in the softkey line.



**Alarm key** By pressing the **Alarm** key (Fig. 4-1, item 1), the alarm history of all physiological and technical alarms is called up. All the alarms which have occurred appear in this list with their time of occurrence.



1. Press the **Alarm** key to retrieve the alarm history.
2. Press the **Alarm** key to confirm the alarm.
3. Repeat step 2 until all alarms have been confirmed.

**Note** Severe technical alarms reported by the alarm system cannot be deleted from the alarm history. Those are marked in red type.

Physiological alarms can be suspended for a selected period of time (up to 120 s or permanently) (see chapter 7.4.6, Alarm Configuration (Persons Responsible for the Device), page 185) by holding down the **Alarm** key for approx. 3 s. Technical alarms cannot be suspended.



**Note** For the alarm suspension, a maximum period of 60 seconds is recommended (see also chapter 7.4.6 Alarm Configuration (Persons Responsible for the Device), page 185).

**Event key** If the **Event** key (Fig. 4-1, item 2) is pressed briefly, a time stamp is saved which marks the current ECG data and parameter values. Based on this marking, this data can subsequently be located in the data memory, viewed and assessed. The message **Event recorded** appears in the message line.



If the **Event** key is held for more than 3 s, the event list with pre-configured events appears (see chapter 8.2 Event Key, page 200).

### 4.1.2 Basic Structure of the Screen Pages on the Monitoring Unit

The screen has the following structure:

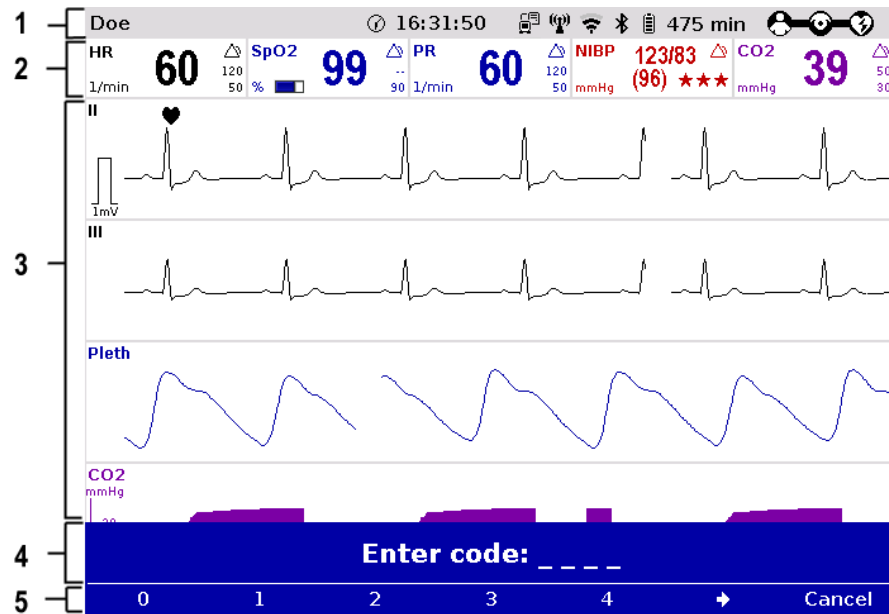


Fig. 4-2 Monitoring unit, example of basic structure of the screen pages

- 1 Status-/alarm line
- 2 Parameter area
- 3 Curve and display area
- 4 Message line
- 5 Softkey line

**Note** The colours of the parameters and curves in the illustrations of this user manual may differ from the actual display.

**Status-/alarm line** The following data are displayed in the status-/alarm line (Fig. 4-2, item 1):

- Physiological and technical alarms
- Patient’s name (editable)
- Time and deployment time alternating every 5 seconds
- Symbols for telemetry-functions
- State of charge of the batteries on mains operation
- Remaining running time of the device on battery operation
- Connection status of the modules

Connection status	Meaning
	All three components are connected mechanically and communicate via the infrared optical interface.








Connection status	Meaning
	Monitoring unit and defibrillator/ pacer are connected mechanically and communicate via the infrared optical interface. The patient box is disconnected mechanically, but there is a radio connection with the patient box.
	Monitoring unit and patient box are connected mechanically and communicate via the infrared optical interface. The defibrillator/ pacer is disconnected mechanically, but there is a radio connection with the defibrillator/ pacer.
	All components have a radio connection.
	The defibrillator/ pacer was not switched on together with the corpuls3 and therefore is not available currently.
	All three components are connected mechanically and communicate via the infrared optical interface. A radio connection is not possible, because all three components are connected with an ad-hoc-connection.
	Monitoring unit and patient box are connected mechanically and communicate via the infrared optical interface. A radio connection is not possible, because both components are connected with an ad-hoc-connection. The defibrillator/ pacer is disconnected; there is no radio connection to the defibrillator/ pacer.
	Monitoring unit and defibrillator/ pacer are connected mechanically and communicate via the infrared optical interface. A radio connection is not possible, because both components are connected with an ad-hoc-connection. The patient box is disconnected; there is no radio connection to the patient box.

Table 4-2 Module connection status

The wave symbol or the bar symbol flashes for as long as the device is attempting to establish a connection, but has not yet been able to do so.

**Note** If the radio connection is interrupted, the modules have to be connected to each other mechanically. The corpuls3 switches automatically from radio connection to infrared connection in this case.

**Parameter area** The measured parameters and the configured alarm limits are displayed in the parameter area (Fig. 4-2, item 2) of the display.

**Curve and display area** Up to 6 curves of measured values of monitoring functions can be displayed in the curve and display area (Fig. 4-2, item 3) of the display.

If the device is in defibrillation- or pacer mode, the parameters of the respective operating mode are displayed in the bottom half of the display.

In case of a diagnostic ECG, all 12 leads are displayed simultaneously as curves.

**Message line** In the message line (Fig. 4-2, item 4) of the screen, additional interactions with the user interface are displayed, e. g. to enter the PIN code for the OPERATOR user level or to enter patient data).

**Softkey line** The current function assignment of the softkeys is displayed in the softkey line (Fig. 4-2, item 5).

**View configuration** Further options of the structure of the screen page can be configured (see chapter 7.1.2 Configuration, page 157).

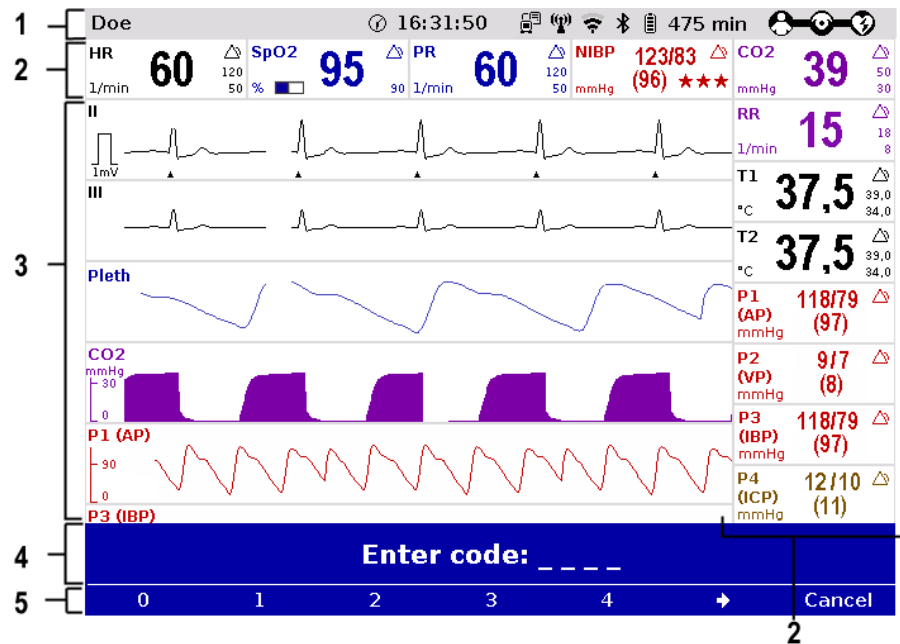


Fig. 4-3 Screen page, example with horizontal and vertical parameter area

- 1 Status-/alarm line
- 2 Parameter area
- 3 Curve and display area
- 4 Message line
- 5 Softkey line

**Inverting screen colours**



If necessary under particular lighting conditions, the screen can be displayed in inverted video. If the **Monitor** key is held down for more than 3 seconds, the screen display is inverted (see also chapter 7.1.1 General System Settings (User DEFAULT), page 155). Furthermore, it is possible to invert the screen via the system settings:

1. Select in the main menu "System" ► "Settings".  
The configuration dialogue opens.
2. In the configuration group "Display" select the configuration field "Colours" ► "Inverted".
3. Press the softkey [OK].

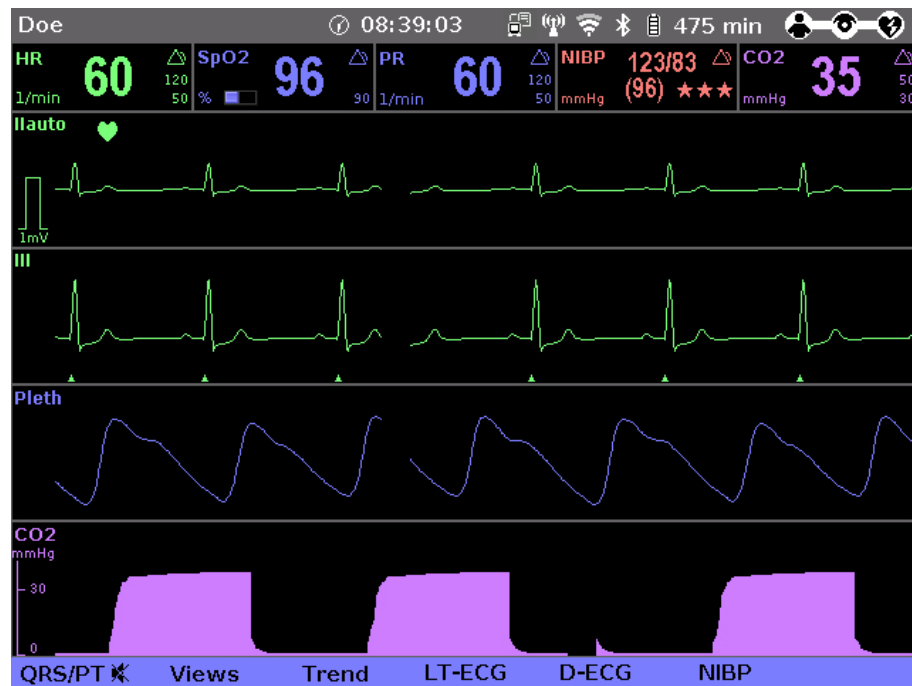


Fig. 4-4 Inverted video display of the screen (colours may differ)

#### Screen Night vision goggle (NVG/NVIS)-compatibility

The corpuls3 is optionally available as a night vision goggle (NVG/NVIS)-compatible variant (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249). This variant emits less light than normally so that in-flight or military purpose operation of the corpuls3 when using night vision goggles is possible.

For this, the display of the screen of night vision goggle (NVG/NVIS)-compatible devices can be inverted specifically for use with night vision goggles via the system settings (see chapter 7.1.1 General System Settings (User DEFAULT), page 155):

1. Select in the main menu "System" ► "Settings".  
The configuration dialogue opens.
2. In the configuration group "Display" select the configuration field "Colours" ► "Night".
3. Press the softkey [OK].



### 4.1.3 Operation via Touchscreen (only corpuls3T)

The corpuls3T, available as of version 4.0 allows, in addition to the jog dial, operation via touchscreen.

The touchscreen is divided into active areas. Tapping on an active area opens a pertaining menu, tapping on a neutral area closes it:

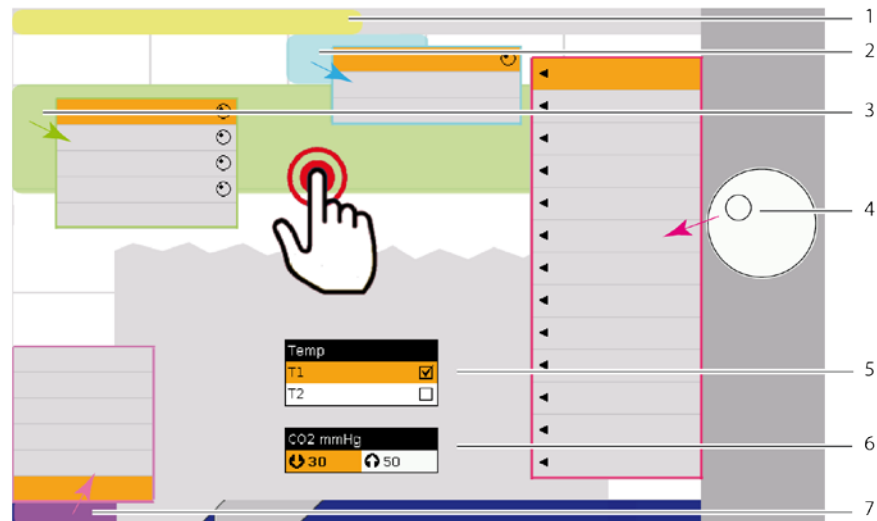



Fig. 4-5 Touchscreen, active areas are highlighted in colour

- 1 Active area Alarm history, yellow
- 2 Active area Parameter context menu, blue
- 3 Active area Curve context menu, green
- 4 Main menu, red, can only be opened with the jog dial
- 5 Checkbox in configuration dialogue
- 6 Multiple options in configuration dialogue, activated
- 7 Active area Softkey context menu, pink

**Alarm history** The alarm history can be opened by tapping (corresponds to the first pressing of the **Alarm** key), if an alarm exists. However, alarms can be only confirmed with the jog dial or by pressing the **Alarm** key.

**Note** For the **Event** key there is no active area, but after holding down the **Event** key, a pre-configured event can be selected by tapping (see chapter 8.2 Event Key, page 200).

**Context menus** The options in the curve-, parameter and softkey context menus can be selected by tapping. Binary options (e.g. Alarm ON/Alarm OFF) are confirmed directly by tapping. The symbol for the jog dial  indicates that there are multiple values that can be scrolled through with the jog dial and confirmed by pressing the jog dial (see also chapter 4.3.2 Parameter Context Menu and Curve Context Menu, page 52).

**Main menu** The main menu can only be opened with the jog dial, in the corpuls3T as well as in the previous device. The corresponding submenus, however, can be opened by tapping.

**Configuration dialogue** The options in the configuration dialogues can be selected by tapping. Checkboxes are selected or deselected directly by tapping. For multiple options (e.g. number values) the bold type indicates that there are multiple values that can be scrolled through with the jog dial and confirmed by pressing the jog dial.

**Softkeys** The softkeys can be selected by tapping, but for entering e.g. names the characters/number still have to be scrolled through and selected with the jog dial. For information on the softkey context menu see also chapter 4.3.1 Softkey context menu, page 51.



**Caution**

**Impairment or malfunction due to wetness/contamination!**

When operating the touchscreen with wet hands or with the presence of (salt)water, blood or other contaminations, the touchscreen may malfunction or not function at all (ghost touches).

Operate the touchscreen with dry hands. If necessary, lock and wipe off the touchscreen.

**Note** To lock the touchscreen, hold down the **Home** key and confirm the confirmation prompt "Lock input device?" by pressing the softkey [All] or [Touch].

**Note** If the touchscreen function is not available, the user may operate the device via jog dial and keys at any time.

**4.1.4 Patient box screen**

The patient data are displayed on a separate screen during modular use. The screen has the following structure:

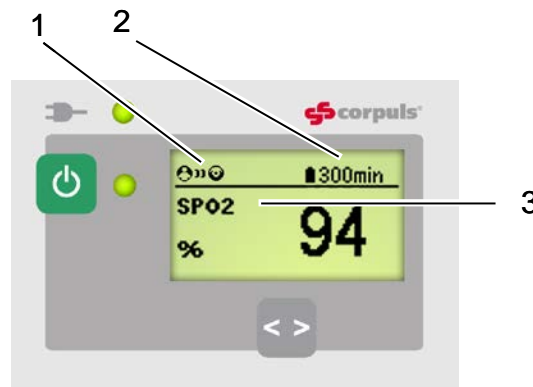


Fig. 4-6 Patient box, displays on the screen (illustration may differ)

- 1 Connection status with the monitoring unit
- 2 Remaining running time of the patient box on battery operation
- 3 Display of a selected vital parameter

For the status of the network connection (item 1) of the patient box, the following conditions exist:

Connection status	Meaning
	The patient box has a connection with the monitoring unit
	The patient box does <b>not</b> have a connection with the monitoring unit

Table 4-3 Module connection status

The remaining running time is not displayed if the patient box is operated on an external mains charger.

**Note** The screen of the patient box may appear darker in night vision goggle (NVG/NVIS)-compatible devices.

### 4.1.5 Control Keys and LEDs on the Patient Box

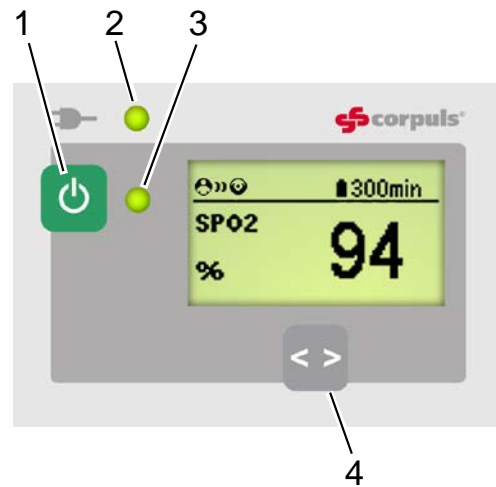



Fig. 4-7 Patient box, control keys and LEDs (illustration may differ)

- 1 On/Off key
- 2 LED Power supply/State of charge
- 3 Multifunction LED operating status/HR/alarm
- 4 Multifunction key

**On/Off key** The patient box is switched on or off during modular use by pressing the **On/Off** key (item 1).

**LED power supply/ state of charge** The state of charge LED (item 2) indicates the power supply or the state of charge of the battery:

LED 	power supply/ state of charge	green	- Battery is fully charged - Device is connected to the mains
		orange	- Battery is being charged

**Multifunction LED** The multifunction LED (item 3) flashes in step with the heart rate when ECG electrodes or the SpO<sub>2</sub> sensor are connected. If no electrodes or no SpO<sub>2</sub> sensor are connected, it indicates the operating status of the patient box. Furthermore, physiological and technical alarms are indicated by flashing up.

**Multifunction key** By pressing the **multifunction** key (item 4), the next parameter being currently measured is displayed. If alarms are displayed on the screen of the patient box, they can be confirmed by pressing the **multifunction** key.

### 4.1.6 Control Key and LEDs on the Defibrillator/Pacer

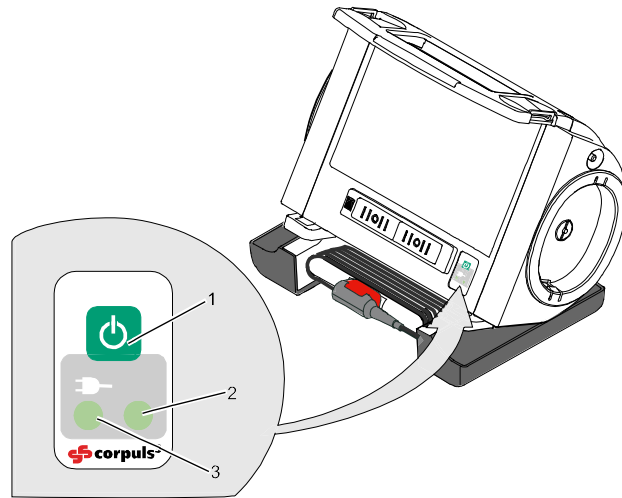



Fig. 4-8 Defibrillator, control key and status LEDs

- 1 On/Off key
- 2 Operating status LED
- 3 LED Power supply/State of charge

**On/Off key** By pressing the On/Off key (item 1), the defibrillator is switched on or off during modular use.

**Status LEDs on defibrillator** The status LEDs of the defibrillator/pacer module indicate the power supply or state of charge of the battery as well as the operating status of the device:

LED 	power supply/ state of charge (item 3)	green	- Battery is fully charged - Device is connected to the mains
		orange	- Battery is being charged
LED	operating status (item 2)	green	- Device is switched on

### 4.1.7 Control Key and LEDs on the Defibrillator/Pacer SLIM

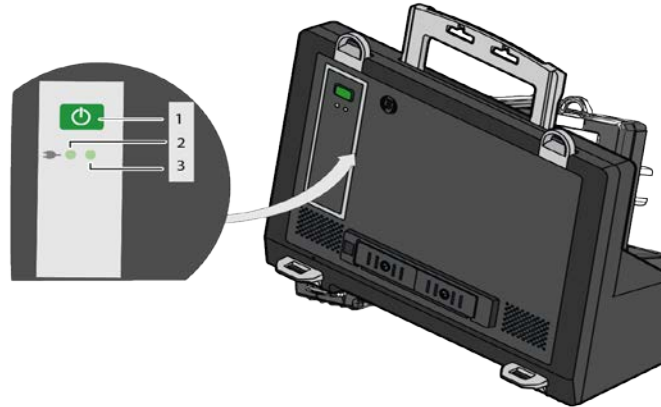


Fig. 4-9 Defibrillator SLIM, control key and status LEDs


- 1 On/Off key
- 2 LED Power supply/State of charge
- 3 Operating status LED

#### On/Off key

By pressing the **On/Off** key (item 1), the defibrillator is switched on or off during modular use.

#### Status LEDs on defibrillator

The status LEDs of the defibrillator/pacer module indicate the power supply or state of charge of the battery as well as the operating status of the device:

LED 	power supply/ state of charge (item 3)	green	- Battery is fully charged - Device is connected to the mains
		orange	- Battery is being charged
LED	operating status (item 2)	green	- Device is switched on

## 4.2 Switching On and Off

### 4.2.1 Switching On

#### Compact device



Press the **On/Off** key on the monitoring unit.  
All modules are switched on.

#### Switching on in defibrillation mode

**AED**

**Manual**

Press the **AED** or **Manual** key on the monitoring unit.  
The corpuls3 either starts in AED mode or in manual defibrillation mode, respectively.

#### Semi modular use



1. Press the **On/Off** key on the monitoring unit.  
The monitoring unit and the module connected mechanically to it are switched on.
2. Press the **On/Off** key on the module which is not connected mechanically.  
This module is switched on.

#### Modular use



Press the **On/Off** key on all individual modules.  
The modules are switched on independently.

#### Connecting modules

When a switched-off module is connected mechanically to a switched-on module, it switches on automatically.

**Note** When a (new) battery is inserted in a module, this module can switch on automatically.

**Note** A certain amount of time is required to achieve operational status after switching on. It is therefore recommended to switch on the corpuls3 as soon as possible.



**Warning**

If the alarm message "β-SW-NOT FOR PAT. USE" appears after the device is switched on, the software of one or all modules is a betaversion.

Using this version on a patient is prohibited. Contact your authorised sales and service partner.



**Warning**

If the alarm message "ONLY FOR TEST" appears after the device is switched on, the software of one or all modules is a test version.

Using this version on a patient is prohibited. Contact your authorised sales and service partner.

### 4.2.2 Switching off

**Compact device**



1. Press the **On/Off** key on the monitoring unit.  
All modules are switched off if the softkey [OK] is pressed after the confirmation prompt appears.



Fig. 4-10 Confirmation prompt before switching off

**(Semi) modular use**



Press the **On/Off** key on the monitoring unit. All modules connected with the Monitoring unit mechanically or by radio are switched off if the softkey [OK] is pressed after the confirmation prompt appears.

**Defibrillator/patient box**



The defibrillator and patient box can be switched off independently without having an influence on the remaining modules by pressing the **On/Off** key. To do so, keep the **On/Off** key on the defibrillator or patient box depressed for 3 seconds.

**Cancelling switch-off**

The switch-off process of the monitoring unit and the connected modules can be cancelled by pressing the softkey [Cancel]. This confirmation prompt disappears by itself if no action is taken within approx. 10 seconds and the monitoring unit and the connected modules remain switched on. To confirm the switching off process, press the softkey [OK].

**Upload mode**

If the option "Mission upload" is enabled and configured, pressing the softkey [OK] starts the upload of missions recorded on the CF card to the configured server, before the device is switched off.

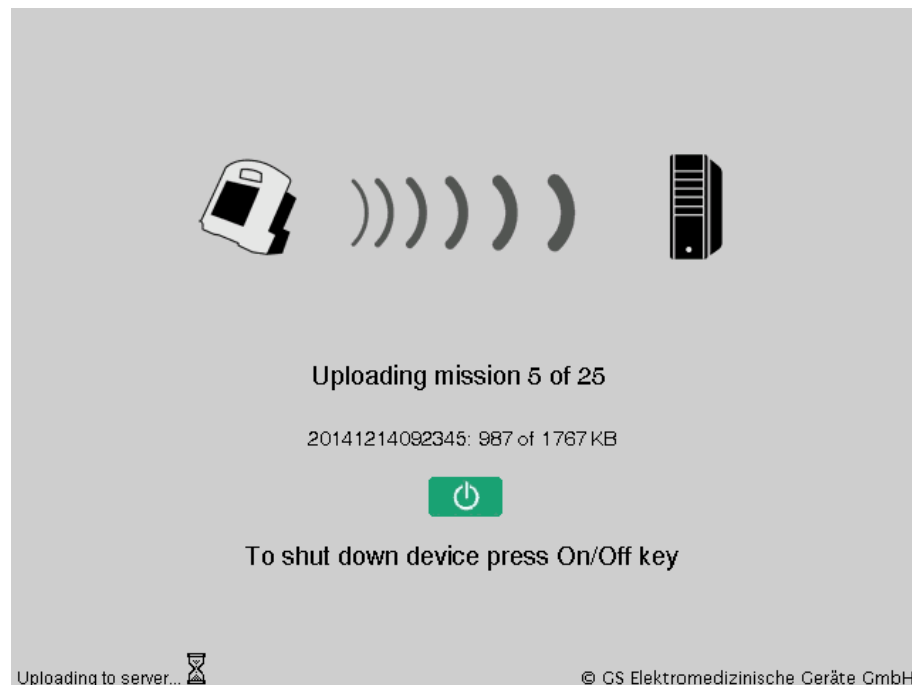


Fig. 4-11 Upload screen

If the upload should be skipped and the corpuls3 should shut down immediately, press the softkey [Now].

#### Switching off in pacer mode

1. Press the **On/Off** key as described above.  
The confirmation prompt "Switch off pacer? - Power off?" appears.

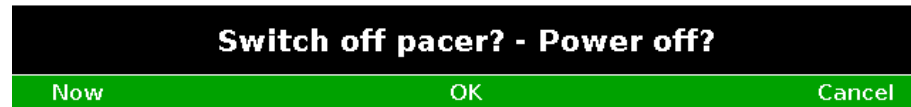


Fig. 4-12 Switching off with pacer active

2. If the unit is to be switched off even though the pacer is active, press softkey [OK].  
If the unit is not to be switched off, press softkey [Cancel].

#### Switching off in case of system crash

In case of a system crash of one of the modules or of the compact device, the device can be switched off with the **On/Off** key. For this, the **On/Off** key at the monitoring unit (or at the individual modules) has to be held down (at least for 8 seconds) until the module switches off. Subsequently, the module can be restarted with the **On/Off** key. It is not necessary to remove the battery.

#### Warnings on switching off

If no connection with the patient box and/or defibrillator/pacer exists at the time of switching off the monitoring unit or if a timing problem exists between the modules, this is indicated to the user by the message "Check modules":

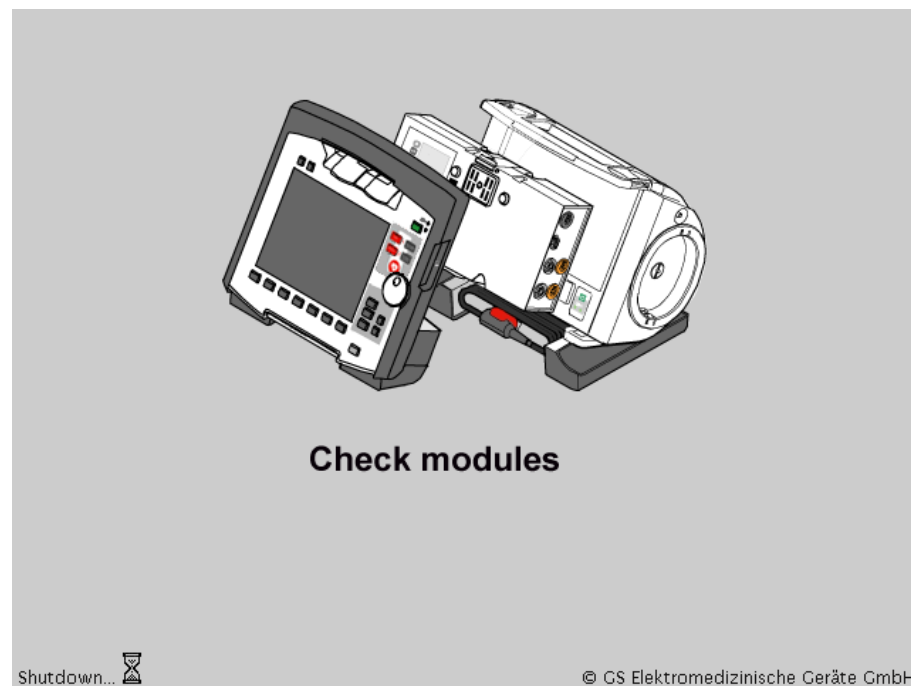


Fig. 4-13 Warning on switching off

In this case, separate the modules and check whether all modules have been shut down. If this is not the case, switch off the modules which have not been switched off by pressing the respective **On/Off** key.



## 4.3 Menu Control



The menus are controlled with the jog dial, softkeys and the function keys **Back** and **Home**.

There are four different menu types:

- Softkey context menu
- Parameter context menu or curve context menu
- Main menu of the device
- Configuration dialogue

### 4.3.1 Softkey context menu

The softkey context menu allows fast access to menu items that are relevant for the corresponding softkey.

Four softkey context menus are available:

- QRS (monitoring mode): activation of the QRS-/pulse tone and fast access to volume control. The volume control always starts with the position "Off" and can be advanced position by position by pressing the corresponding softkey several times.
- Views (monitoring mode): fast access to a pre-configured views.
- Trend (monitoring mode): Trend curves of the vital parameters.
- Metronome (only in defibrillation mode): fast access to mode selection

#### Softkeys QRS and Views

To open the softkey context menu, press the softkey [QRS] or [Views].

For the softkey context menu [QRS], the volume control always starts with the position "Off" and can be advanced position by position by pressing the corresponding softkey several times. In the softkey context menu [Views], a pre-configured view can be selected.

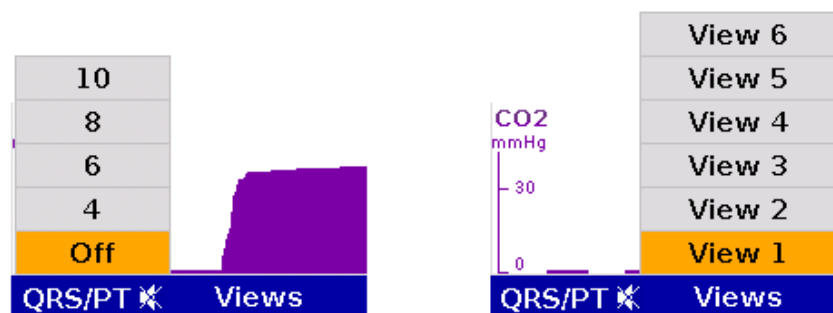


Fig. 4-14 Example for softkey context menu

#### Softkey [Trend]

The softkey [Trend] opens a softkey context menu. The user can choose between the trend view which displays the trend curves of the vital parameters from the switching on of the device ("Graphic") or the trend browser in table form ("Table").

Up to 6 curves can be displayed in the trend view (by default the parameters HR, SpO<sub>2</sub>, PR and NIBP are displayed). Further parameters to be displayed or the timespan (Auto, 30 - 480 min.) over which the trends are displayed can be adjusted via the curve context menu.

To return to the realtime curves, press the softkey [Curves] or press the key **Monitor**, **Back** or **Home**.

The trend browser in table form can also be opened from the mission browser (see chapter 8.5.2 Mission Browser, page 205).

### 4.3.2 Parameter Context Menu and Curve Context Menu

Parameter context menus and curve context menus only contain menu items that are relevant for the highlighted field. They can be called up for parameter fields and curve fields and open directly in the highlighted field.

Proceed as follows to open a parameter context menu or curve context menu and adjust settings:

1. Rotate the jog dial to highlight the required parameter field or curve.
2. Press the jog dial to open the parameter context menu or curve context menu of the highlighted parameter field or curve. The first line of the parameter context menu or curve context menu is highlighted.

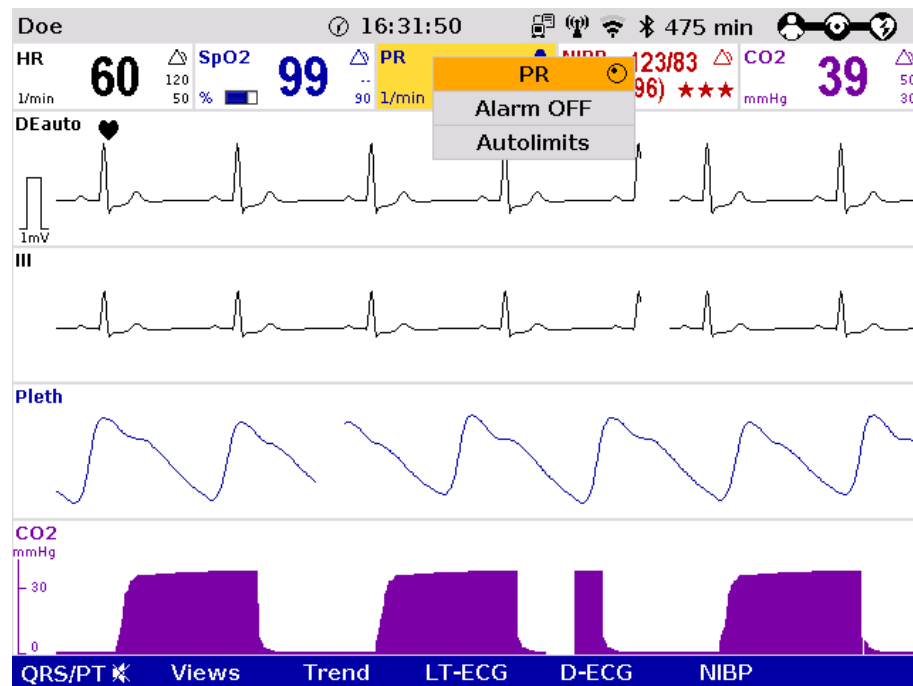


Fig. 4-15 Parameter context menu (illustration may differ)

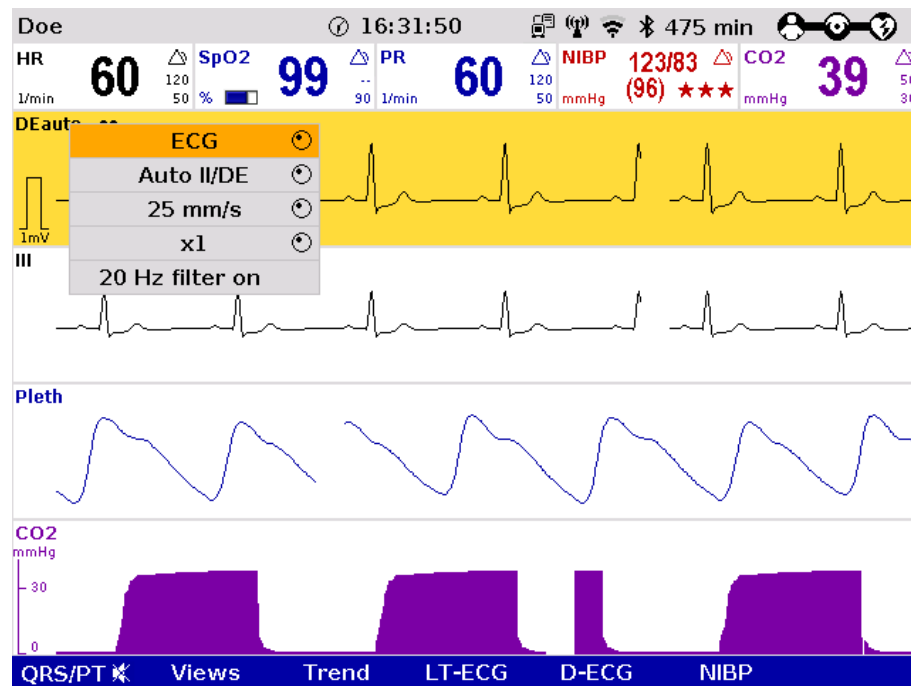


Fig. 4-16 Curve context menu

3. If another value is to be assigned to the parameter field or the curve field for display, press the jog dial and select the required parameter by rotating.
4. Press the jog dial again to confirm selection of the required parameter.
5. Select further parameters of the parameter context menu or curve context menu by rotating the jog dial and confirm by pressing the jog dial.



Press the **Home** key to quit the parameter context menu or curve context menu.

**Note**

If a new curve is selected in the curve context menu, the curves are sorted automatically in ascending order.

### 4.3.3 Main menu

To select the main menu of the device and adjust settings, proceed as follows:

1. Press the jog dial to open the main menu of the device.

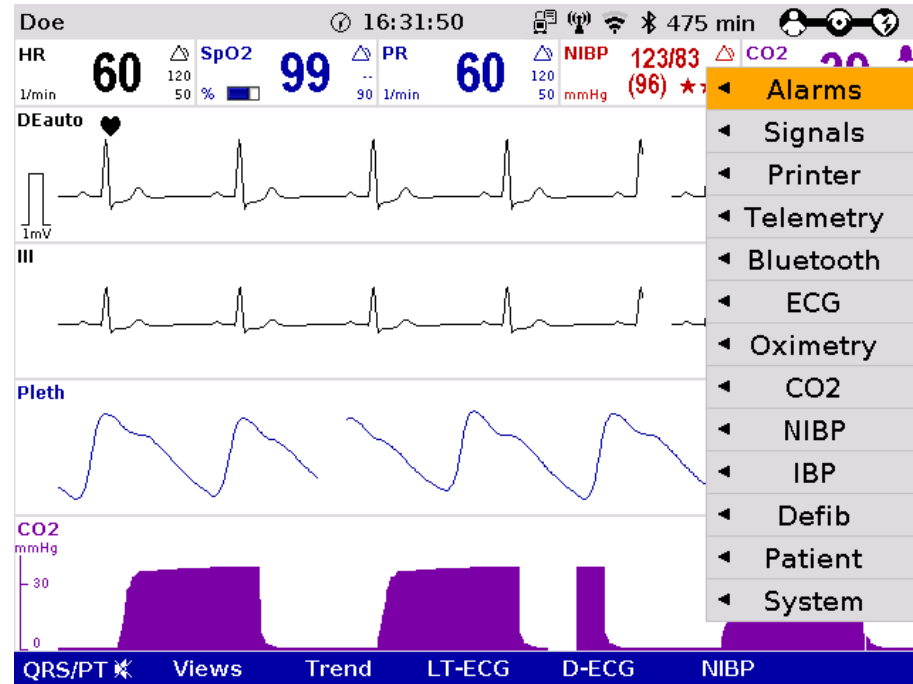


Fig. 4-17 Main menu

2. Select the required item in the main menu by rotating the jog dial and confirm by pressing the jog dial.
3. Select the required menu item in the submenu by rotating the jog dial and confirm by pressing the jog dial.
4. The configuration dialogue opens.

### 4.3.4 Configuration dialogue

To adjust settings in the configuration dialogue, proceed as follows:

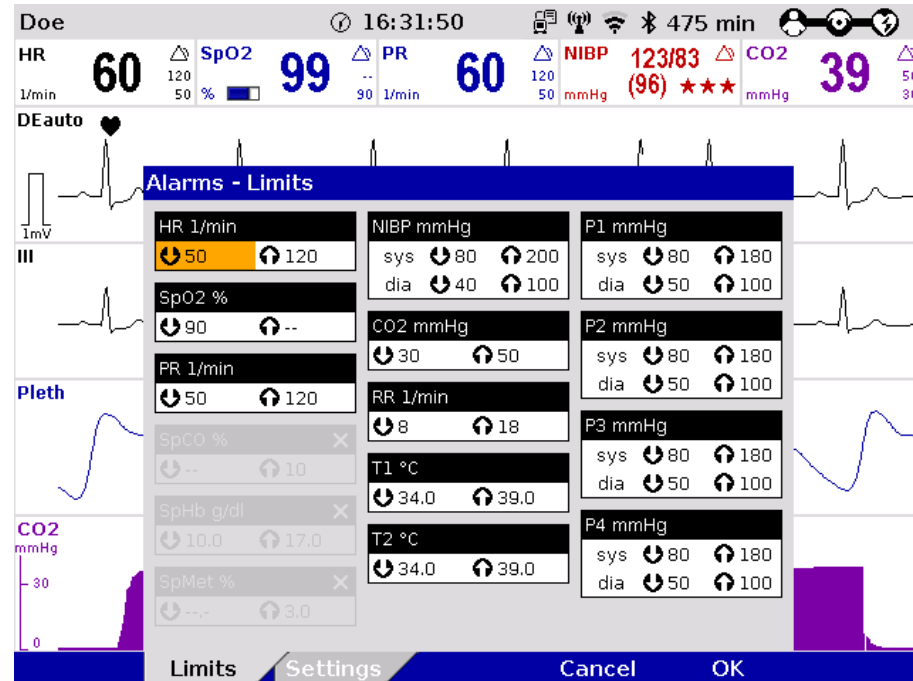


Fig. 4-18 Configuration dialogue

1. Open the configuration dialogue (see chapter 4.3.3 Main menu, page 54).
2. Rotate the jog dial to highlight the required configuration field.
3. Press the jog dial to select the highlighted configuration field.
4. Select the required settings by repeatedly rotating and pressing the jog dial.

**Note** A setting (numerical value, text or symbol) can be modified if

- the respective line is highlighted;
- the setting is displayed in bold type.

See chapter 7 Configuration, page 154 for information on the possible settings.

5. Access another tab of the configuration pages by pressing the corresponding softkey.
6. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

## 4.4 Disconnecting and Connecting Modules



Caution

Risk of delayed therapy

In general, the separating or connecting of modules should be avoided

- during defibrillator- or pacer therapy,
- when missions are being uploaded or
- when verbal instructions (AAMs) are being played,

as the brief loss of communication between the modules can lead to an interruption and delay of the therapy.

### 4.4.1 Disconnecting the Monitoring Unit from the Defibrillator/Pacer

**Note** This procedure applies regardless of whether the patient box is connected to the monitoring unit or not.

1. Grasp the monitoring unit by the carrying handle and pull both snap locks simultaneously forwards and upwards with your thumbs (item A) or push them rearwards and downwards (item B).
2. Tilt the monitoring unit forwards (item C) and remove upwards (item D).

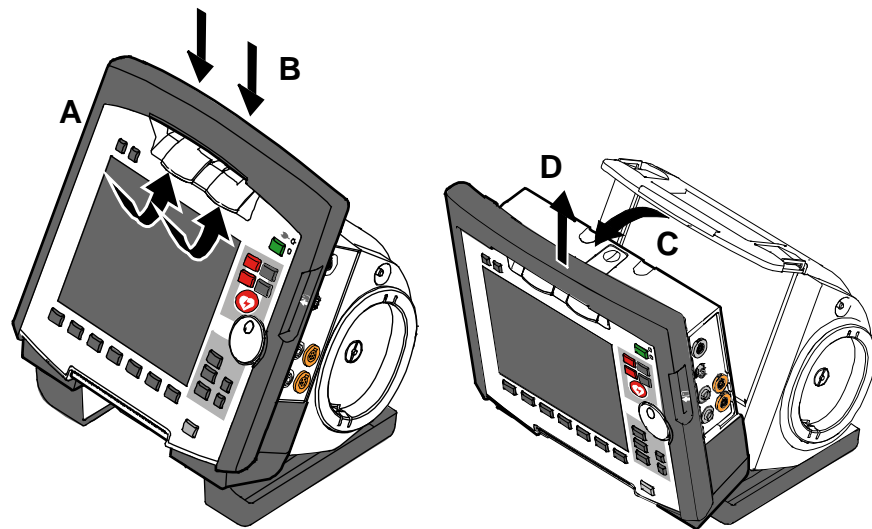


Fig. 4-19 Disconnecting the monitoring unit from the defibrillator/pacer (illustration may differ)

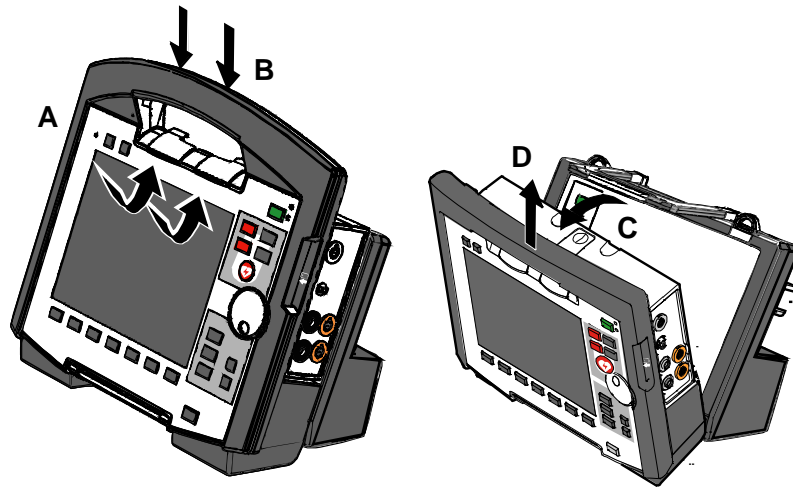


Fig. 4-20 Disconnecting the monitoring unit from the defibrillator/pacer SLIM (illustration may differ)

#### 4.4.2 Disconnecting the Patient Box from the Monitoring Unit

1. Grasp the monitoring unit by the carrying handle and press the snap lock of the patient box downwards (item A).
2. Tilt the patient box rearwards (item B) and remove from the monitoring unit (item C).

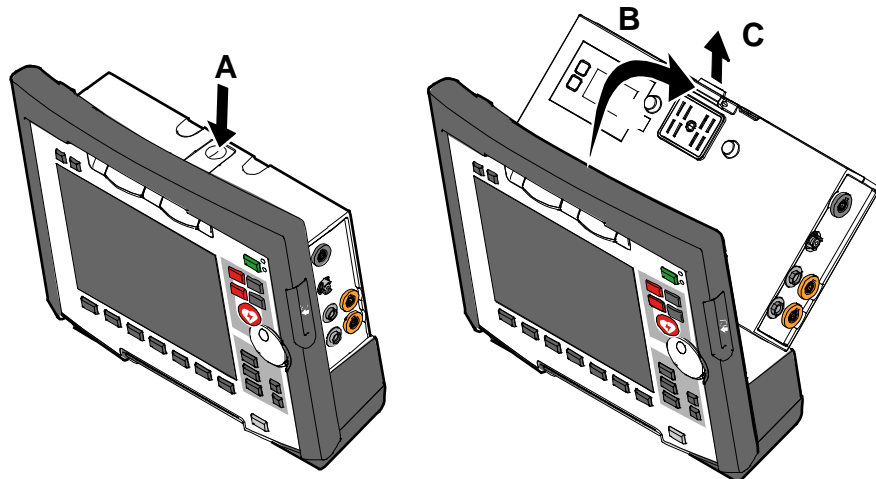


Fig. 4-21 Disconnecting the patient box from the monitoring unit (illustration may differ)

### 4.4.3 Connecting the Patient Box to the Monitoring Unit

1. Position the patient box with the screen facing the monitoring unit.
2. Fit the patient box at the bottom on the monitoring unit (item A):  
The recesses (item 3) of the patient box engage in the two pins (item 5) of the monitoring unit.  
The connection coding (item 6) on the monitoring unit fits into the recess (item 4) on the patient box.
3. Tilt the patient box towards the monitoring unit (item B) until the closure at the top (item 2) of the patient box audibly engages in the catch on the monitoring unit (item 1).
4. Make sure that the patient box is engaged in both the pins and recesses at the bottom and in the closure at the top.

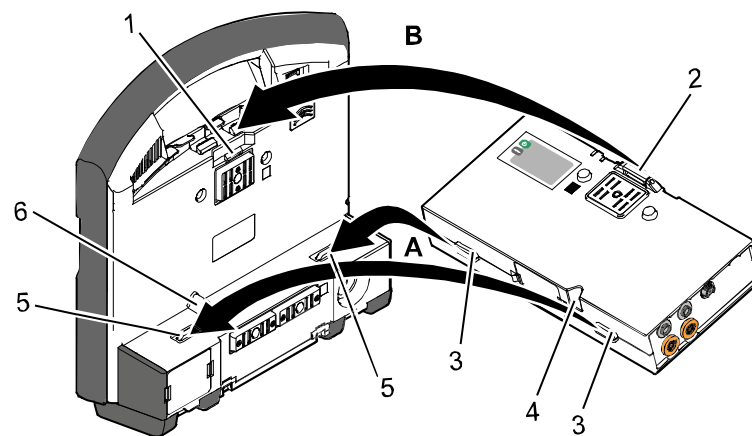


Fig. 4-22 Connecting the patient box to the monitoring unit (illustration may differ)

- 1 Catch
- 2 Closure
- 3 Recess
- 4 Connection coding recess
- 5 Pins
- 6 Connection coding



**Caution**

Before connecting the modules, make sure that there are no metallic objects, e. g. conductive foils, between the individual modules.



#### 4.4.4 Connecting the Monitoring Unit to the Defibrillator/Pacer

**Note** This procedure applies regardless of whether the patient box is connected to the monitoring unit or not.

1. Raise and tilt the monitoring unit forwards.
2. Fit the monitoring unit onto the defibrillator/pacer at the bottom (item A):  
Both pins (item 4) of the monitoring unit engage in the two recesses (item 3) on top of the base of the defibrillator/pacer.
3. Tilt the monitoring unit towards the defibrillator/pacer (item B) until the closures at the top (item 1) of the monitoring unit audibly engage in the recesses (item 2) on the defibrillator/pacer.

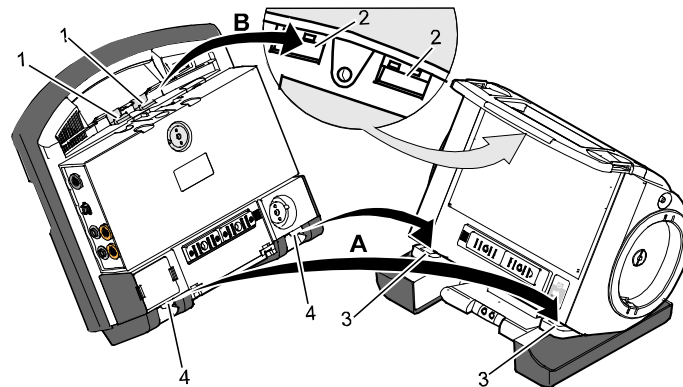


Fig. 4-23 Connecting the monitoring unit to the defibrillator/pacer (illustration may differ)

- 1 Closure
- 2 Recess for closure
- 3 Recess on top of base
- 4 Pins

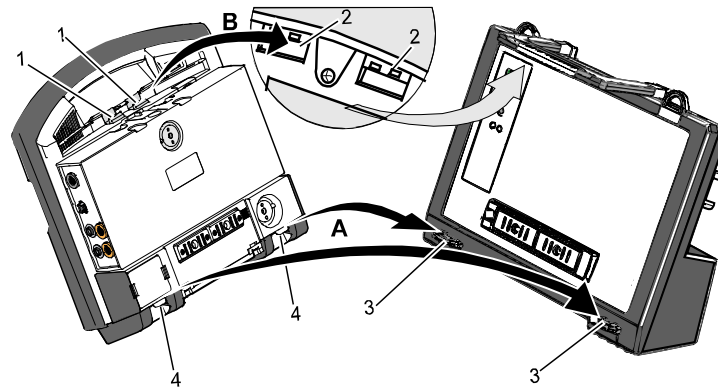


Fig. 4-24 Connecting the monitoring unit to the defibrillator/pacer SLIM (illustration may differ)

- 1 Closure
- 2 Recess for closure
- 3 Recess on top of base
- 4 Pins



**Caution**

Before connecting the modules, make sure that there are no metallic objects, e. g. conductive foils, between the individual modules.

#### 4.4.5 Removing the Patient Box from the Compact Device

1. Grasp the monitoring unit by the carrying handle and pull both snap locks simultaneously forwards and upwards with your thumbs or push them rearwards and downwards.
2. Tilt the monitoring unit with the patient box forwards (item A) (see chapter 4.4.1 Disconnecting the Monitoring Unit from the Defibrillator/Pacer, page 56).
3. Push the snap lock of the patient box downwards.
4. Tilt the patient box backwards and remove upwards from the monitoring unit (item B) (see chapter 4.4.2 Disconnecting the Patient Box from the Monitoring Unit, page 57).
5. Tilt the monitoring unit towards the defibrillator/pacer until the closures at the top of the monitoring unit audibly engage in the recesses on the defibrillator/pacer (see chapter 4.4.4 Connecting the Monitoring Unit to the Defibrillator/Pacer, page 59).

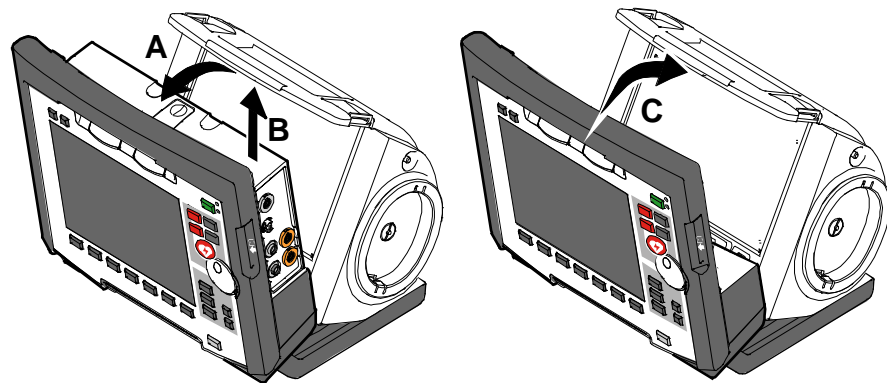


Fig. 4-25 Removing the patient box from the compact device (illustration may differ)

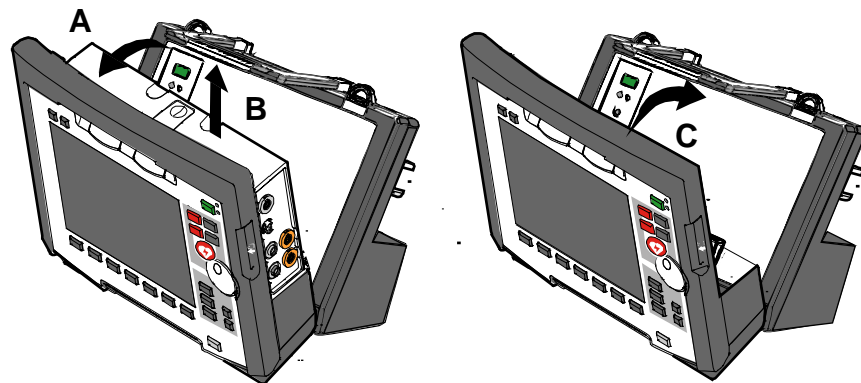


Fig. 4-26 Removing the patient box from the compact device with defibrillator/pacer SLIM

## 4.5 Accessory Bag

### 4.5.1 Fitting the Accessory Bag

1. Insert the patient box (item 1) into the protective cover (item 6).

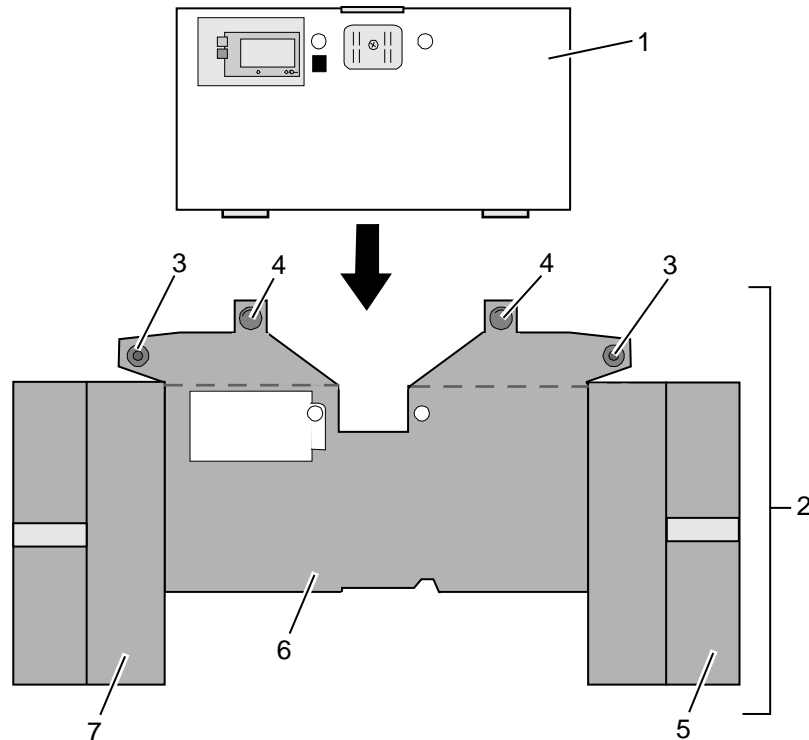


Fig. 4-27 Accessory bag and patient box, front view (illustration may differ)

- 1 Patient box
- 2 Accessory bag
- 3 Lateral press stud
- 4 Rear press stud
- 5 Right-hand bag
- 6 Protective cover
- 7 Left-hand bag

2. Insert the two flaps with the lateral press studs (item 3) laterally from the patient box.
3. Open the zip fasteners of the left-hand and right-hand bags (items 5 and 7) and press the lateral press studs firmly in place inside on the upper sides of the bags.
4. Close the rear press studs (item 4) on the protective cover.

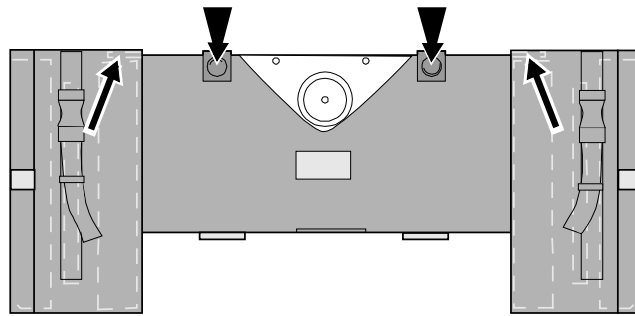


Fig. 4-28 Accessory bag with patient box, rear view (illustration may differ)

Newer accessory bags do no longer have press studs, but are closed with hook and loop fasteners.

**Note** Older accessory bags with press studs do not fit onto the defibrillator module SLIM.

### 4.5.2 Packing the Accessory Bag



**Caution**

When inserting the sensor cables and ECG cables, make sure that the plugs snap in place beyond the perceptible pressure point.

Fold (gather in loops) but do **not roll up** the connected cable to avoid damage to the cable and allow rapid removal during mission without forming knots.

Inserting cables on right-hand side

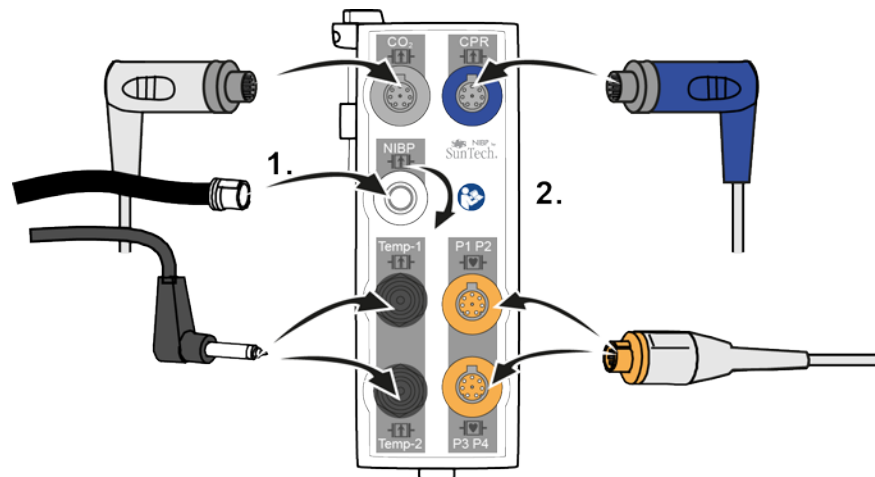


Fig. 4-29 Inserting the plugs on the right-hand side of the patient box

Right-hand bag

Accessories	Position
Temperature sensor (item 1)	Outermost pocket
NIBP cuff (item 2)	Wide elastic band at the side of outermost pocket
CO <sub>2</sub> sensor (item 4)	Left-hand pocket on central section
CO <sub>2</sub> intermediate cable (item 3)	Right-hand pocket on central section
CO <sub>2</sub> adapter, mainstream (item 5)	Elastic band below the patient box interfaces
corPatch CPR sensor	Inner pocket
corPatch CPR intermediate cable	Inner pocket

Table 4-4 Contents of right-hand bag

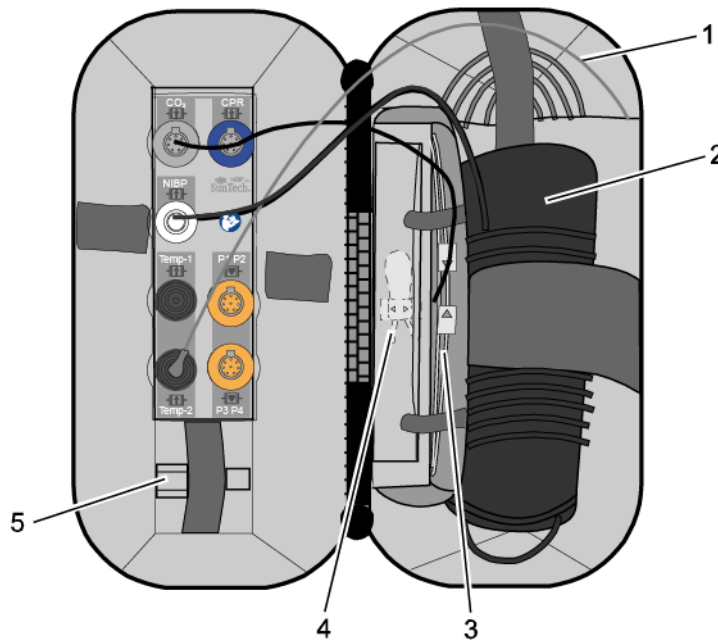


Fig. 4-30 Contents of right-hand bag (illustration may differ)

**Note** Only connect the temperature sensor to the patient box after attaching it to the patient to avoid false alarm messages that indicate excessively low temperature.

Connecting cables on left-hand side

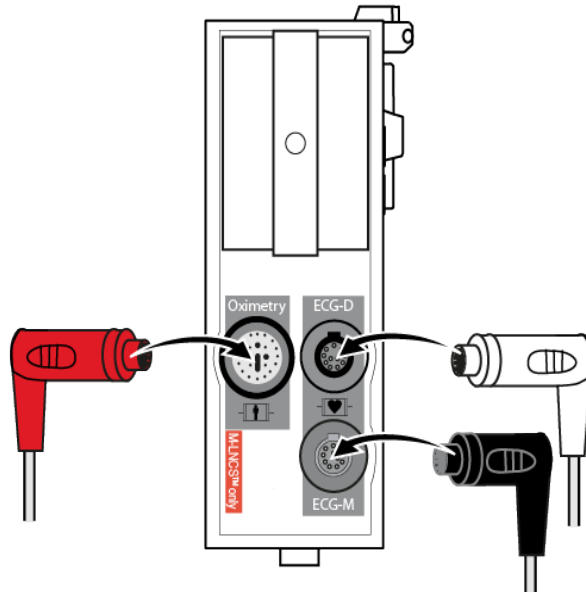


Fig. 4-31 Connecting the plugs on the left-hand side of the patient box

Left-hand bag

Accessories	Position
4-pole ECG monitoring cable (item 1)	Outermost pocket
Pack of ECG electrodes (item 2)	Left-hand pocket on central section
Oximetry intermediate cable (item 3)	Right-hand pocket on central section
Oximetry finger sensor (item 4)	Elastic band on central section
Complementary 6-pole ECG diagnostic cable (item 5)	On the left next to the patient box interfaces
Strain relief for right-angle plug (item 6)	-

Table 4-5 Contents of left-hand bag

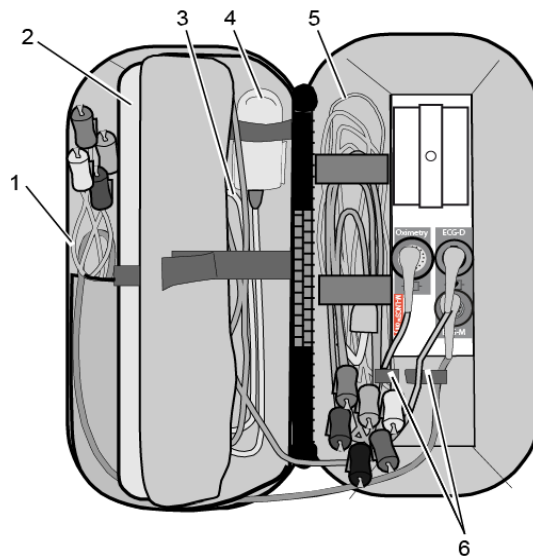


Fig. 4-32 Contents of left-hand bag (illustration may differ)

## 4.6 Inserting the Device into the Brackets

### 4.6.1 Defibrillator/Compact Device Bracket

**Insertion** Fit the recesses at the bottom of the defibrillator onto the pins of the defibrillator/compact device bracket (item A). The lock on the bracket engages automatically.

If the bracket is equipped with a power supply, the defibrillator and all the modules connected to it will be charged.

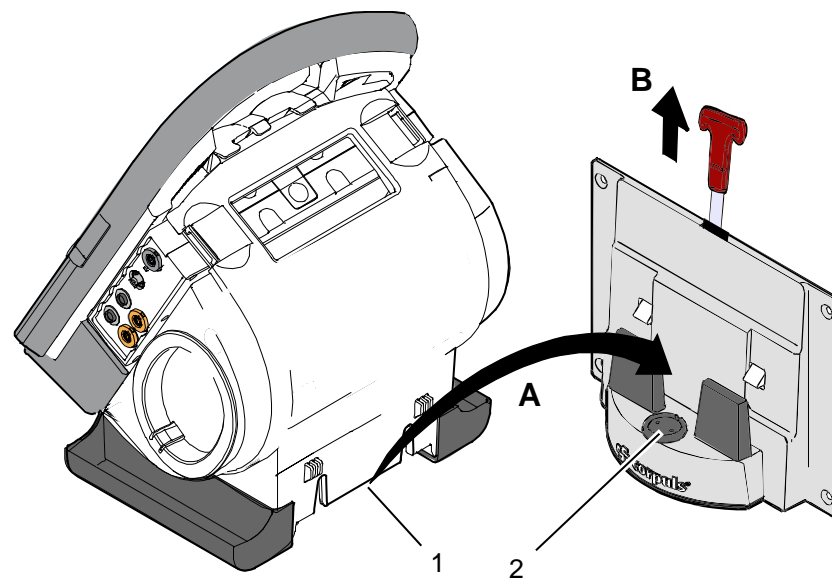


Fig. 4-33 Inserting the compact device into the bracket (Illustration may differ)

- 1 Defibrillator/Pacer power supply contact area
- 2 Integrated magnetic clip

**Removal** Pull the handle upwards (item B; in older brackets a loop) and remove the defibrillator/compact device from the bracket.

**Note** Check the contact areas of the defibrillator/pacer (item 1) and the bracket (item 2) regularly for contamination or foreign material, particularly metallic items.

**Note** Remove the defibrillator/compact device within approx. 10 s after pulling the handle, since the bracket automatically locks again.

**Note** The defibrillator/compact device charging bracket has to be installed vertically (not on the floor or the ceiling), to ensure sufficient contact with the MagCode connector via gravity.

## 4.6.2 Monitoring Unit Bracket

**Insertion** The monitoring unit is inserted into the bracket in the same manner as it is connected to the defibrillator/pacer (see chapter 4.4.4 Connecting the Monitoring Unit to the Defibrillator/Pacer, page 59):

**Note** This procedure applies regardless of whether the patient box is connected to the monitoring unit or not.

1. Raise and tilt the monitoring unit forwards.
2. Fit the monitoring unit onto the bracket at the bottom:  
Both pins of the monitoring unit engage in the two recesses of the bracket (item A).
3. Tilt the monitoring unit towards the bracket at the top until the closures at the top of the monitoring unit audibly engage in the recesses on the bracket (item B).

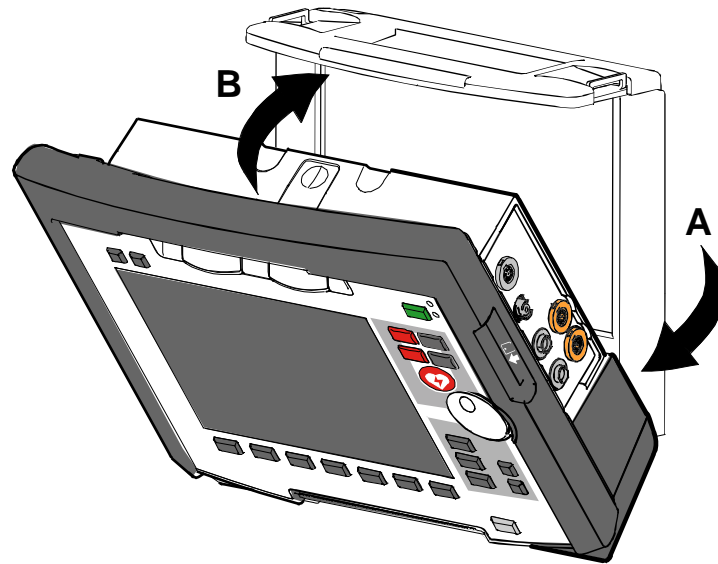


Fig. 4-34 Inserting the monitoring unit into the bracket (Illustration may differ)

**Removal** The monitoring unit is removed from the bracket in the same manner as it is disconnected to from the defibrillator/pacer (see chapter 4.4.1 Disconnecting the Monitoring Unit from the Defibrillator/Pacer, page 56):

1. Grasp the monitoring unit by the carrying handle and pull both snap locks simultaneously forwards and upwards with your thumbs or push them rearwards and downwards.
2. Tilt the monitoring unit forwards and remove upwards.



### 4.6.3 Charging bracket Patient box

- Insertion**
1. Position the patient box as shown in Fig. 4-35.
  2. Fit the patient box with its bottom side onto the long part of the charging bracket (item A):  
The recesses on the patient box engage in both pins (item 4) on the charging bracket.  
The connection coding (item 5) fits in the recess (item 3) on the patient box.
  3. Tilt the patient box upwards to the charging bracket (item B) until the lock audibly engages at the patient box.
  4. Make sure that the patient box is engaged in the guides and the closures.
  5. Connect the safety belt below the patient box and pull tight (not illustrated).

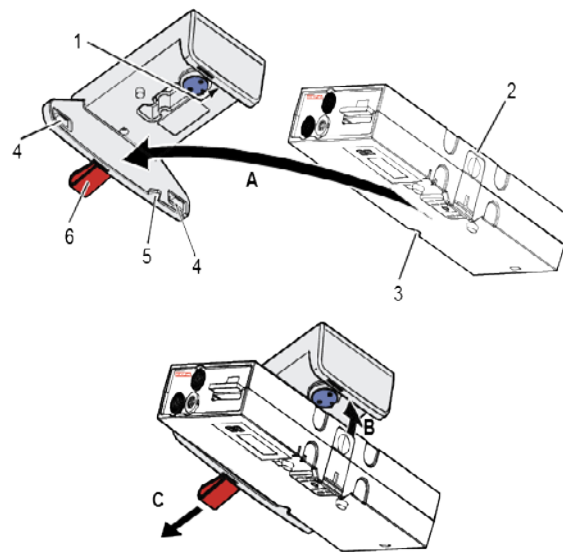


Fig. 4-35 Inserting the patient box into the charging bracket (ceiling installation)

- 1 Lock
- 2 Closure
- 3 Connection coding recess
- 4 Pins
- 5 Connection coding
- 6 Loop

- Removal**
1. Disconnect the safety belt (not illustrated in Fig. 4-35).
  2. Firmly hold the patient box and pull the loop (item 6) (item C).
  3. Remove the patient box from the bracket.

## 5 Operation – Therapy

### 5.1 Therapy Electrodes for Defibrillation and Pacing

#### 5.1.1 Types of Therapy Electrodes

**Note** With the introduction of the corPatch easy pre-connected therapy electrodes (P/N 05120.1), for adults (P/N 04324.3), Pediatric (P/N 05120.2) and Pediatric Extended (P/N 05120.3), the higher limits for the body weight of patients have been set. The operational safety as well as medical effectiveness of the therapy electrodes is guaranteed.

Various therapy electrodes are available for defibrillation and pacing:

Therapy electrodes	Application field	Patient groups
Shock paddles	Defibrillation, Cardioversion, ECG monitoring	Adults/children
Baby shock electrodes (Adapters for shock paddles)	Defibrillation, Cardioversion, ECG monitoring	Neonates/infants up to max. 5 kg body weight
corPatch easy electrodes (disposable electrodes)	Defibrillation, cardioversion, ECG monitoring Pacing	Adults/children
		Neonates/infants
Internal shock spoons (sterilisable)	Defibrillation, Cardioversion, ECG monitoring	Adults/children
		Neonates/infants

Table 5-1 Therapy electrodes for defibrillation and pacing

#### Shock paddles

The shock paddles can be used for defibrillation, synchronised cardioversion and for ECG monitoring (DE recording). For using the shock paddles with the defibrillator/pacer SLIM, an intermediate adapter cable is needed.

#### Baby shock electrodes

Defibrillation, synchronised cardioversion and ECG monitoring of neonates and infants is performed with baby shock electrodes (adapters) which are fitted onto the shock paddles. The energy is automatically reduced at a ratio of 10:1 if the adapters are fitted (see chapter 5.4.5 Manual Defibrillation and Cardioversion of Neonates and Children, page 86).

#### corPatch easy electrodes

corPatch easy electrodes are already connected to an electrode cable and only need to be connected to the therapy master cable of the defibrillator/pacer. The corPatch easy electrodes pre-connected for the defibrillator/pacer SLIM can be pre-connected even before opening the package.

#### Internal shock spoons

The internal shock spoons consist of the shock spoon-electrodes and the handles. Before use the electrodes have to be screwed onto the handles. The handles are already connected to an electrode cable and only need to be connected to the Y-adapter cable of the defibrillator/pacer.

**Therapy electrode detection**

The corpuls3 automatically detects the connected therapy electrodes and, if necessary, adjusts the maximum energy to be released (e.g. with corPatch easy Pediatric , shock spoons, etc.). In case this automatic detection is impaired, the user is shown a confirmation dialogue in which the connected electrode type can be selected manually. This function so ensures optimal patient protection at all times.

**Warning**

To guarantee a defibrillation protection for patients, users and third parties, use exclusively the accessories indicated in the list of authorised accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

**Warning**

Before releasing the shock, make sure that there is no risk for users or third parties. Electrical shock from defibrillator use can lead to arrhythmias, ventricular fibrillation or asystole.

**Warning**

The following safety instructions which can also be found on every pouch of the corPatch electrodes have to be complied with when using the corPatch electrodes:

- Do not crush, bend, or fold corPatch electrodes or store them under heavy objects.
- Do not open pouch until ready for use.
- Do not use corPatch electrodes if gel is dry.
- Do not use additional gel on corPatch electrodes.
- Do not overlap corPatch electrodes.
- Use separate ECG electrodes when performing non-invasive pacing.
- Do not touch the patient during defibrillation.
- Do not discharge shock paddles through corPatch electrodes.
- Keep corPatch electrodes clear of any other electrodes or metal parts in contact with the patient.

Not following these instructions for the corPatch electrodes or any other misuse or misapplication of the corPatch electrodes may result in severe patient burns or ineffective therapy.

**Caution**

Do not use corPatch electrodes if

- the packaging is damaged or opened;
- the expiry date indicated on the packaging has passed;
- the electrode is damaged or the connecting lug is bent.

**Warning****Burn injuries or non-effective therapy for the patient!**

Avoid contact between body parts of the patient, such as exposed skin on the head or limbs, with conductive fluids such as gel, blood, saline, and metal objects such as bed frames or stretchers.

**Caution**

Replace corPatch electrodes for adults at the latest after:

- 24 hours or 50 shocks;
- 8 hours of continuous operation in pacer mode.

**Caution**

When placing the corPatch electrodes on the patient's skin, make sure that no air pockets are included inside the adhesive surface. If necessary, shave. Apply corPatch electrodes from the centre outwards.



Warning

Before using the shock spoons, read and understand the additional user manual (P/N 04137.02).

### 5.1.2 Connecting the Electrode Cable

To connect the therapy electrodes, connect the corresponding plug (item 2 or item 3 in Fig. 5-1) to the therapy master cable (item 1). To disconnect, pull back the red sliding sleeve at the therapy master cable and pull apart the plugs. The plug connectors are twistproof.

When using the defibrillator/pacer SLIM the intermediate cable (item 5) has to be connected to the therapy socket (item 4) at the rear side of the defibrillator/pacer SLIM.

Electrode type	Defibrillator/pacer
<p><b>Shock paddles and shock spoons</b></p> <p>Connect the plug of the shock paddles or shock spoons (item 2) to the plug of the therapy master cable (item 1) of the defibrillator/pacer. The connection must snap into place perceptibly.</p>	
<p><b>corPatch easy electrodes</b> (only P/N 04324.1 and 04324.2)</p> <p>Connect the plug (item 3) of the corPatch easy electrodes to the plug of the therapy master cable (item 1) of the defibrillator/pacer. The connection must snap into place perceptibly.</p>	
<p><b>Intermediate cable and corPatch easy electrodes</b> (only P/N 05120.1, 05120.2 and 04324.3)</p> <p>Connect the plug (item 5) correctly orientated (item 1) to the therapy socket (item 4) of the defibrillator/pacer SLIM or to the therapy master cable.</p>	

Fig. 5-1 Connecting the therapy electrode cables (illustration may differ)

- 1 Therapy master cable with plug and red sliding sleeve
- 2 Plug of shock paddles and shock spoons
- 3 Plug of corPatch easy electrodes
- 4 Therapy socket
- 5 Plug of corPatch intermediate cable

**Note** For orientation and correct connection of the plugs, a raised nub is palpable on both the red sliding sleeve and the plug of the therapy electrodes (only P/N 04324.1 and 04324.2). When oriented correctly, the electrodes are easy to connect.

**Note** For using the shock paddles with the defibrillator/pacer SLIM, an intermediate adapter cable is needed (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).



Caution

**Do not use** the therapy master cable corpuls3 SLIM/corpuls1 (P/N 04326.0BA) as extension cable for the therapy master cable at the defibrillator/pacer (P/N 04300). Likewise, the therapy master cable corpuls3 SLIM/corpuls1 must not be combined with a second therapy master cable corpuls3 SLIM/corpuls1.



**Caution**

If the electrode plug is turned the wrong way and connected by force to the therapy master cable, there will be a malfunction in the paddle interface and an alarm message will be issued.

The plug connector has to be disconnected and checked for damage. If no damage is visible, connect the plug connector again, oriented correctly.

### 5.1.3 Removing the Shock Paddles from their Holders and Re-inserting them

#### Removing the shock paddles

To remove the shock paddles from their holders at the defibrillator/pacer, proceed as follows:

Prerequisite: The defibrillator/pacer is equipped with shock paddle holders.

1. Rotate the shock paddles by approx. 20° towards the front (item A) or towards the rear (item B).
2. In this position pull the shock paddles away from the device (item C).

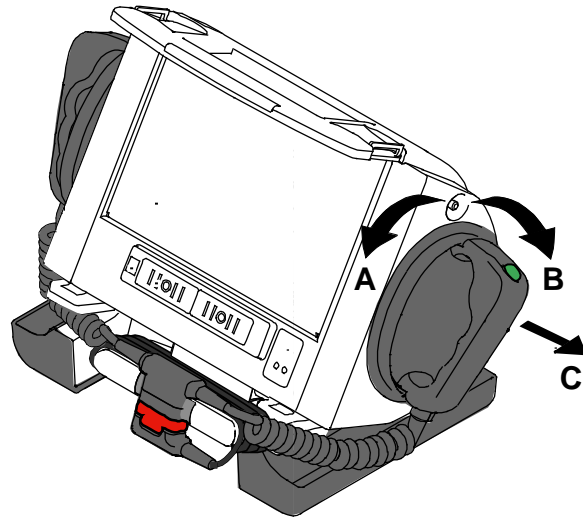


Fig. 5-2 Removing the shock paddles from their holders

#### Re-inserting the shock paddles

To re-insert the shock paddles, push them into the holders until they both perceptibly engage.

#### Note

The shock paddle with the green button (APEX) is to be placed in the right-hand holder and the shock paddle with the red button (STERNUM) in the left-hand holder. For guidance, corresponding information labels are placed above the holders.

## 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy



**Caution**

As a side effect of the defibrillation, a reddening of the skin and, in case of excessive hair, burn injuries may occur.



**Warning**

Recording of the ECG with therapy electrodes or via the 4 pole ECG monitoring cable is impaired if the skin is contaminated, wet or sweaty or in case of excessive hair.

### Preparing the patient

Before therapeutic measures can be performed, the patient has to be prepared:

1. Remove clothes from the patient's upper body.
2. Remove any item of jewelry that is located close to or between the two therapy electrodes.
3. Remove excessive hair so that the conductive surface of the therapy electrodes has full contact with the skin.
4. Clean and dry the skin before using therapy electrodes.

### Patient impedance

With attached therapy electrodes, the patient impedance is measured by the device and displayed in inverted colours as "OK", "LOW" or "HIGH" in defibrillation mode.

When the impedance is too low or too high, the shock release is blocked. When using the shock spoons, shock release is possible also in case of low impedance.

High impedance is displayed in case of:

- excessive hair,
- contaminated skin,
- shock paddles not completely wetted with electrode gel,
- too little contact pressure of the shock paddles,
- wrong position of the corPatch electrodes,
- Air pockets included when attaching corPatch electrodes.

Low impedance is displayed in case of:

- use of too much electrode gel on the shock paddles,
- too little distance between the therapy electrodes,
- wet patient skin,
- technical problems with the electrode cable.



**Warning**

On metallic and/or wet surfaces the following protective measures have to be taken during defibrillation:

- Release of the shock in semi-modular operation (only when using corPatch electrodes) with sufficient safety distance to patient;
- Placing the patient on a dry stretcher or non-conductive surface before defibrillation.

## 5.3 Defibrillation in AED Mode

### 5.3.1 Information on the AED Mode

#### AED

After pressing the AED key the following screen structure appears:

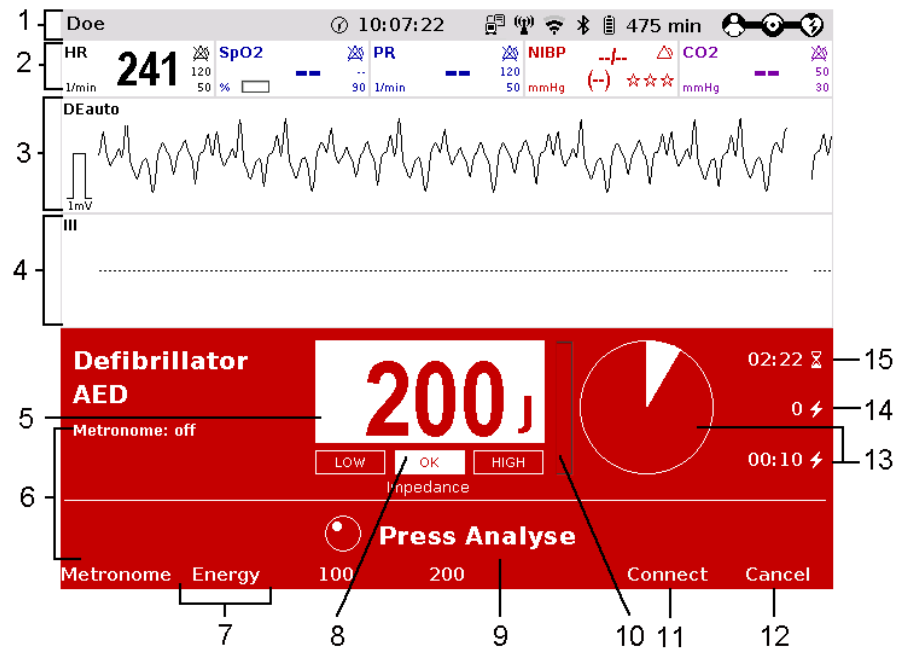


Fig. 5-3 AED mode, initial screen (illustration may differ)

- 1 Status-/alarm line
- 2 Parameter area
- 3 Current ECG (derivation II/DEauto)
- 4 Configurable curve area
- 5 Automatic pre-set energy
- 6 Metronome
- 7 Softkey [Energy] for energy settings
- 8 Patient impedance
- 9 Operating instruction
- 10 State of charge
- 11 Softkey [Connect] to start a Bluetooth connection
- 12 Softkey to cancel the charging
- 13 Time since last shock in numbers and as pie chart
- 14 Number of shocks since switching on the device
- 15 Time since defibrillation mode was launched

When corpuls3 is in AED mode, the user is guided through a standardised resuscitation protocol. The algorithm is governed by the current recommendations.

**Note** By default, the biphasic defibrillation impulse 6/4 is set. Upon request, the biphasic defibrillation impulse 4/3 can be configured by a service technician.

**Note** The use of a defibrillator in AED mode is not recommended for patients of less than 12 months of age.

**AED mode for children**

If no special paediatric AED device is available for patients aged between 1 and 8 years, it is recommended to use the defibrillator in AED mode with corPatch electrodes (Pediatric or Pediatric Extended).

The boot-up time of the corpuls3 is reduced if the corpuls3 is switched on directly in AED mode by pressing the **AED** key.

The curve field in the first line of the screen is pre-set and cannot be configured. There, the ECG recorded by the respective therapy electrodes is displayed, switching automatically between IIauto and DEauto. The switch between IIauto and DEauto only occurs when a valid ECG signal is present and not when the cable is connected. Lead DE is displayed preferentially.

- corPatch electrodes: *DEauto* lead, recorded via corPatch electrodes
- Shock paddles: *Einthoven lead IIauto*, recorded via ECG electrodes and 4-pole ECG monitoring cable  
or  
*DEauto* lead, recorded via shock paddles, if no 4-pole ECG monitoring cable is connected

The value of ECG amplitude is set to 10 mm/mV. Automatic ECG amplitude control is disabled.

The following keys are available to operate the device in AED mode:

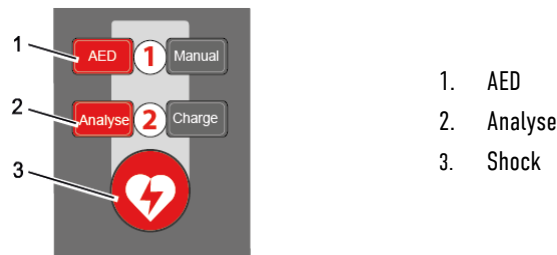


Fig. 5-4 AED mode function keys

When using corPatch electrodes, the shock is released by pressing the **Shock** key at the monitoring unit. When using the shock paddles, the shock is released by pressing both buttons at the shock paddles.

**Charging tone** During the charging process, the rising pitch of the charging tone (configurable by the user OPERATOR) indicates the progress of charging acoustically and serves as a warning to bystanders.

The charged defibrillator can be discharged internally by pressing the softkey [Cancel].

**Audio recording** In AED mode, a configurable audio recording option is available which is disabled by default. If the audio recording option is enabled by the person responsible for the device, all surrounding noises are recorded (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181).

**Softkey [Energy]** In AED mode, the option energy settings is available which is disabled by default. If the option is enabled by the person responsible for the device, the softkey [Energy] is available, which activates the energy selection via jog dial.

**Auto Analyse** In AED mode, the option "Autostart" is available which is disabled by default. If the option is enabled by the person responsible for the device, the ECG analysis starts automatically after 3 seconds warning time and the speech- and text message "Do not touch patient - Analysing heart rhythm".



The symbol "Auto Analyse" besides the defibrillation mode indicates that the option is activated. Starting the analysis manually by pressing the **Analyse** key is still possible.

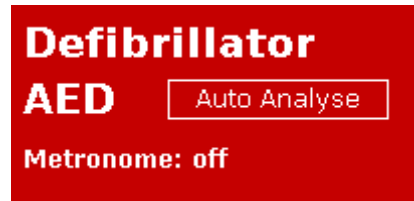


Fig. 5-5 Symbol Auto Analyse activated

#### CPR timer



As of software version 3.2 the functionality of the display "Time since last shock (last)" has been extended: The CPR timer is started by pressing the **Analyse** key or **Charge** key and runs in the background, even if the user changes to another mode.

To reset the CPR timer (starting the CPR cycle again), press the softkey [Cancel] or [Cont.CPR]. After the ECG analysis (result negative) and after the shock is delivered or aborted (30 s ready-for-shock-period passed or by user or due to technical problems), the CPR timer is reset automatically. If the option is enabled by the person responsible for the device, the remaining time of the CPR cycle (2 or 3 minutes) can be displayed as a pie chart.

**Softkey [Connect]** As of software version 3.2 it is possible to establish a Bluetooth connection with a corpuls cpr.



Fig. 5-6 Symbol for connected corpuls cpr in pie chart



**Warning**

In each individual case the trained user determines the progress of treatment according to medical requirements. The procedure shown here reflects the operating possibilities of the device.



**Warning**

#### Implanted pacer!

Irreversible damage to myocardium due to placement of therapy electrodes over the pacer unit. Examine if there is an implanted pacer.

Do not place therapy electrodes directly over the pacer unit.

After an external defibrillation, observe the pacer patient and have the implanted pacer checked.



**Warning**

#### Implanted pacer!

In patients with an implanted pacer, it is possible that shockable ECG rhythms or arrhythmias will only be detected to a limited extent.

Check the pulse of the patient to make sure that the device does not measure the frequency of the implanted pacer.



Warning

---

If the connection status of the corpuls3 is changed during an ECG analysis in AED mode (from radio connection to mechanical connection or vice versa), the ECG analysis will be aborted. In this case, start the ECG analysis again.

---



Warning

---

Equipment which is not defibrillation-proof must be disconnected from patients during defibrillation.

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Warning

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If for a defibrillation the electrodes of the 4-pole ECG monitoring cable are connected to the patient, the complementary 6-pole ECG diagnostic cable has to be either connected to the patient completely, safely stored in the accessory bag or disconnected from the patient box.

---



Warning

---

In defibrillation mode, no physiological alarms are indicated or saved. Technical alarms are indicated visually and acoustically.

---



Warning

---

**Must not be used with conscious patients!**

Electric shock with defibrillator use can lead to the following adverse effects in patients, users and third parties: Arrhythmias, ventricular fibrillation or asystole.

Do not use the corpuls3 if the patient is conscious.

Even in conscious patients, ventricular fibrillation or ventricular tachycardia can be detected.

---

### 5.3.2 Defibrillation in AED mode with corPatch Electrodes

When using corPatch electrodes, the ECG is obtained and the analysis is performed via the corPatch electrodes attached to the patient (indicated as DE). An additional 4-pole ECG monitoring cable is not needed.

#### AED

1. To start the AED mode, press the **AED** key.
2. Prepare the patient (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
3. Check the package of the corPatch electrodes for damage and check the expiry date.
4. Attach corPatch electrodes to the patient, as shown on the electrode package.
5. If configured, select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181).

#### Analyse

6. To start the ECG analysis, press the **Analyse** key. If the option "Autostart" is enabled, the ECG analysis starts automatically after 3 seconds warning time and the speech- and text message "Do not touch patient - Analysing heart rhythm".
7. During the charging process, the rising pitch of the charging tone (configurable by the user OPERATOR) indicates the progress of charging acoustically and serves as a warning to bystanders. With the message "Deliver shock" and the ready-signal, the device indicates that the defibrillation can be performed.

#### Performing a defibrillation



8. To perform defibrillation, hold down the **Shock** key until the shock has been delivered.
9. If the shock has been released successfully, the message `shock performed` is shown. Afterwards, a shock protocol is printed automatically.
10. The message `shock not recommended` indicates that the defibrillation cannot be performed and that the **Shock** key is locked.
11. Continue with the standardised or locally valid resuscitation protocol. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cancel].
12. The message `Press Analyse` indicates that the **Analyse** key should be pressed again to perform an ECG analysis.

#### Analyse



#### Warning

During ECG analysis, it is essential to avoid external commotion and vibration. Keep the patient lying down calmly.

Do not touch the patient.

It is essential to discontinue artificial respiration during ECG analysis. This leads to false analysis results since the periodic expansion of the chest may simulate an ECG rhythm.

#### Note

With the introduction of the corPatch easy pre-connected therapy electrodes (P/N 05120.1), for adults (P/N 04324.3), Pediatric (P/N 05120.2) and Pediatric Extended (P/N 05120.3), the higher limits for the body weight of patients have been set. The operational safety as well as medical effectiveness of the therapy electrodes is guaranteed.

#### Note

The CPR rhythm can be supported acoustically by activating the metronome via the softkey [Metronome].

#### Note

If the corpuls3 detects a shockable rhythm, the defibrillator starts charging. If the corpuls3 detects a non-shockable rhythm during further analysis, the defibrillator aborts charging and discharges internally. The user has to re-start analysis.

#### Note

The selected energy level is available for 30 seconds after charging. If no shock has been generated during this time, the device is discharged internally.

### 5.3.3 Defibrillation in AED Mode with Shock Paddles

To perform a defibrillation in AED mode with shock paddles, an ECG must be obtained for analysis via the ECG electrodes and the 4-pole ECG monitoring cable.

#### AED

1. To start the AED mode, press the **AED** key.
2. Prepare the patient (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
3. Place all four ECG electrodes of the 4-pole ECG monitoring cable on the patient (see chapter 6.3 Monitoring ECG, page 109).
4. Completely wet the electrode surfaces of the shock paddles with defibrillation electrode gel.
5. If configured, select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181).

#### Analyse

6. To start the ECG analysis, press the **Analyse** key or one of the buttons at the shock paddles. If the option "Autostart" is enabled, the ECG analysis starts automatically after 3 seconds warning time and the speech- and text message "Do not touch patient - Analysing heart rhythm".
7. During the charging process, the rising pitch of the charging tone (configurable by the user OPERATOR) indicates the progress of charging acoustically and serves as a warning to bystanders. With the message "Deliver shock" and the ready-signal, the device indicates that the defibrillation can be performed.
8. Place the APEX shock paddle (Fig. 5-7, item 1) on the lower left of the thorax beside apex of the heart (5th ICS).
9. Place the STERNUM shock paddle (Fig. 5-7, item 2) to the right of the sternum.

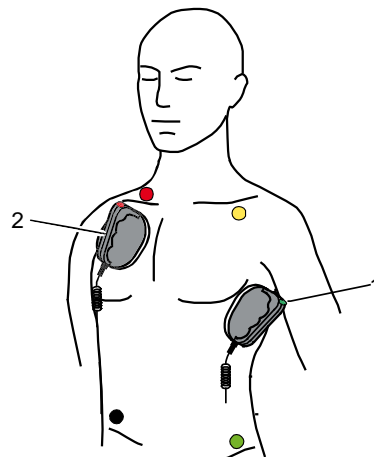


Fig. 5-7 Applying the shock paddles

- 1 Position of the APEX shock paddle
- 2 Position of the STERNUM shock paddle

**Performing a defibrillation**

10. Hold down both shock paddle buttons until a shock has been released. By pressing the shock paddle buttons a confirmative tone sounds. If the shock has been released successfully, the message **shock performed** is shown. Afterwards, a shock protocol is printed automatically.
11. The message **shock not recommended** indicates that the defibrillation cannot be performed and that the buttons at the shock paddles are locked.
12. Continue with the standardised or locally valid resuscitation protocol. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cancel].
13. To start the ECG analysis, press the **Analyse** key or one of the buttons at the shock paddles again.

**Analyse****Warning**


---

During ECG analysis, it is essential to avoid external commotion and vibration. Keep the patient lying down calmly. Do not touch the patient.

It is essential to discontinue artificial respiration during ECG analysis. This leads to false analysis results since the periodic expansion of the chest may simulate an ECG rhythm.

---

**Warning**


---

Make sure that no defibrillation electrode gel gets into the insulation area between the electrode surface and the handle. Only use defibrillation electrode gel intended for this purpose.

---

- Note** If the paddles have not been used for some time, the paddle buttons have to be pressed repeatedly.
- Note** The selected energy level is available for 30 seconds after charging. If no shock has been generated during this time, the device is discharged internally.
- Note** For safety reasons, when using shock paddles, the keys **Charge** and **Shock** on the monitoring unit are blocked. The charging and release of the defibrillation shock can only be triggered via the shock paddle buttons.
- Note** Energy selection can be performed by connecting both electrode surfaces of the shock paddles (short-circuiting). To decrease the energy, briefly press the APEX shock paddle button. To increase the energy, briefly press the STERNUM shock paddle button.
- Note** The CPR rhythm can be supported acoustically by activating the metronome via the softkey [Metronome].

## 5.4 Manual Defibrillation and Cardioversion

### 5.4.1 Information on Manual Defibrillation and Cardioversion

In the manual defibrillation mode of corpuls3, the users have full freedom of action and decision-making concerning operation of the defibrillator. They have to assess the ECG and can, depending on the patient, select the necessary energy and trigger the defibrillation- or cardioversion shock.

**Note** By default, the biphasic defibrillation impulse 6/4 is set. Upon request, the biphasic defibrillation impulse 4/3 can be configured by a service technician.

**Manual**

After pressing the **Manual** key the following screen structure appears:

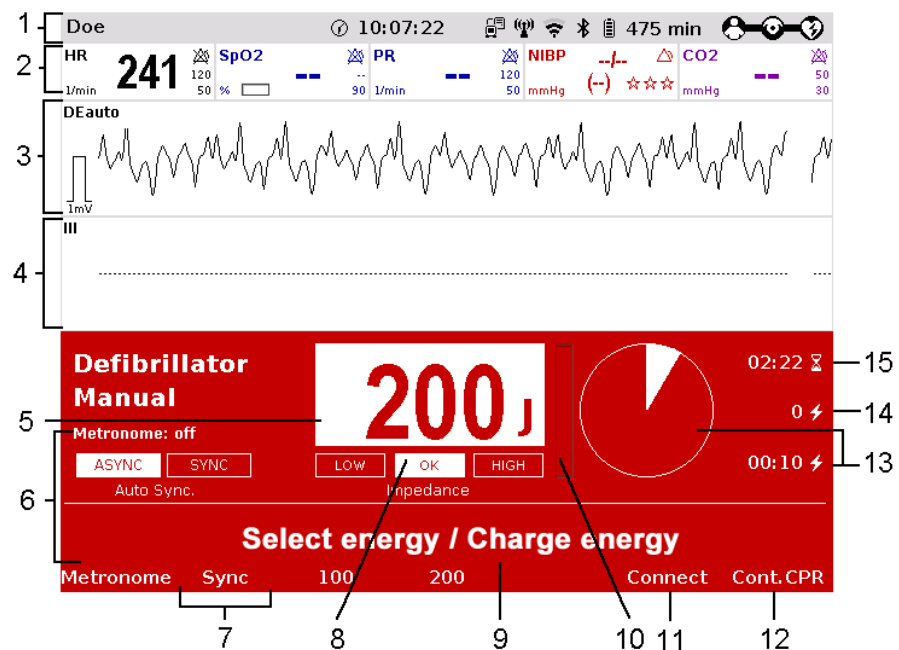


Fig. 5-8 Manual defibrillation, initial screen (illustration may differ)

- 1 Status-/alarm line
- 2 Parameter area
- 3 Current ECG (derivation II/DEauto)
- 4 Configurable curve area
- 5 Pre-set energy
- 6 Metronome
- 7 Softkey [Sync] for synchronisation settings
- 8 Patient impedance
- 9 Operating instruction
- 10 State of charge
- 11 Softkey [Connect] to start a Bluetooth connection
- 12 Softkey [Cont.CPR] for continuing CPR measures
- 13 Time since last shock in numbers and as pie chart
- 14 Number of shocks since switching on the device
- 15 Time since defibrillation mode was launched

The curve field in the first line of the screen is pre-set and cannot be configured. There, the ECG recorded by the respective therapy electrodes is displayed, switching automatically between IIauto and DEauto. The switch between IIauto and DEauto only occurs when a valid ECG signal is present and not when the cable is connected. Lead DE is displayed preferentially.

corPatch easy electrodes  
& shock spoons

*DEauto* lead, recorded via corPatch electrodes

Shock paddles:

*Einthoven lead IIauto*, recorded via ECG electrodes and 4-pole ECG monitoring cable

or

*DEauto* lead, recorded via shock paddles, if no 4-pole ECG monitoring cable is connected

Amplification of the ECG curves is 10 mm/mV. Automatic ECG amplitude control is disabled.

The boot-up time of the corpuls3 is reduced if the corpuls3 is switched on directly in manual defibrillation mode by pressing the **Manual** key.

Persons responsible for the device can pre-set the energy level with the function Auto Energy. This energy level is automatically available when the device is switched to manual defibrillation mode for the first time (see chapter 7.2 Configuration of the Monitoring Functions, page 165).

The following keys are available to operate the device in manual mode:

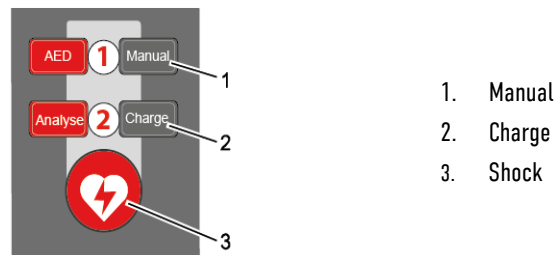


Fig. 5-9 Function keys for manual defibrillation and cardioversion

When using corPatch electrodes or shock spoons, the shock is released by pressing the **Shock** key at the monitoring unit. When using the shock paddles, the shock is released by pressing both buttons at the shock paddles.

The charged defibrillator can be discharged internally by pressing the softkey [Cancel].

Cardioversion settings are adjusted via the softkey [Sync].

The following settings are available:

- **Auto Sync:** If QRS complexes are detected, the corpuls3 synchronises the shock release automatically for a cardioversion. If the corpuls3 does not detect QRS complexes within one second, the shock is released without synchronisation.
- **Sync:** If QRS complexes are detected, the device synchronises the shock release for a cardioversion. If no QRS complexes are detected, a cardioversion or defibrillation is not possible.
- **Async** The defibrillation is performed only asynchronously. In this mode, a cardioversion is not possible.



Warning

---

#### Impaired synchronisation due to artefacts!

In synchronous defibrillation with shock paddles without the 4-pole ECG monitoring cable, the positioning of the paddles can cause ECG artifacts that may impair synchronisation.

Pay special attention to good contact and detection of regular QRS complexes.

---



Warning

A cardioversion may lead to ventricular fibrillation or asystole. When performing a cardioversion, mind the following:

- The ECG has to be stable with a heart rate of at least 60/min.
  - The synchronisation mode has to be set to SYNC.
  - The QRS marks (triangles) have to mark each QRS complex. Do **NOT** rely on the QRS-/pulse tone alone.
  - The shock release has to be effected according to valid guidelines.
  - To release a shock, the **Shock** key at the monitoring unit or the buttons at the shock paddles have to be held down until a shock is released.
- 



Warning

Equipment which is not defibrillation-proof must be disconnected from patients during defibrillation and cardioversion.

---



Warning

If for a defibrillation the electrodes of the 4-pole ECG monitoring cable are connected to the patient, the complementary 6-pole ECG diagnostic cable has to be either connected to the patient completely, safely stored in the accessory bag or disconnected from the patient box.

---



Warning

No physiological alarm events are displayed and saved in defibrillation mode. Technical alarms are indicated visually and acoustically.

---

#### Audio recording

In manual mode, a configurable audio recording option is available which is disabled by default. If the audio recording option is enabled by the person responsible for the device, all surrounding noises are recorded (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181).

#### CPR timer

As of software version 3.2 the functionality of the display "Time since last shock (last)" has been extended: The CPR timer is started by pressing the **Analyse** key or **Charge** key and runs in the background, even if the user changes to another mode. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cancel] or [Cont.CPR]. After the ECG analysis (result negative) and after the shock is delivered or aborted (30 s ready-for-shock-period passed or by user or due to technical problems), the CPR timer is reset automatically. If the option is enabled by the person responsible for the device, the remaining time of the CPR cycle (2 or 3 minutes) can be displayed as a pie chart.



## 5.4.2 Manual Defibrillation with corPatch Electrodes

When using corPatch electrodes, the ECG is obtained via the corPatch electrodes attached to the patient (indicated as DE). Via additionally attached ECG electrodes and the 4-pole ECG monitoring cable, further leads can be displayed in the configurable second curve field (see chapter 6.3 Monitoring ECG, page 109).

### Manual

1. To start the manual defibrillation mode, press the **Manual** key.
2. Prepare the patient (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
3. Check the package of the corPatch electrodes for damage and check the expiry date.
4. Attach corPatch electrodes to the patient, as shown on the electrode package. Select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial.

### Charge

5. To start the charging process, press the **Charge** key.  
The charging process takes approximately 5 seconds depending on the selected energy setting. During the charging process, the rising pitch of the charging tone (configurable by the user OPERATOR) indicates the progress of charging acoustically and serves as a warning to bystanders.
6. Wait until the message **Ready for shock** is displayed on the screen and the ready-signal is sounding. The device is ready for releasing a defibrillation shock.
7. Hold down the **Shock** key until the shock is delivered to perform defibrillation or cardioversion.
8. If the shock has been released successfully, the message **Shock performed** is shown. Afterwards, a shock protocol is printed automatically, if configured by the user OPERATOR.
9. Continue with the standardised or locally valid resuscitation protocol. If the option "Reminder Man." is configured by the operator, the message "**Assess heart rhythm**" appears 2 or 3 minutes after readiness for shock ended.
10. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cont.CPR].



**Note** With the introduction of the corPatch easy pre-connected therapy electrodes (P/N 05120.1), for adults (P/N 04324.3), Pediatric (P/N 05120.2) and Pediatric Extended (P/N 05120.3), the higher limits for the body weight of patients have been set. The operational safety as well as medical effectiveness of the therapy electrodes is guaranteed.

**Note** The CPR rhythm can be supported acoustically by activating the metronome via the softkey [Metronome].

**Note** If the jog dial is pressed in manual defibrillation mode, the energy selection at the monitoring unit is only possible via the softkeys. Press the **Manual** key again, to be able to select the energy level with the jog dial.

**Note** The selected energy level is available for 30 seconds after charging. If no shock has been generated during this time, the device is discharged internally.

## 5.4.3 Manual Defibrillation and Cardioversion with Shock Paddles

When using shock paddles, the ECG is obtained via the shock paddles pressed to the patient's thorax (indicated as DE). Via additionally attached ECG electrodes and the 4-pole ECG monitoring cable, further leads can be displayed in the configurable second curve field (see chapter 6.3 Monitoring ECG, page 109).

**Note** Obtaining the ECG via the ECG electrodes and the 4-pole ECG monitoring cable (as explained in the following) assures a better signal quality than via the shock paddles.

## Manual

1. To start the manual defibrillation mode, press the **Manual** key.
2. Prepare the patient (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
3. Place all four ECG electrodes of the 4-pole ECG monitoring cable on the patient (see chapter 6.3 Monitoring ECG, page 109).
4. Completely wet the electrode surfaces of the shock paddles with defibrillation electrode gel.
5. Select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial.
6. To start the charging process, briefly press one of the shock paddle buttons and release. The charging process takes approximately 5 seconds depending on the selected energy setting. If enabled, the rising pitch of the charging tone indicates the progress of charging acoustically and serves as a warning to bystanders.
7. Wait until the message **Ready for shock** is displayed on the screen and the ready-signal is sounding. The device is ready for releasing a defibrillation shock.
8. Place the APEX shock paddle (Fig. 5-10, item 1) on the lower left of the thorax beside apex of the heart (5th ICS).
9. Place the STERNUM shock paddle (Fig. 5-10, item 2) to the right of the sternum.

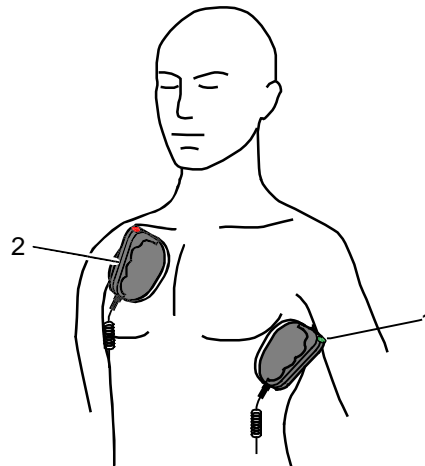


Fig. 5-10 Applying the shock paddles

- 1 Position of the APEX shock paddle
- 2 Position of the STERNUM shock paddle

#### Performing a defibrillation/ cardioversion

10. Hold down both shock paddle buttons until a shock has been released. By pressing the shock paddle buttons a confirmative tone sounds.
11. If the shock has been released successfully, the message **shock performed** is shown. Afterwards, a shock protocol is printed automatically, if configured by the user OPERATOR.
12. The message **shock not recommended** indicates that the defibrillation cannot be performed and that the buttons at the shock paddles are locked.
13. Continue with the standardised or locally valid resuscitation protocol. If the option "Reminder Man." is configured by the operator, the message "**Assess heart rhythm**" appears 2 or 3 minutes after readiness for shock ended.
14. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cont.CPR].

#### Energy selection via the shock paddle buttons

By short circuiting the shock paddles the energy selection via the shock paddle buttons is enabled. This function enables the energy selection with the jog dial in 5 J increments. With the baby shock electrodes attached, this energy selection is not possible.



Warning

---

#### Electric shock

Make sure that no defibrillation electrode gel gets into the insulation area between the electrode surface and the handle.

Only use defibrillation electrode gel intended for this purpose.

---



Warning

---

#### Ineffective shock therapy

For an effective shock release, a pressure of approx. 8 kg is necessary in adult patients. Press the shock paddles firmly onto the patient's thorax when the shock is triggered.

Keep both shock paddle buttons depressed until the shock is delivered.

---

- Note** If the paddles have not been used for some time, the paddle buttons have to be pressed repeatedly.
- Note** The CPR rhythm can be supported acoustically by activating the metronome via the softkey [Metronome].
- Note** If the jog dial is pressed in manual defibrillation mode, the jog dial is blocked and the energy selection at the monitoring unit is only possible via the softkeys. Press the **Manual** key again, to be able to select the energy level with the jog dial.
- Note** The selected energy level is available for 30 seconds after charging. If no shock has been generated during this time, the device is discharged internally.
- Note** For safety reasons, when using shock paddles, the keys **Charge** and **Shock** on the monitoring unit are blocked. The charging and release of the defibrillation shock can only be triggered via the shock paddle buttons.
- Note** Energy selection can be performed by connecting both electrode surfaces of the shock paddles (short-circuiting). To decrease the energy, briefly press the APEX shock paddle button. To increase the energy, briefly press the STERNUM shock paddle button.

### 5.4.4 Manual Defibrillation and Cardioversion with Shock Spoons

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Warning

Before using the shock spoons, read and understand the safety and preparation notices in the manual (P/N 04137.02).

---

When using shock spoons, the ECG is obtained via the shock spoons pressed to the patient's heart. It is, however, recommended to obtain the ECG via the 4-pole ECG monitoring cable (see chapter 6.3 Monitoring ECG, page 109).

- Note** Obtaining the ECG via the ECG electrodes and the 4-pole ECG monitoring cable (as explained in the following) assures a better signal quality than via the shock paddles.
- Note** When using shock spoons, the energy available is limited by the device to a maximum of 50 J.

**Manual**

1. To start the manual defibrillation mode, press the **Manual** key.
2. Place all four ECG electrodes of the 4-pole ECG monitoring cable on the patient (see chapter 6.3 Monitoring ECG, page 109).
3. Screw sterile shock spoons of the correct size into the sterile shock spoon holders.
4. Select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial.

**Charge**

5. To start the charging process, press the **Charge** key.  
The charging process takes approximately 5 seconds depending on the selected energy setting. If enabled, the rising pitch of the charging tone indicates the progress of charging acoustically and serves as a warning to bystanders.
6. Wait until the message **Ready for shock** is displayed on the screen and the ready-signal is sounding. The device is ready for releasing a defibrillation shock.
7. Hold down the **Shock** key until the shock is delivered to perform defibrillation or cardioversion.
8. If the shock has been released successfully, the message **shock performed** is shown. Afterwards, a shock protocol is printed automatically, if configured by the user OPERATOR.
9. Continue with the standardised or locally valid resuscitation protocol. If the option "Reminder Man." is configured by the operator, the message "Assess heart rhythm" appears 2 or 3 minutes after readiness for shock ended.
10. To reset the CPR timer (starting the CPR cycle again), press the softkey [Cont.CPR].



**Note** If the jog dial is pressed in manual defibrillation mode, the energy selection at the monitoring unit is only possible via the softkeys. Press the **Manual** key again, to be able to select the energy level with the jog dial.

**Note** The selected energy level is available for 30 seconds after charging. If no shock has been generated during this time, the device is discharged internally.

### 5.4.5 Manual Defibrillation and Cardioversion of Neonates and Children

**Warning**

With the baby shock electrodes the defibrillation energy is automatically reduced. The energy reduction is effected at a ratio of 1:10, i.e. one tenth of the energy set in defibrillation mode.

If, for example, an energy level of 200 J is selected, the shock is released with an energy of just 20 J.

**Defibrillation electrodes**

For the defibrillation and cardioversion of neonates and children, various types of defibrillation electrodes are available:

- Baby shock electrodes (as adapters for shock paddles, up to 5 kg body weight maximum)
- corPatch easy electrodes Pediatric and Pediatric Extended up to 25 kg body weight maximum
- corPatch easy electrodes for adults from 10 kg or 20 kg body weight
- corPatch easy pre-connected electrodes from 20 kg body weight

**corPatch easy electrodes Pediatric**

When using corPatch easy electrodes Pediatric and Pediatric Extended, the energy available is limited by the device to a maximum of 100 J.

**Connecting baby shock electrodes**

1. Fit the baby shock electrodes (item 2) onto the shock paddles (item 1) and press until the curved edge engages perceptibly.

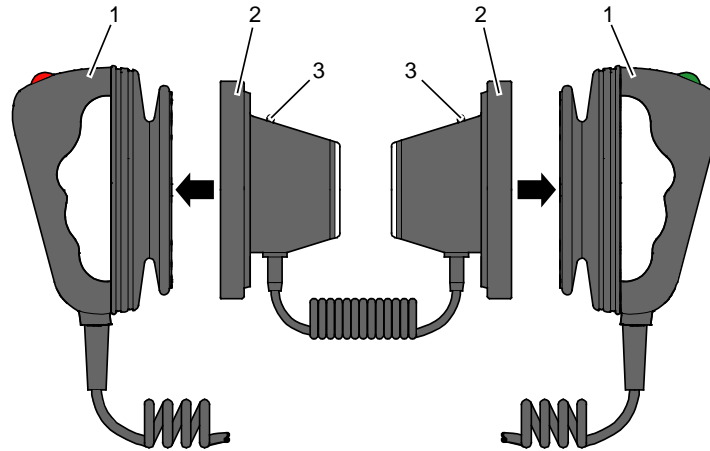


Fig. 5-11 Connecting baby shock electrodes

- 1 Shock paddles for adults
- 2 Baby shock electrodes
- 3 Diode for functional test

2. Perform a functional test:  
Trigger a 10 J shock with short-circuited baby shock electrodes.  
The two diodes (item 3) light up. If the diodes do not light up, check the connections and repeat the functional test.
3. Further procedure as described in chapter 5.4.3 Manual Defibrillation and Cardioversion with Shock Paddles, page 83.

**Note** If the shock is aborted while using baby shock electrodes, the message `shock performed` might be shown.

**Caution**


---

Short-circuit the baby shock electrodes away from your body during the functional test.

---

## 5.5 External Pacer

### 5.5.1 Information on the External Pacer

By electrical stimulation of the heart muscle, the external pacer of corpuls3 can supplement, positively influence or completely take over its function.

**Applying the corPatch electrodes**

The pacer emits pacing pulses to the patient’s heart muscle via the corPatch electrodes attached to the thorax. The corPatch electrodes are placed in the anterior and posterior position in this case.

Different operating modes enable the user to adapt the treatment individually for each patient.

**Access control to pacer mode**

The user OPERATOR can block the access to the pacer mode by means of a PIN code. One has to make sure that the code is known to authorised users, as otherwise pacer therapy is not possible.

By pressing the **Pacer** key the device activates the pacer mode:

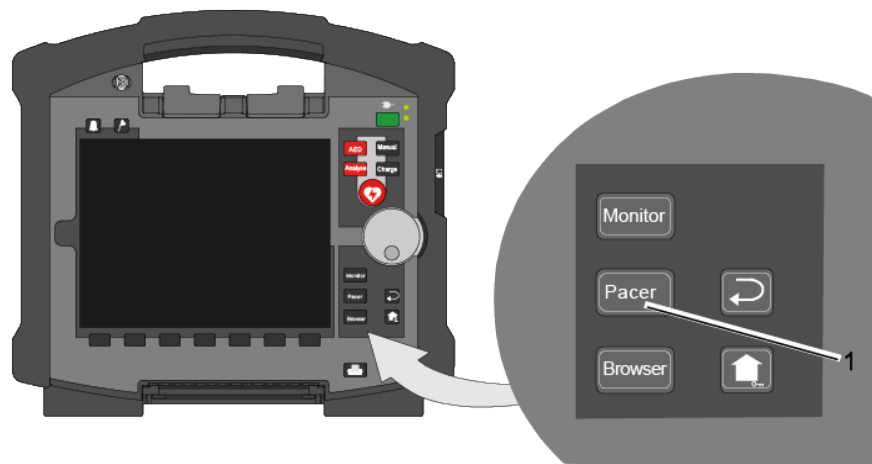


Fig. 5-12 Pacer function

1 Pacer key

**Note** For a reliable suppression of pacer impulses, the 4-pole ECG monitoring cable has to be used.

**Note** In lead DE no pacer recognition can be performed, because the ECG curve DE cannot display pacer spikes.

**Note** The corpuls simulator can be used for the daily and monthly function checks. For safety reasons, the corpuls simulator shows the DE lead in pacer mode and therefore is only partially suitable for the simulation of pacer therapy.



**Warning**

In patients with an implanted pacer, it is possible that shockable ECG rhythms or arrhythmias will only be detected to a limited extent.



**Caution**

**Functional error due to interference**

This may result in signal interference with the pacer.

Do not operate the device in pacer mode near high frequency surgical devices.



**Caution**

The patient must not remain unattended when using the external pacer.

The basic settings when using the device in pacer mode for the first time are:

- Intensity: 0 mA
- Frequency: 70/min
- Operating mode: DEMAND

#### Pacer pulse identification

The moment of stimulation is marked by a green vertical line (spike) in the ECG curves. A small lozenge symbol is located under each spike. In addition, a large lozenge symbol is flashing in the upper left corner of the curve field.

The lozenge symbol  $\blacklozenge$  in the upper left corner indicates the stimulation impulse of an implanted pacer.

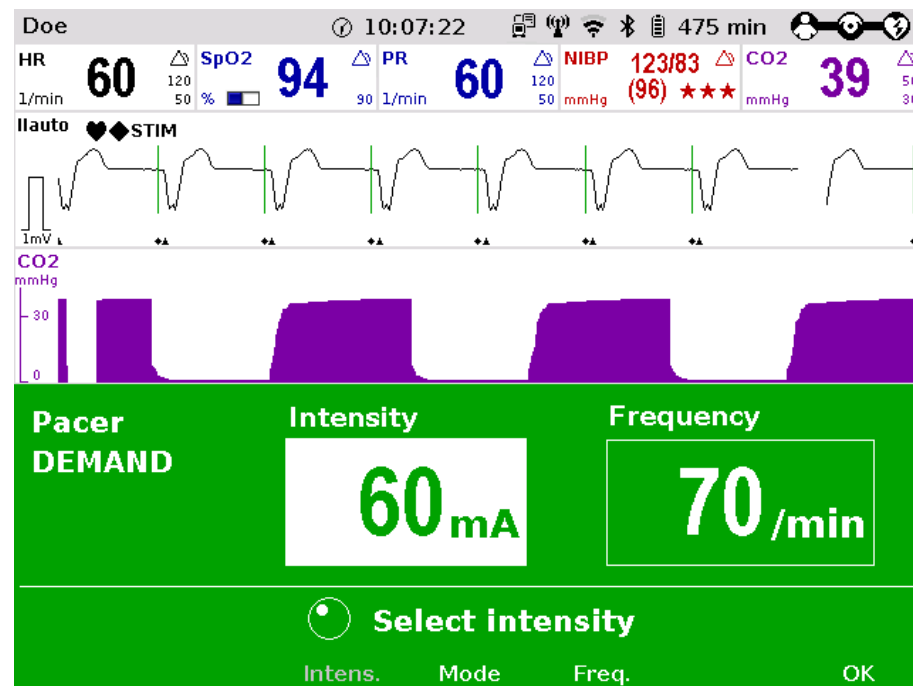


Fig. 5-13 Pacer pulse identification

#### Note

Connecting and disconnecting ECG electrodes may lead to the detection of false-positive pacer pulses. If this occurs, the device briefly displays pacer pulses, although the patient does not have an implanted (internal) pacer.

#### Message "STIM"

The pacer mode is indicated by the message "STIM" in the upper left corner of the curve field.

When stimulation is performed, the message "STIM" is flashing. When "STIM" is permanently displayed, the pacer is switched on (e. g. in DEMAND mode in a frequency range in which no stimulation is necessary), but is not active (no stimulation). Only when the pacer is switched off or paused, the message "STIM" is not displayed.

The pacer continues to operate in monitoring mode.

If the user

- presses the **On/Off** key or
- switches to defibrillation mode

while the pacer is running, a confirmation prompt appears, warning that the pacer is active. Switching off the pacer or switching to defibrillation mode can be confirmed by pressing the softkey [OK] or aborted by pressing the softkey [Cancel].

**Note** As long as the pacer is active, the corpuls3 cannot be switched off or switch to defibrillator mode without a prior confirmation prompt.

The pacer can only be operated when corPatch electrodes are connected to the therapy master cable. The pacer is switched off automatically if a cable is removed while running in pacer mode.

**Note** If no ECG cable is connected to the patient box, the DEMAND mode cannot be selected. The confirmation prompt `Switch pacer to FIX mode?` appears.

### 5.5.2 Preparing the pacer function

**FIX Operating mode** In FIX operating mode, pacing is performed with a fixed frequency, regardless of the patient’s own heart rate.



**Warning**

The pacer function and the ECG recording function are compromised if adhesion of the corPatch electrodes or ECG electrodes is impaired due to contaminated skin or excessive hair.

**Note** Only use corPatch electrodes indicated in the list of approved accessories. The corPatch electrodes must no longer be used after the expiry date indicated on the packaging has passed.

1. Prepare the patient (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
2. If necessary, prepare ECG monitoring (see chapter 6.3.3 Preparing ECG Monitoring, page 110).

If the pacer mode is called up for the first time, a picture and the message "Recommended electrode placement" appears. To close the message, press softkey [OK].

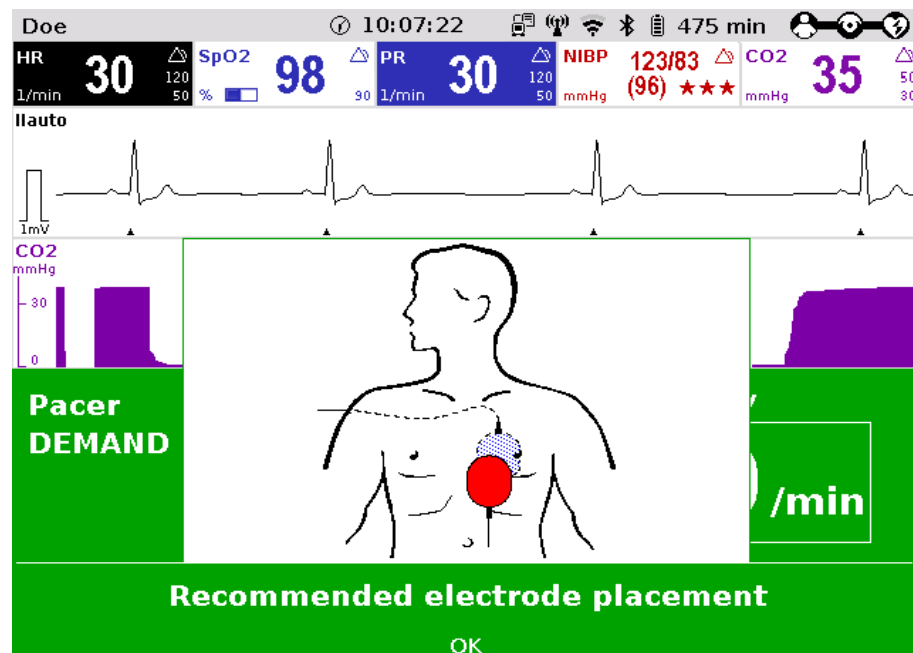


Fig. 5-14 Pacer, Recommended electrode placement

3. Place the blue-labelled corPatch electrode on the back beside the vertebral column beneath the shoulder blade (item 1).
4. Place the red-labelled corPatch electrode on the thorax at the level of the bottom third of the sternum (between 4th and 5th ICS) (item 2).
5. Connect the corPatch electrodes to the therapy master cable.



**Caution****Less effective pacer therapy!**

Pacer therapy with the corPatch electrodes in APEX/STERNUM position can be attempted. If this, however, has no effect on the heart rhythm of the patient, it is recommended to attach the corPatch electrodes in anterior/posterior position (if adhesion is still sufficient).

If necessary, use fresh corPatch electrodes.

**DEMAND mode**

In DEMAND operating mode, pacing is only performed when the patient's own heart rate is below the pre-set pacing frequency.

**Note**

In DEMAND mode, the ECG has to be obtained via ECG electrodes and the 4-pole ECG monitoring cable addition in to the corPatch electrodes.

If no valid ECG is present (e.g. because the 4-pole ECG monitoring cable is not connected to the patient box), an alarm is triggered, the pacer therapy stops and the confirmation request "switch pacer to FIX mode?" appears. If the user confirms with the softkey [Yes], the therapy is continued in FIX mode. If the softkey [No] is pressed, the therapy remains paused. If the user does not react, the confirmation request disappears after 10 s and the pacer shows the initial screen. If within this time, a valid ECG is detected again, therapy is continued in DEMAND mode.

**OVERDRIVE function**

With the OVERDRIVE function, a patient with a high-frequency cardiac rhythm is restored to a normal-frequency cardiac rhythm.

### 5.5.3 Starting the Pacer Function

**Preparing the device**

Prerequisite: Device is switched on.



1. Press the **Pacer** key to run the pacer function. The following screen structure appears:

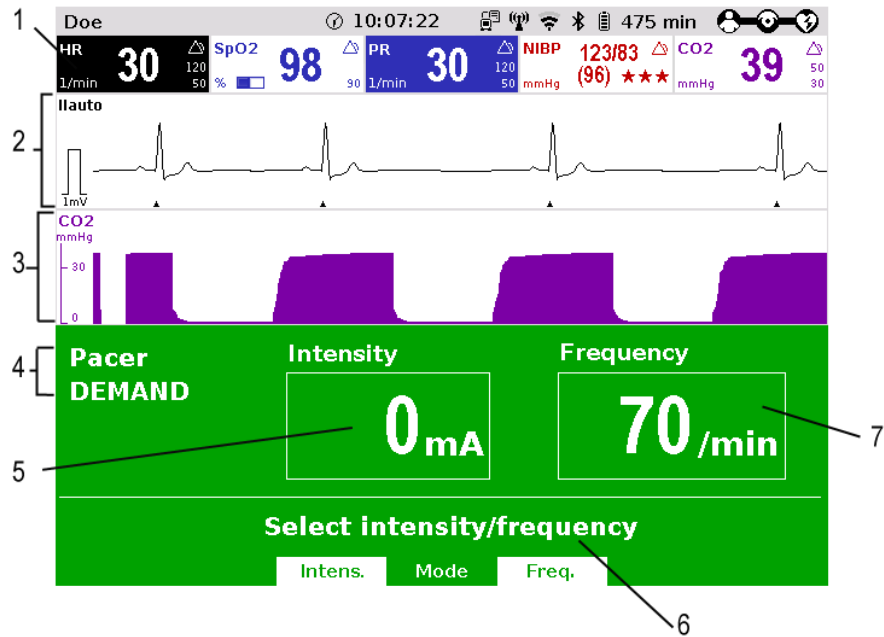


Fig. 5-15 Pacer, initial screen

- 1 Heart rate parameter field
- 2 Current ECG (derivation II/DEauto)
- 3 Configurable curve field
- 4 Pacer operating mode
- 5 Selected intensity
- 6 Softkey assignment
- 7 Operating instruction
- 8 Selected frequency

**Note** The pacer always starts in DEMAND operating mode.

**FIX or DEMAND operating mode**

1. If the operating mode FIX is indicated, press the softkey [Mode]. If DEMAND operating mode is to be used, connect the ECG monitoring cable and continue with step 4.
2. Press the softkey [FIX] to select FIX operating mode.
3. Press the softkey [Freq.] and select the required frequency with the jog dial.
4. Press the softkey [Intens.] and select the required intensity with the jog dial.

**Note** The pacing frequency can be adjusted in 5/min increments within the range of 30/min to 150/min.

**Note** The pacing intensity can be adjusted from 0 to 10 mA and then in 5 mA increments up to 150 mA.



Pacing begins automatically as soon as an intensity of more than 0 mA is selected.



Warning

Regularly check effectiveness of the pacer by checking the central pulse.



Warning

In patients with an implanted pacer, it is possible that shockable ECG rhythms or arrhythmias will only be detected to a limited extent.

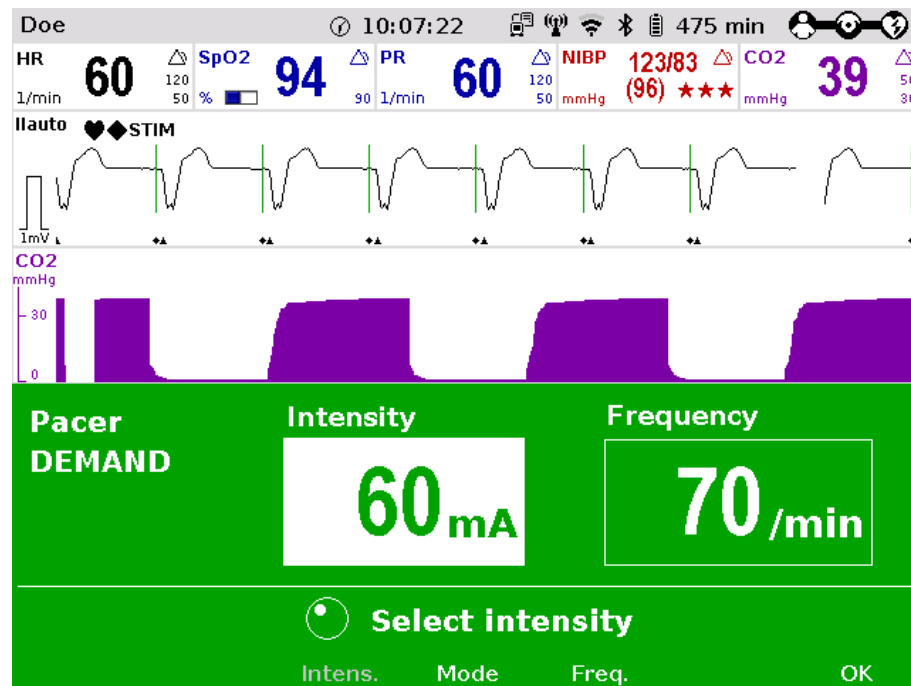


Fig. 5-16 Pacer, selecting the intensity

#### Pause pacing

If necessary, press the softkey [Pause] to interrupt pacing. Confirm with the question `Pause pacing?` with the softkey [Yes].

#### Continue pacing

If pacing has been paused, press the softkey [Continue pacing] to continue pacing. Confirm with the question `Continue pacing?` with the softkey [Yes].

#### End pacing

To end the current pacing, press the softkey [Off]. Answer the confirmation prompt `switch off pacer?` with the softkey [Yes] to end pacing and to reset the pacer (DEMAND, 0 mA, 70/min).



Warning

The procedure described below is a recommendation from the manufacturer. Qualified users will determine the progress of treatment on their own account.

#### Prerequisite:

- Operating mode DEMAND is called up,
- Heart rate is over 70/min
- ECG electrodes are attached and the ECG monitoring cable is connected.
- Appropriate therapy electrodes are connected.

**OVERDRIVE function**

1. Press the **Pacer** key to run the pacer function.
2. Press the softkey [Mode] to leave the operating mode DEMAND.
3. Press the softkey [OVR] to select the OVERDRIVE function. The pacing frequency will be automatically adjusted to a value just below the patient's frequency.
4. Press the softkey [Intens.] and select an intensity value between 60 and 100 mA.

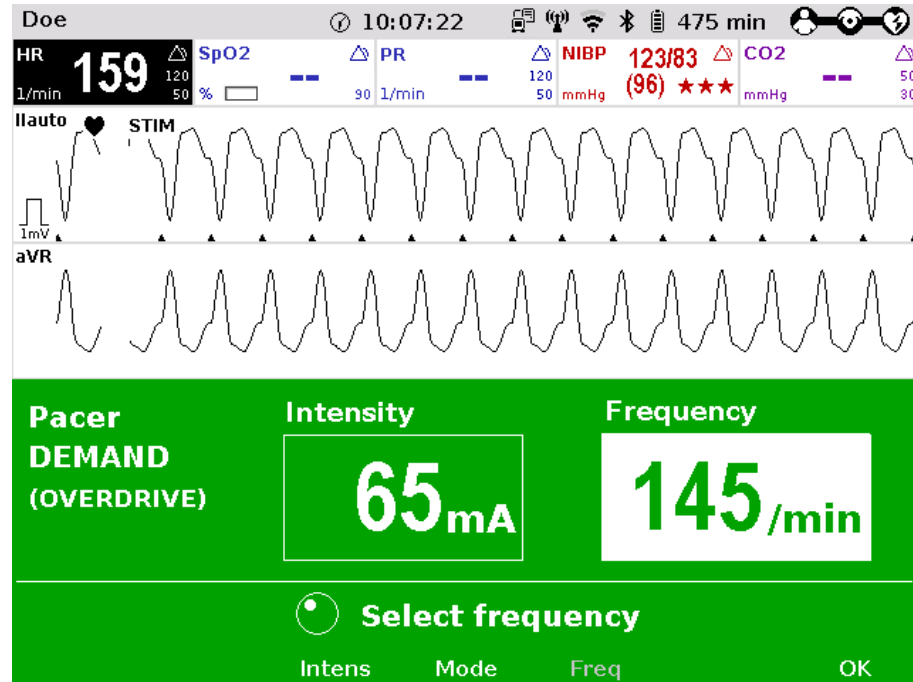


Fig. 5-17 Pacer, OVERDRIVE function

5. Press the softkey [Freq.] and gradually increase the frequency until the pacer stimulates regularly ("STIM" flashes in the curve field of lead II). Pacing only starts when the patient's heart rate is exceeded.
6. If the pacing pulses are not followed by a contraction of the heart muscle, press the softkey [Intens.] and increase the intensity until the stimulation threshold is reached and the heart rate permanently follows the pacing frequency.
7. Press the softkey [Freq.] and decrease the frequency until the required heart rate is achieved.
8. If necessary, repeat step 6 and 7.

**Pause pacing**

If necessary, press the softkey [Pause] to interrupt pacing. Confirm with the question `Pause pacing?` with the softkey [Yes].

**Continue pacing**

If pacing has been paused, press the softkey [Continue pacing] to continue pacing. Confirm with the question `Continue pacing?` with the softkey [Yes].

**End pacing**

To end the current pacing, press the softkey [Off]. Answer the confirmation prompt `switch off pacer?` with the softkey [Yes] to end pacing and to reset the pacer (DEMAND, 0 mA, 70/min).



**Warning**

Regularly check effectiveness of the pacer by checking the central pulse.

**Warning**

---

If the defibrillator/pacer battery enters a low state of charge in pacer mode while the modules are being operated separately from one another, a alarm message "Battery low" appears on the screen.

If the defibrillator/pacer battery is almost completely discharged and the defibrillator/pacer will soon switch off, the alarm message "Check pacer" appears.

In both cases, immediately connect the modules mechanically or connect the defibrillator/pacer to a mains power supply.

---

**Warning**

---

If the monitoring unit loses the network connection in pacer mode due to the defibrillator/pacer being out of range, this will be indicated visually and acoustically on the screen and by the alarm message "Check pacer". Pacing will be continued, but pacer alarms and errors cannot be displayed. In this case, the modules must be brought immediately within an adequate range or reconnected mechanically.

---

**Warning**

---

All four ECG electrodes of the 4-pole ECG monitoring cable must be connected to the patient.

If the electrodes of the complementary 6-pole ECG diagnostic cable are to be used additionally, all 6 electrodes must be connected to the patient and the connector must be plugged into the patient box. No electrode must be left unattached.

For safety reasons, if a defibrillation is performed with shock paddles, it is not permitted that the complementary 6-pole ECG diagnostic cable is pre-connected to the patient box and none of the electrodes are attached.

---

**Caution****Possible delayed therapy**

---

Do not operate the defibrillator/pacer module out of range of the monitoring unit/patient box. If switching to another therapy mode is not possible, bring the modules into radio range or connect them mechanically.

---

**Note** To avoid unintentional switching off of the defibrillator/pacer, the **On/Off** key has to be held down for at least 3 seconds for switching off.

**Note** If the battery on the monitoring unit is replaced during operation in pacer mode, the pacer has to be called up again.

## 5.6 Metronome

### 5.6.1 Information on the Metronome

The corpuls3 comes with a metronome (smartMetronome) that supports the user acoustically during CPR. Configurations of the metronome are set according to the current scientific recommendations of international associations for resuscitation.

**Autostart Metronome** The user OPERATOR can configure that the metronome is started automatically when a therapy mode is called up. This setting can be configured separately for the AED- and for the manual mode (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193).

The corpuls3 emits a series of compression- and ventilation tones (configurable) via the speakers. The tone sequence signals to the user in what rhythm to perform thorax compressions and when to perform ventilation.

There are two different tone signals:

- Compression tone
- Ventilation tone

**Compression tone** The compression tone consists of a rhythmic tone sequence. Thorax compressions should follow this. To signal the upcoming ventilation phase, the five last compression tones of the sequence are higher pitched than the preceding ones.

**Ventilation tone** The ventilation tone consists of two tone sequences which are signalling the inhalation and exhalation. The ventilation tone is signalled twice in a row.

**Note** The factory settings of the metronome are configured at 100 thorax compressions per minute. This value can be altered by the person responsible for the device (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193).

**Metronom settings** The metronome has the following 6 settings that can be selected in defibrillation mode via the softkey context menu:

Metronome modes	Explanation
Off	The metronome is deactivated.
Adult 30:2	Standard resuscitation protocol for adults Proportion: 30 thorax compressions; 2 ventilations.
Adult cont.	Continuous thorax compressions in adults, (e. g. if patient is intubated)
Child 30:2	Standard resuscitation protocol for children Proportion: 30 thorax compressions; 2 ventilations.
Child 15:2	Standard resuscitation protocol for children Proportion: 15 thorax compressions; 2 ventilations.
Child cont.	Continuous thorax compressions in children, (e. g. if patient is intubated)

Table 5-2 Metronome modes

### 5.6.2 Starting the Metronome

**Preparing the device**

Prerequisite: The device is in AED- or manual defibrillation mode.

1. Press the softkey [Metronome] repeatedly until the required mode is selected.

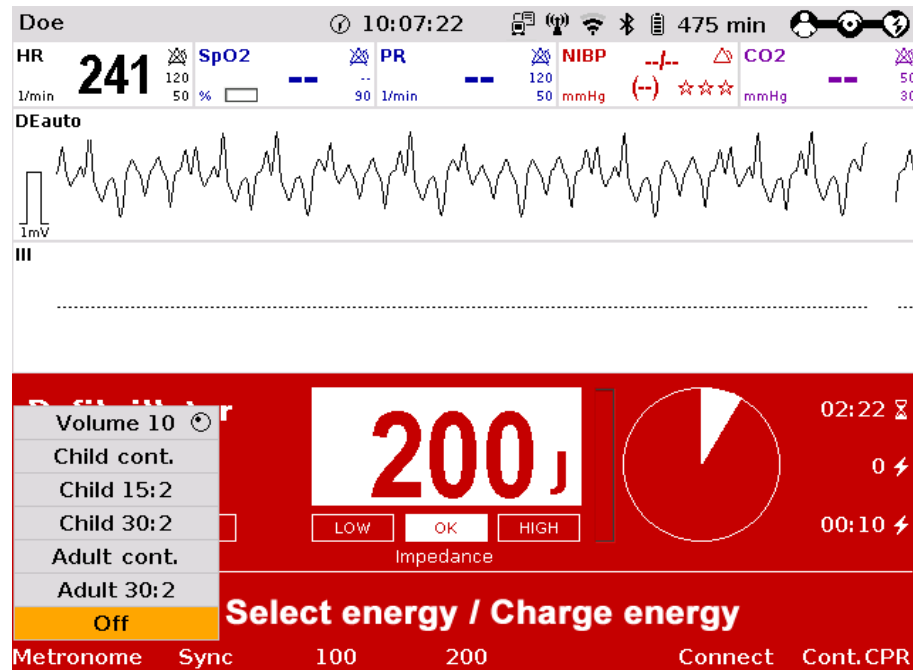


Fig. 5-18 Softkey context menu metronome

2. To change the volume of the metronome signals, mark the field "Volume" and confirm by pressing the jog dial.
3. Select the required volume by turning the jog dial.
4. To confirm the settings and close the configuration dialogue, press the jog dial.

**Note** If the user switches to monitoring mode during CPR, the metronome function stays active. The metronome can be deactivated via the softkey [Metr. off].

**Note** The QRS-/pulse tone is deactivated automatically when the metronome function is active.



**Warning**

The metronome pauses at reaching readiness for shock in AED or manual defibrillation mode. After the shock has been released or 10 s after readiness for shock without releasing the shock, the metronome resumes signalling the compression tone.



**Caution**

During ECG analysis in AED mode the metronome pauses. If subsequently no shock is recommended, the metronome resumes signalling the compression tone.



**Caution**

By selecting the pacer mode, the metronome is deactivated.

## 5.7 CPR Feedback

### 5.7.1 Information on CPR Feedback

If a corPatch CPR sensor is used, the rate and depth of a thorax compression can be measured by the corpuls3. During resuscitation, the users are provided important information on the quality of the current thorax compressions, so that they can react immediately and take corresponding measures.

Among the information are the display of the current rate as well as the curve progression of the current thorax compressions. Speech- and text messages, as well as the colour of the bars in the CPR curve signal to the user whether the quality of the thorax compressions is sufficient (green bars) or can be optimised (red bars).

For this, three different speech- and text messages are available:

- "Push harder"
- "Good compressions"
- "Fully release"

The speech- and text message "Push harder" is played, if the recommended depth of the thorax compressions has not been reached. It is repeated at an interval of 7 seconds until the recommended depth of the thorax compressions has been reached or exceeded and the speech- and text message "Good compressions" is played. The message "Fully release" is played as a reminder for recalibration of the sensor. It can be deactivated in the configuration dialogue "Defib - CPR Feedback".

**Message** "Fully release" The user OPERATOR can deactivate the spoken message "Fully release" (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193).

Speech- and text messages will not be played, if

- the metronome is in ventilation phase,
- during the ECG analysis in AED mode,
- the device is ready to shock or
- the resuscitation is finished.

**corPatch CPR summary (printout)** After deployment of the corPatch CPR feedback sensor the corpuls3 calculates and stores a statistical evaluation from the collected data. If the user OPERATOR has enabled this option (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193), the corPatch CPR summary can be printed out on the corpuls3 via the main menu or the mission browser and so allows a direct mission debriefing for users. The printout contains various quality parameters and graphical summaries of the respective resuscitation mission.

If necessary, the used measuring unit can also be adjusted in the context menu or the configuration dialogue.

**Note** The CPR Feedback system is available in AED and manual defibrillation mode as well as in monitoring mode (configurable).

**Note** The use of CPR feedback is not recommended for patients with a body weight below 20 kg.

**Note** The CPR feedback will be available in devices as of May 2013. Older devices can be retrofitted. For further information, please contact your authorised sales and service partner.



**Note** The CPR self-test (accessible at user level Operator) only checks the functionality of the CPR module, not that of the CPR sensor or the CPR intermediate cable.

**Note** The corPatch CPR sensor is a disposable article.

**Note** The corPatch CPR sensor is covered under one or more of the following U.S.A. patents: 7,074,199; 7,108,665; 7,429,250; 8,147,433; 7,220,235.



**Warning**

To guarantee a defibrillation protection for patients, users and third parties, exclusively use the accessories indicated in the list "Authorised Accessories".



**Caution**

The thorax compressions are also represented in green if they exceed the recommended depth.



**Caution**

The detection of the rate and depth of the thorax compressions can be compromised by vibrations.



**Caution**

Do not use corPatch CPR sensors if

- the packaging is damaged or opened;
- the expiry date indicated on the packaging has passed;
- the sensor is damaged.



**Caution**

Used corPatch CPR sensors have to be replaced by a new corPatch CPR sensor after 24 hours at the latest, to avoid side effects such as reddening and skin irritation.



**Caution**

The patient's condition has to be assessed by the users themselves, independent of the CPR feedback.



**Warning**

During the phase between compressions, the user has to make sure that the pressure is completely relieved from the thorax. Otherwise, there can be false-negative feedback.

### 5.7.2 Preparing CPR Feedback

How to handle the corPatch CPR sensor is described in the following.

1. Connect the corPatch CPR sensor (item 1) to the corPatch CPR intermediate cable (item 2) leading to the patient box.

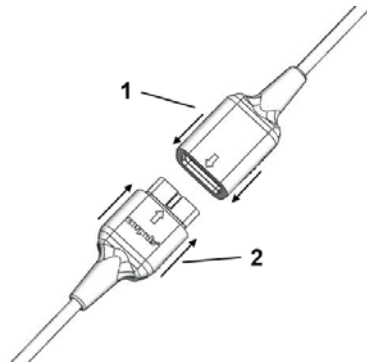


Fig. 5-19 Connecting the corPatch CPR sensor to the corPatch CPR intermediate cable

2. Tear open the package of the corPatch CPR sensor along the markings.
3. Remove the protective foil from the corPatch CPR sensor, so that the corPatch CPR sensor can be attached to the patient's thorax as shown in the illustration.

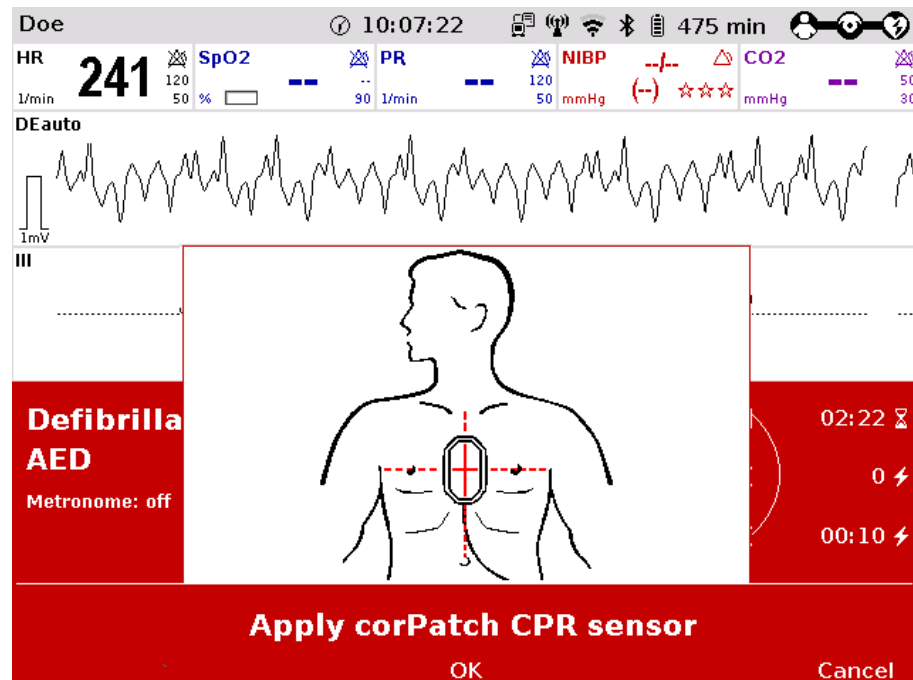


Fig. 5-20 CPR feedback, attaching the corPatch CPR sensor

### 5.7.3 Working with CPR Feedback

Prerequisite: Device is switched on and in manual mode.

The CPR feedback system starts automatically when the corPatch CPR sensor is applied. A picture and a message appear, showing the recommended position of the corPatch CPR sensor (see Fig. 5-20). To close the message, press softkey [OK]. The display of the application help can be disabled by the user OPERATOR.

1. If necessary, select a curve field for displaying the compression progression (CPR) and call up the curve context menu.
2. Assign the CPR curve to the selected curve field.
3. If necessary, select a parameter field for displaying the CPR rate and call up the parameter context menu.
4. Assign the CPR rate to the selected parameter field.
5. If necessary, select in the main menu "Defib" ► "CPR" and further adjust the configurations of the CPR Feedback system.

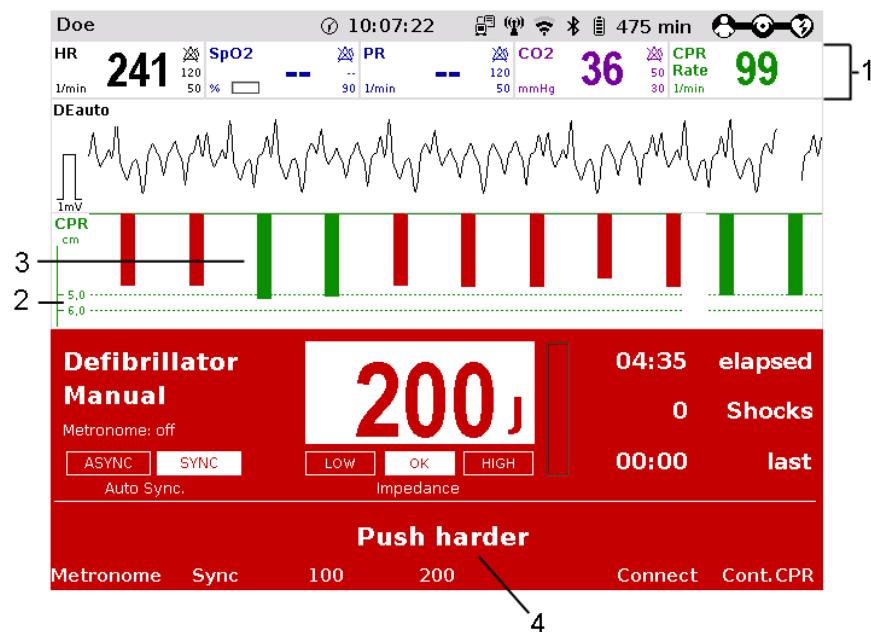


Fig. 5-21 CPR feedback

- 1 Parameter field CPR rate
- 2 Reference range of compression depth
- 3 Curve field CPR
- 4 Operating instruction

**Note** If necessary, the used measuring unit and the reference range of compression depth (adult or child) can be adjusted in the curve context menu. The measuring unit can also be adjusted in the configuration dialogue.

**Note** Outside the specified measuring range (70/min - 150/min) the CPR rate displays invalid values: two dashes in the parameter field and a dashed line in the curve field.



**Caution**

---

The thorax compressions are also represented in green if they exceed the recommended depth.

---



**Caution**

---

The detection of the rate and depth of the thorax compressions can be compromised by vibrations.

---



**Warning**

---

During the phase between compressions, the user has to make sure that the pressure is completely relieved from the thorax. Otherwise, there can be false-negative feedback.

---

#### 5.7.4 corPatch CPR summary

A retrospective CPR evaluation can be printed out on the corpuls3 via the mission browser. The printout contains various quality parameters and graphical summaries of the respective resuscitation mission.

The option can be disabled by the user OPERATOR.

#### 5.7.5 preShock CPR

The user OPERATOR (person responsible for the device) can configure a preShock CPR phase (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181). With this functionality, the user can perform a certain amount of compressions after AED analysis (if a shockable rhythm was detected) before the defibrillation shock is released.

Thereby the preShock pause is shortened and the chances for success of the shock are increased.

The prompt for preShock CPR is only visual.

**Note** As soon as the charging process is finished the defibrillator signals readiness to shock by issuing the ready-signal.

The user has to perform the configured number of compressions until the defibrillator prompts the shock release.

**Note** If there is a connection between the corpuls3 and the corpuls cpr the preShock CPR phase is always 8 s, independent of how long the preShock CPR phase has been configured by the operator.

**Note** The preShock CPR phase should not be interrupted.



**Warning**

---

Before releasing the shock, make sure that there is no risk for users or third parties. Electrical shock from defibrillator use can lead to arrhythmias, ventricular fibrillation or asystole.

---

## 5.8 Display of corpuls cpr Parameters

If the corpuls3 is connected via Bluetooth with a corpuls cpr, these parameters can be displayed in parameter fields of the corpuls3:

- mCPR mode
- mCPR compression depth
- mCPR rate and
- Battery charging status of the corpuls cpr

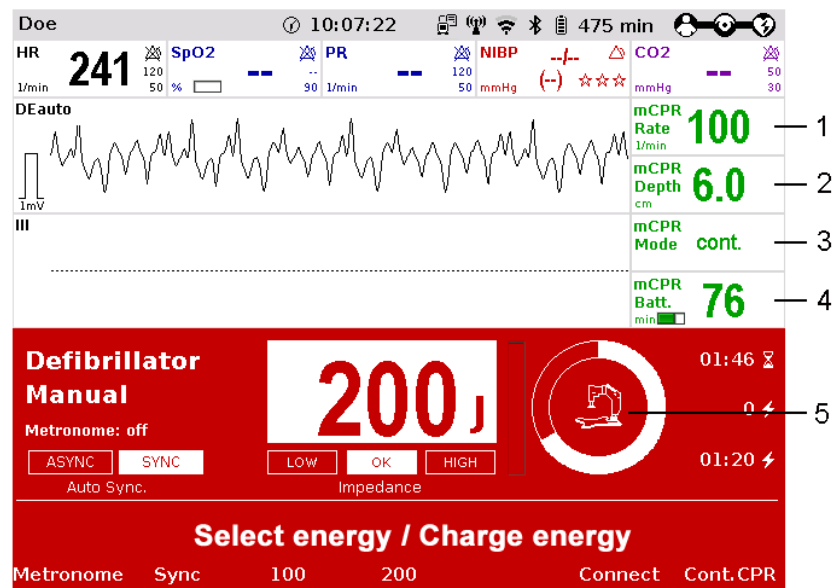


Fig. 5-22 Display of corpuls cpr parameters

- 1 mCPR mode
- 2 mCPR compression depth
- 3 mCPR rate
- 4 Battery charging status of the corpuls cpr
- 5 Symbol for connected corpuls cpr

## 5.9 Compression Synchronised Therapy with the corpuls cpr

Compression synchronised therapy with the corpuls cpr contributes to the optimisation of the resuscitation work-flow. It is also possible to operate the corpuls cpr via the corpuls3 to achieve even shorter hands-off-times and therefore an optimal coordination of both devices. The user can operate or configure the corpuls cpr directly at any time.



**Warning**

### Delayed therapy due to incompatibility!

Compression-synchronised therapy can only be implemented in combination with a corpuls cpr, as a connection to other chest compression devices is not possible.



**Warning**

---

#### **Delayed therapy due to malcommunication between the devices!**

If there is no or faulty communication between the corpuls3 and the corpuls cpr (operation via the corpuls3), the alarm "Check corpuls cpr" appears (see also chapter 11.1 Device alarms, page 250).  
If the error cannot be remedied promptly, both devices have to be operated manually.

---



**Caution**

---

#### **Ineffective mCPR Therapy!**

A defibrillation shock can cause the patient to slip and therefore to a changed pressure point which can result in ineffective mCPR therapy.

The user always has to observe the patient and correct the position of the stamp if necessary.

---



**Caution**

---

#### **Crush injury due to the corpuls cpr stamp!**

If configured accordingly, the corpuls cpr performs preShock CPR compressions for 8 s, stops when a shock is released and then starts automatically with compressions again. This can lead to patient or user injury.

The user has to be aware of the current configuration and keep parts of the body away from the stamp while therapy is in progress.

---

To perform compression-synchronised therapy with a corpuls cpr, the following conditions have to be met:

- corpuls cpr and corpuls3 are switched on and connected via Bluetooth (see chapter 9.5.5 Bluetooth connection with corpuls cpr, page 229).
- The patient is in therapy position, i.e. positioned under the corpuls cpr, the locking lever has been opened and closed (see also corpuls cpr user manual).
- The patient is prepared (see chapter 5.2 Preparing the Patient for Defibrillation, Cardioversion and Pacer Therapy, page 72).
- Therapy electrodes are prepared and placed on the patient.

### **5.9.1 Therapy Control of the corpuls cpr via the corpuls3**

**Prerequisite:** The patient is in therapy position, i.e. positioned under the corpuls cpr, the locking lever has been opened and closed (see also corpuls cpr user manual). The corpuls3 is in defibrillation mode (AED/Manual) and has a connection to the corpuls cpr.

- |                                 |   |
|---------------------------------|---|
| <b>Starting therapy</b>         | 1. Press softkey [Start mCPR].<br>The corpuls cpr starts therapy. |
| <b>Pausing/stopping therapy</b> | 2. Press softkey [Stop mCPR].<br>The corpuls cpr pauses therapy.  |

## 5.9.2 Configuration of Therapy Parameters of the corpuls cpr

Prerequisite: The corpuls3 is in defibrillation mode (AED/Manual) and has a connection to the corpuls cpr.

**Note** The therapy parameters on the corpuls cpr can only be changed in single steps via the softkeys. The jog dial cannot be used for this.

- |                                  |  |
|----------------------------------|--|
| <b>Setting compression depth</b> | 1. Press softkey [Set.mCPR].   |
| <b>Setting compression rate</b>  | 2. Press softkey [Depth].  |
| <b>Setting therapy mode</b>      | 3. Set the required compression depths by pressing the softkeys [+] and [-].                         |
|                                  | 4. Press softkey [Rate].   |
|                                  | 5. Set the required compression rate by pressing the softkeys [+] and [-].                           |
|                                  | 6. Press softkey [Mode].   |
|                                  | 7. Set the required therapy mode by pressing the softkeys [+] and [-].                               |
|                                  | 8. To retain the previous settings and close the configuration dialogue, press the softkey [Cancel]. |

## 5.9.3 Compression Synchronised Therapy in AED mode

**Note** If there is a connection between the corpuls3 and the corpuls cpr the preShock CPR phase is always 8 s, independent of how long the preShock CPR phase has been configured by the operator.

**AED**

1. To start the AED mode, press the **AED** key.
2. If configured, select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial (see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181).

**Analyse**

3. To start the ECG analysis, press the **Analyse** key.  
If the corpuls cpr is already running at this point, the therapy is paused for the analysis.  
If a shockable rhythm is detected, the corpuls cpr automatically performs preShock CPR compressions for 8 s and pauses, if the user holds down the **Shock** key to release a shock.  
If the shock has been released successfully, the message **Shock performed** is shown and the corpuls cpr resumes therapy.

**Note** If the **Shock** key is pressed too briefly, the corpuls cpr stops only for a short time and continues thorax compressions after the **Shock** key is released.

### 5.9.4 Compression Synchronised Therapy in Manual Mode

#### Manual

1. To start the manual defibrillation mode, press the **Manual** key.
2. Select the required energy level with the jog dial or via the softkeys and confirm by pressing the jog dial.
3. If the corpuls cpr is already running at this point, press the softkey [Stop mCPR].  
The corpuls cpr stops therapy. The message "Assess heart rhythm" is displayed.
4. Analyse the heart rhythm.
5. If a shockable rhythm is detected, press the softkey [Start mCPR].
6. Press softkey [Cont.CPR].  
The corpuls cpr resumes therapy. The message "Device is performing compressions" is displayed.

#### Charge

7. To charge the defibrillator press the **Charge** key.
8. Hold down the **Shock** key or both shock paddle buttons until a shock has been released. The corpuls cpr stops in a neutral position until the shock has been released.  
If the shock has been released successfully, the message **Shock performed** is shown and the corpuls cpr resumes therapy.

**Note** If the **Shock** key is pressed too briefly, the corpuls cpr stops only for a short time and continues thorax compressions after the **Shock** key is released.



## 6 Operation – Monitoring and Diagnosis

### 6.1 Information on Monitoring and Diagnosis

The corpuls3 offers comprehensive options for monitoring vital parameters and for diagnosis of critical patients.

The device starts automatically in monitoring mode when it is switched on. Press the **Monitor** key to switch from the therapeutic mode to monitoring mode.

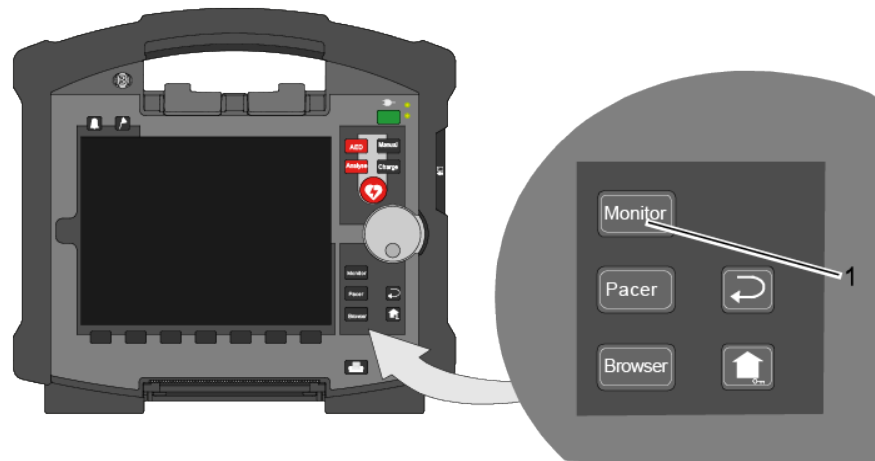


Fig. 6-1 Selection of the monitoring and diagnostic function

1 Monitor key

## 6.2 Monitoring Trends

**Softkey [Trend]** The softkey [Trend] opens a softkey context menu. The user can choose between the trend view which displays the trend curves of the vital parameters from the switching on of the device ("Graphic") or the trend browser in table form ("Table").

Up to 6 curves can be displayed in the trend view (by default the parameters HR, SpO<sub>2</sub>, PR and NIBP are displayed). Further parameters to be displayed or the timespan (Auto, 30 - 480 min.) over which the trends are displayed can be adjusted via the curve context menu. The trend browser in table form can also be opened from the mission browser (see chapter 8.5.2 Mission Browser, page 205).

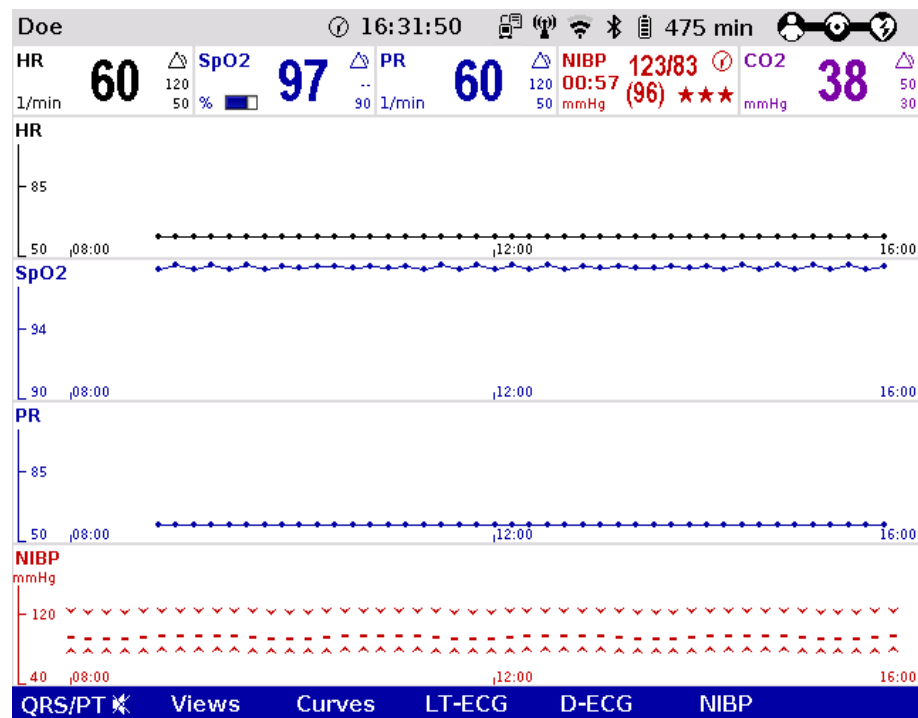


Fig. 6-2 Trend curves

Other parameters can be selected via the curve context menu. To return to the realtime curves, press the softkey [Curves] or press the key **Monitor**, **Back** or **Home**.

The trend curves and the trend table are printed out in the protocol by default. To print out the trend curves and/or the trend table separately, select in the main menu "Printer" ► "Trend page".

**Transfer of trend data base**

The corpuls3 allows to transfer the complete trend data base to corpuls.web LIVE. So, the consulting doctor using corpuls.web LIVE can review the whole development and gain an overview of the patient's status.

**Size of parameter fields in trend mode**

Even if the view "Big 4", "Big 6" or "Big 8" is selected in monitoring mode, in trend mode the big parameter fields are displayed in their normal size.

## 6.3 Monitoring ECG

### 6.3.1 Information on ECG Monitoring

The ECG monitoring function of corpuls3 allows routine monitoring of heart rhythm and heart rate. Configurable alarms alert the user to current changes in the ECG.

To record the ECG as part of monitoring a 4-pole monitoring cable or corPatch electrodes are necessary.

With the 4-pole ECG monitoring cable, the bipolar extremity leads according to Einthoven (I, II, III) and the unipolar extremity leads according to Goldberger (aVR, aVL, aVF) can be recorded and displayed on the monitor. Simultaneous display of up to 6 ECG leads maximum is possible.

**Note** For a reliable suppression of pacer impulses, the 4-pole ECG monitoring cable has to be used.

**Note** In lead DE no pacer recognition can be performed, because the ECG curve DE cannot display pacer spikes.



**Warning**

---

To guarantee a defibrillation protection for patients, users and third parties, use exclusively the ECG monitoring cables itemised in the list of authorised accessories (see chapter 10.8, Approved Accessories, Spare Parts and Consumables, page 249).

---



**Warning**

---

Additional use of a nerve stimulator may modify or completely suppress the ECG representation. In some cases, the ECG of an implanted pacer is displayed instead.

---



**Warning**

---

In patients with an implanted pacer, it is possible that shockable ECG rhythms or arrhythmias will only be detected to a limited extent.

---

To check the ECG cables for functional readiness, the use of the optionally available ECG cable tester is recommended (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

**Note** The depolarisation wave is a spatial unit, i.e. that the beginning of one wave is not visible in all derivations at the same time. Isoelectric sections at the beginning of an QRS complex are treated as part of the following significant wave. Analogously, isoelectric segments at the end of the QRS complex are incorporated into the previous significant wave.

### 6.3.2 Colour coding of ECG leads

According to DIN EN 60601-2-25, two codes apply for colour coding ECG lead cables. As a rule, code 1 is generally used in the European region and code 2 in the American region.

Lead	CODE 1 (conventionally used in the European region)		CODE 2 (conventionally used in the American region)	
	Electrode labelling	Colour coding	Electrode labelling	Colour coding
Extremities (according to Einthoven and Goldberger)	R	Red	RA	White
	L	Yellow	LA	Black
	F	Green	LL	Red
Chest wall (according to Wilson)	C	White	V	Brown
	C1	White/Red	V1	Brown/Red
	C2	White/Yellow	V2	Brown/Yellow
	C3	White/Green	V3	Brown/Green
	C4	White/Brown	V4	Brown/Blue
	C5	White/Black	V5	Brown/Orange
	C6	White/Violet	V6	Brown/Violet
Neutral	N	Black	RL	Green

Table 6-1 ECG lead colour coding

**Note** For all representations of the ECG leads in this operating manual see CODE 1 (conventionally used in Europe).

### 6.3.3 Preparing ECG Monitoring

The ECG can be recorded with the following cables:

- 4-pole ECG monitoring cable,  
(for leads I, II, III, aVR, aVL and aVF) and
- complementary 6-pole diagnostic cable,  
(for leads V1 to V6) as a supplement to ECG monitoring (for positioning of ECG electrodes C1 to C6, see chapter 6.4.2 Preparing the Patient for a D-ECG, page 117)

**Note** The quality of the ECG recordings also depends on the ECG electrodes used:

- Only use ECG electrodes indicated in the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).
- Do not use ECG electrodes whose expiry date indicated on the packaging has passed.
- Only use ECG electrodes of the same type that originate from an identical production process (batch).



**Warning**

The ECG function is compromised if adhesion of the electrodes is impaired due to contaminated skin or excessive hair.

### Preparing the device

Prerequisite: Device is switched on.

1. Remove excessive hair on the thorax so that the conductive surface of the corPatch electrodes has full contact with the skin.
2. Clean the skin on the thorax before applying the ECG electrodes if necessary.
3. Attach the ECG electrodes to the ECG monitoring cable.
4. Place all four ECG electrodes of the 4-pole ECG monitoring cable on the patient:

### Positioning the ECG monitoring cable

- Red ECG electrode: right arm;  
shortened: under the right clavicle (Fig. 6-3, item 1)
- Yellow ECG electrode: left arm;  
shortened: under the left clavicle (Fig. 6-3, item 2)
- Green ECG electrode: left leg;  
shortened: in the area of the left inguinal fold, central to the axis of the leg (Fig. 6-3, item 3)
- Black ECG electrode: right leg;  
shortened: in the area of the right inguinal fold, central to the axis of the leg (Fig. 6-3, item 4)

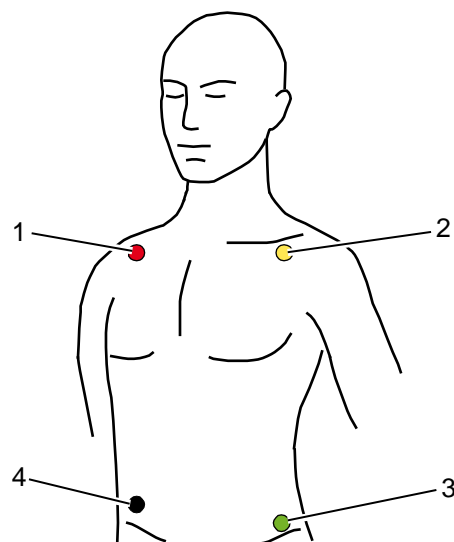


Fig. 6-3 ECG monitoring, applying the ECG electrodes (shortened form)

- 1 Position of the red ECG electrode
- 2 Position of the yellow ECG electrode
- 3 Position of the green ECG electrode
- 4 Position of the black ECG electrode

**Note** Connecting and disconnecting ECG electrodes may lead to the detection of false-positive pacer pulses. If this occurs, the device briefly displays pacer pulses, although the patient does not have an implanted (internal) pacer.

**Note** For a D-ECG, alternative positions are possible, but the morphology of the ECG can be changed.

To check the ECG cables for functional readiness, the use of the optionally available ECG cable tester is recommended (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

### 6.3.4 Performing ECG Monitoring

The ECG is displayed in the following manner:

- Up to 6 leads can be displayed on the screen at the same time.
- The flashing heart symbol ♥ indicates a QRS complex.
- The 20 Hz indicator shows that the 20 Hz filter is active.
- Identification of a QRS complex indicated by a QRS marker ▲ can be configured (see chapter 7.2.1 ECG Monitoring, page 166).
- The lozenge symbol ◆ indicates pacing pulses of an implanted pacer.
- The heart rate can be displayed in a parameter field. The alarm limits can be configured.

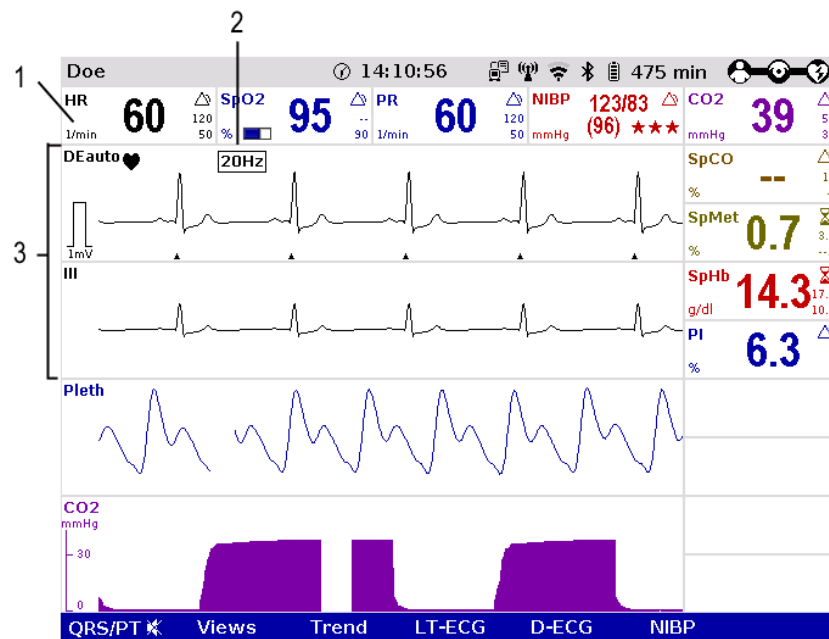


Fig. 6-4 ECG monitoring, initial screen

- 1 Heart rate parameter field
- 2 20 Hz indicator
- 3 ECG curves

1. Adapt the representation of the ECG curve, if necessary (see chapter 6.3.5 Adapting the Representation of the ECG Curve, page 114).
2. Configure the device alarms, if necessary (see chapter 7.3 Alarm Configuration, page 172).

**Note** If necessary, adapt individual alarm limits manually.



**Warning**

---

#### Risk of wrong diagnosis

The use of the 20 Hz filter in monitoring causes distortions in the ECG that can be misinterpreted. A diagnosis should only be made on the basis of a diagnostic ECG.

---

**Note** QRS-/pulse tone and QRS mark are generated independently and may deviate slightly from each other.

**Note** If individual ECG curves are failing, check the ECG electrodes and the ECG cable.

#### Printing ECG curves

The ECG curves can be printed out with the integrated printer. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

Every real-time printout has the designation "REALTIME PRINTOUT" on the first page.

To start or stop real-time printing press the **Print** key.

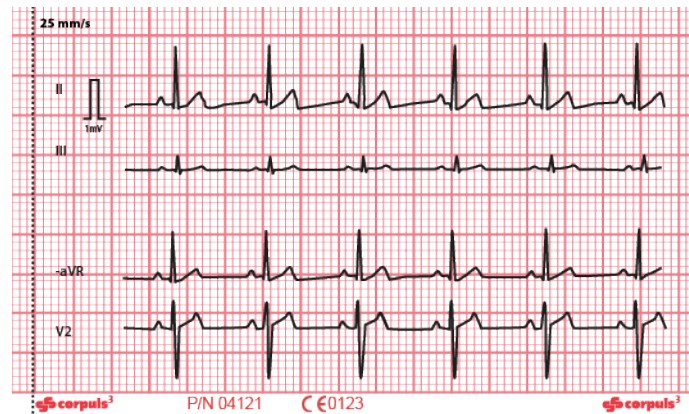


Fig. 6-5 Real-time printout, section

#### mV-mark

The millivolt mark (in form of a rectangular impulse) is located at the left margin of the curve field (mV-mark). Its height depends on the set amplification of the ECG curve. The mV mark shows an amplitude height of 0.5 or 1 mV for comparison, so that the amplitude of the ECG curve displayed can be determined.

#### Markings for folding

The real-time printout has vertical markings on the upper and lower edges that help to fold the printout quickly. The folded printout fits the width of a standard sheet of paper (DIN A4) and can be attached there for documentation.



**Caution**

---

At temperatures below zero °C the alarm "ECG electrode [X] loose" can be impaired.

---

### 6.3.5 Adapting the Representation of the ECG Curve

Up to 6 leads can be displayed simultaneously. The number of the curves displayed can be configured (see chapter 7.1.2 Configuration, page 157).

#### Selecting leads

1. Select the curve to be adapted and open the curve context menu (see chapter 4.3.2 Parameter Context Menu and Curve Context Menu, page 52).

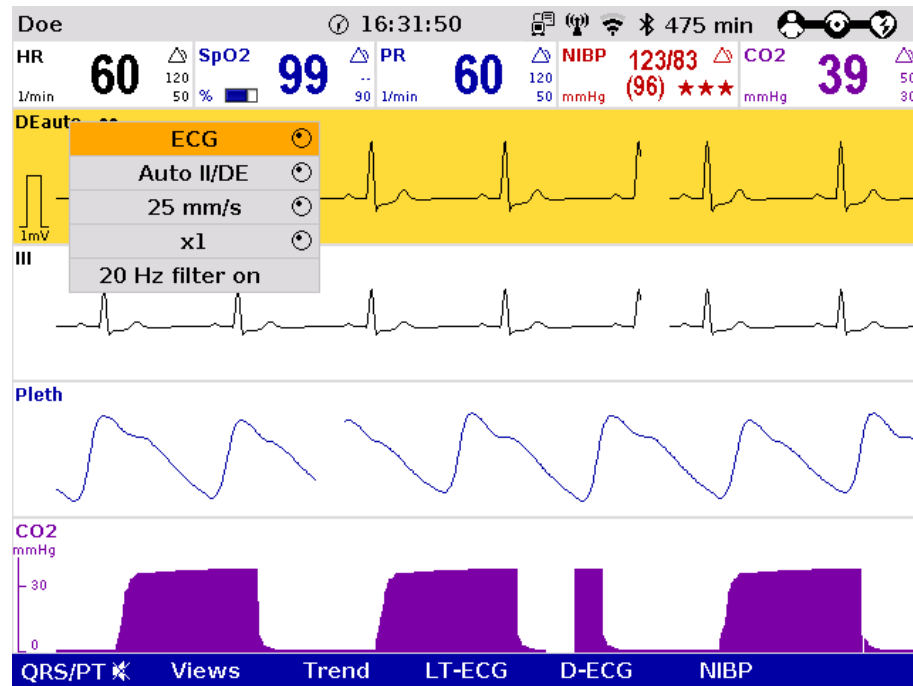


Fig. 6-6 ECG monitoring, adapting the curves

2. Select the required lead in the curve context menu and confirm. The required lead is displayed.
3. Repeat steps 1 and 2 for further curves if necessary.

#### Amplitude

The amplitude of the displayed ECG curves can either be adjusted automatically by the device or adjusted manually (see chapter 7.2.1 ECG Monitoring, page 166).

With automatic adjustment, the device selects the amplification so that the ECG curve with the greatest amplitude overwrites 50% of the area available on the screen. Consequently, individual greater ECG swings can be displayed as well.

With manual adjustment, the amplification affecting the amplitude display can be selected (x 0.25 / x 0.5 / x 1 / x 2).

In the D-ECG preview, the amplification factor can be selected with the softkeys [Ampl+] and [Ampl-].

#### mV-mark

The millivolt mark (in form of a rectangular impulse) is located at the left margin of the curve field (mV-mark). Its height depends on the set amplification of the ECG curve. The mV mark shows an amplitude height of 0.5 or 1 mV for comparison, so that the amplitude of the ECG curve displayed can be determined. The millivolt mark is also shown on the paper printout on the left besides the ECG curve.



**Note** The selected amplification applies to all ECG curves displayed.

1. Select the ECG curve and open the curve context menu.
2. Select the required amplification in the curve context menu and confirm.  
The ECG curve will be displayed with the required amplification. Once the selection has been made, the program leaves the curve context menu automatically.

**Sweep speed** The sweep speed of the screen representation can be selected for the configured ECG curves.

The following sweep speeds can be configured:

- 12.5 mm/s
- 25 mm/s
- 50 mm/s

**Note** The selected sweep speed applies to all ECG curves displayed.

1. Select the ECG curve and open the curve context menu.
2. Select the required sweep speed in the curve context menu and confirm. The ECG curve is displayed with the required sweep speed. Once the selection has been made, the program leaves the curve context menu automatically.

**ECG Filter** The device adjusts the ECG filters automatically. The filters can be modified manually if necessary for displaying the ECG curve.

The default setting of the ECG filter in monitoring mode is 0.5 - 25 Hz. Additionally, muscle contractions of the patient can be filtered out of the ECG by means of the 20 Hz filter. The 20 Hz filter can be activated or deactivated via the curve context menu.



**Warning**

---

#### **Risk of wrong diagnosis**

The use of the 20 Hz filter in monitoring causes distortions in the ECG that can be misinterpreted. A diagnosis should only be made on the basis of a diagnostic ECG.

---

The quality of the ECG depends among other factors on the ECG filter settings. See chapter 7.4.5 Filter Settings (Persons Responsible for the Device), page 183 for information on the filter settings.

See chapter 11 Procedure in Case of Malfunctions, page 250 for instructions on improving the ECG quality.

### 6.3.6 Heart Rate Monitoring

In addition to the ECG curves, the heart rate is evaluated and displayed on the screen when monitoring the ECG.

1. To display the heart rate, select the parameter field and open the parameter context menu (see chapter 4.3.2 Parameter Context Menu and Curve Context Menu, page 52).
2. Select heart rate in the parameter context menu and confirm. The heart rate is displayed in the parameter field.
3. By means of the parameter context menu for the heart rate, the VT/VF alarm can be enabled "VT/VF alarm ON" or disabled "VT/VF alarm OFF".

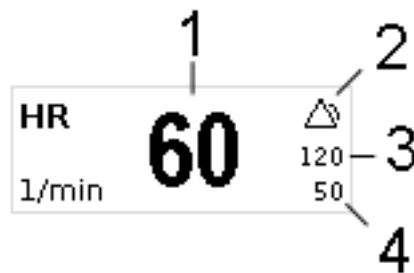


Fig. 6-7 Heart rate parameter field

- 1 Current heart rate in 1/min
- 2 Symbol for switched-on alarms
- 3 Upper alarm limit
- 4 Lower alarm limit

**Note** Beyond the specified limits of 18/min or 300/min the heart rate cannot be calculated correctly.

## 6.4 Recording, Measuring, Printing and Interpreting a Diagnostic ECG

### 6.4.1 Information on Diagnostic ECG

Hannover  
ECG System HES®

In cooperation with internationally renowned cardiologists, HES® has been developed and refined continuously since 1968. A large number of leading medical equipment manufacturers integrate this algorithm into their medical products.

Based on a 12 lead ECG, HES® Light performs a ECG measurement of the diagnostic ECG. On the printout, the results are clearly arranged in tables that can help with interpretation and diagnosis during a mission.

Optionally, HES® Light can be complemented by an extended version of HES®. The corpuls3 then issues a therapy suggestion based on the results of the "corpuls S" or "corpuls ACS" therapy algorithms. With these, the user can make early on tactical decisions as to which hospital to send the patient to or what emergency measures to perform immediately.



**Caution**

HES® and the two measurement and interpretation algorithms corpuls ACS or corpuls S may yield different results in some cases. This is due to differences in focus of these algorithms, their sensitivity and specificity, as well as operator configuration.

#### Representative Cycle

HES® Light and HES® identify a "Representative cycle" from the diagnostic ECG. From this representative cycle the measurement tables are compiled which are necessary for an ECG interpretation (see chapter 6.4.4 Representative Cycle, page 125). The representative cycle can be printed out with the diagnostic ECG. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

#### Abbreviations for ECG Measurement/ EKG Interpretation

For an overview of the used abbreviations, see Appendix B List of Abbreviations, page 296.

With the complementary 6-pole ECG diagnostic cable, Wilson's 6 unipolar thoracic wall leads (V1-V6) can be recorded. In combination with the ECG monitoring cable, 12 leads can be displayed simultaneously.

The screen shows a complete preview of all 12 leads which can be printed on paper with the internal printer of the corpuls3. The format and duration of the printout can be configured in size and length. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

**Note** To check the ECG cables for functional readiness, the use of the optionally available ECG cable tester is recommended (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).



**Warning**

The user/physician is always responsible for correct diagnosis and therapy.



**Warning**

Additional use of a nerve stimulator may modify or completely suppress the ECG representation. In some cases, the ECG of an implanted pacer is displayed instead.



**Caution**

The preview of the D-ECG on the screen serves only to check the individual ECG leads, the signal quality and possible arrhythmias. A diagnosis of the D-ECG must be based on the printout of the D-ECG.

## 6.4.2 Preparing the Patient for a D-ECG

The diagnostic ECG is recorded with the following cables:

- 4-pole ECG monitoring cable,  
(for leads I, II, III, aVR, aVL and aVF) and
- 6-pole complementary ECG diagnostic cable,  
(for leads V1 to V6)

**Preparing the patient**

1. Remove excessive hair, so that the conductive areas of the therapy electrodes can have full contact with the skin.
2. Clean and dry the skin before applying the ECG electrodes.

**Positioning the ECG monitoring cable**

3. Place all four ECG electrodes of the 4-pole ECG monitoring cable on the patient:
  - Red ECG electrode: right arm (Fig. 6-8, item 1)
  - Yellow ECG electrode: left arm (Fig. 6-8, item 2)
  - Green ECG electrode: left leg (Fig. 6-8, item 3)
  - Black ECG electrode: right leg (Fig. 6-8, item 4)

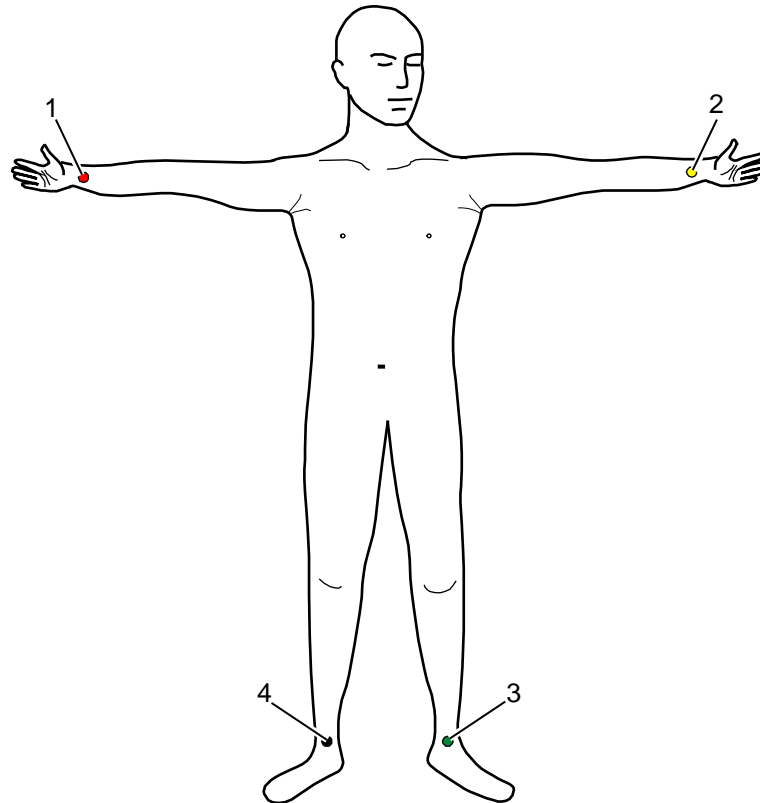


Fig. 6-8 Diagnostic ECG, applying the ECG electrodes (1)

- 1 Position of the red ECG electrode
- 2 Position of the yellow ECG electrode
- 3 Position of the green ECG electrode
- 4 Position of the black ECG electrode

### Positioning the complementary ECG diagnostic cable

4. Place all 6 ECG electrodes of the complementary ECG diagnostic cable on the patient's thorax:
  - Red V1-ECG electrode: 4<sup>th</sup> intercostal space, right parasternally
  - Yellow V2-ECG electrode: 4<sup>th</sup> intercostal space, left parasternally
  - Brown V4-ECG electrode: 5<sup>th</sup> intercostal space, left medioclavicular line
  - Green V3-ECG electrode: between V2 and V4 on the 5<sup>th</sup> rib
  - Black V5-ECG electrode: front left axillary line at the level of V4
  - Violet V6-ECG electrode: middle left axillary line at the level of V4

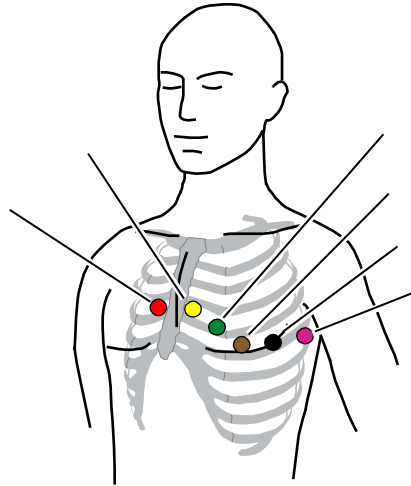


Fig. 6-9 Diagnostic ECG, applying the ECG electrodes (2)

- 1 Position of the red V1-ECG electrode
- 2 Position of the yellow V2-ECG electrode
- 3 Position of the green V3-ECG electrode
- 4 Position of the brown V4-ECG electrode
- 5 Position of the black V5-ECG electrode
- 6 Position of the violet V6-ECG electrode

**Note** Connecting and disconnecting ECG electrodes may lead to the detection of false-positive pacer pulses. If this occurs, the device briefly displays pacer pulses, although the patient does not have an implanted (internal) pacer.

**Note** The ECG monitoring interfaces ECG-M and ECG-D are specified as CF (cardiac floating). The patient connections are fully insulated and defibrillation-proof.

**Note** The quality of the ECG recordings also depends on the ECG electrodes used:

- Only use ECG electrodes indicated in the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).
- Do not use ECG electrodes whose expiry date indicated on the packaging has passed.
- Only use ECG electrodes of the same type that originate from an identical production process (batch).

**Note** To check the ECG cables for functional readiness, the use of the optionally available ECG cable tester is recommended (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).



**Warning**

The ECG function is compromised if adhesion of the electrodes is impaired due to contaminated skin or excessive hair.

### 6.4.3 Recording and Measuring a Diagnostic ECG

1. If possible, ask the patients to hold their breaths (for approx. 10 s) while ECG is obtained.
2. Press the softkey [D-ECG]. A preview of all 12 ECG leads is displayed on the screen.

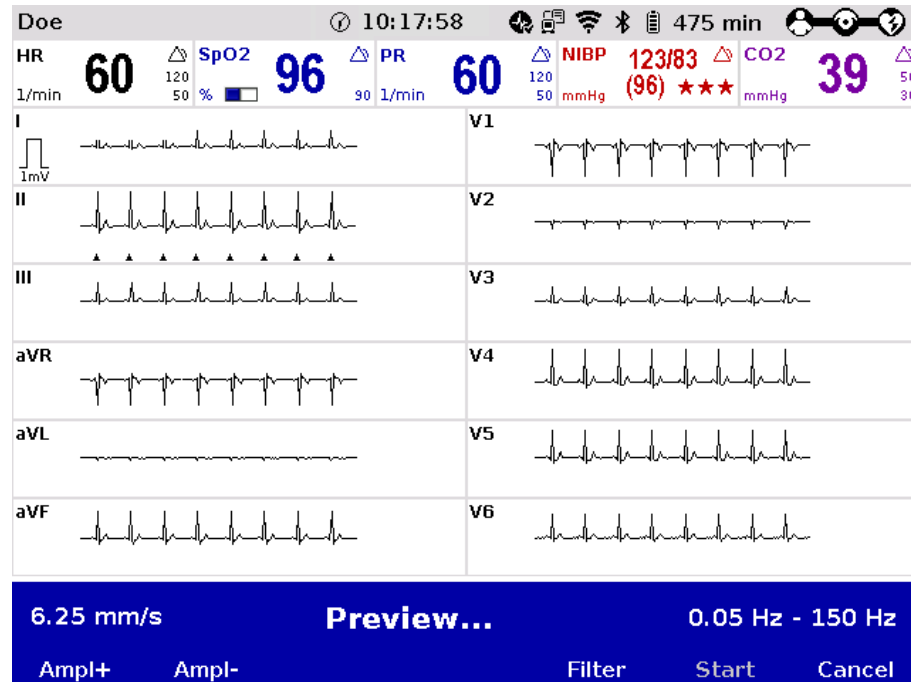


Fig. 6-10 Diagnostic ECG, preview screen

3. Check in the preview if all ECG leads are written.
4. Check in the preview if the signal quality of the leads is acceptable.
5. If the signal quality of one or several leads is poor, check electrode contact and electrode positioning and take appropriate measures (see chapter 11 Procedure in Case of Malfunctions, page 250).

The user OPERATOR can set the sweep speed of the ECG in the D-ECG preview (see chapter 7.2.1 ECG Monitoring, page 166). With the option "10s preview", the sweep speed is 6.25 mm/s, so that the complete 10 s segment of the ECG can be viewed at one glance. If this option is deselected, the same sweep speed as in monitoring view is used.

**Note** If individual ECG curves are failing, check the ECG electrodes and the ECG cable.

6. When the message "Ready for D-ECG" appears in the preview, press the softkey [Start]. The ECG recorded up to this moment is discontinued and saved.
7. The configuration dialogue for entering the patient's sex and age opens. The configuration dialogue has to be confirmed with the softkey [OK].
8. If required, further settings for the D-ECG can be configured with the softkey [Config.].
9. With the softkey [Print] the D-ECG is printed out for diagnosis (see Fig. 6-12 Printout of 12, page 122) and with the softkey [Send] it is sent.
10. To run another preview on the monitor, press the softkey [Cont.].

11. To quit the preview and to switch to monitoring mode, press the softkey [Cancel].

6.25 mm/s	<b>D-ECG measured</b>			0.05 Hz - 150 Hz
Config.	Cont.	Send	Print	Cancel

Fig. 6-11 D-ECG, options



#### Caution

HES® and the two measurement and interpretation algorithms corpuls ACS or corpuls S may yield different results in some cases. This is due to differences in focus of these algorithms, their sensitivity and specificity, as well as operator configuration.

#### Filter setting

After calling up the preview, the diagnostic ECG is automatically started with the diagnostic filter setting, e. g. 0.05 -150 Hz. The filter bandwidth is displayed in the right corner at the bottom of the preview screen. It is possible, however, to switch to an alternative diagnostic filter setting, e.g. 0.05 – 40 Hz. For this purpose press the softkey [Filter]. HES® Light and HES® are not affected by these filter settings.



#### Warning

If the factory setting of the filters is changed, the representation of the ECG can be affected. As a consequence, wrong interpretation of the ECG is possible, which may result in inadequate treatment.

#### Note

To increase diagnostic safety, the message "ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED" is printed for the user on the printout if the ECG is changed by filter settings and thus the interpretability is limited.

#### Amplification settings

After calling up the preview, the diagnostic ECG is automatically started with the amplification factor x1. By pressing the softkey [Ampl+] or [Ampl-], the amplification factor can be adjusted (x2, x1, x0.5, x0.25). If the amplification factor is changed, the preview starts again.

#### Note

If no patient data is to be entered at the moment, the prompt for the patient data can be skipped with the softkey [OK]. The device automatically assumes a male patient, aged 35, for ECG interpretation.

#### Note

If the patient data have already been entered by means of the insurance card reader (option), only the patient's sex has to be entered manually to perform ECG measurement and ECG interpretation.



#### Caution

Patient and insuree have to be one person, otherwise the results of the ECG analysis can be misinterpreted.

#### Note

ECG measurement and ECG interpretation requires approx. 2-3 seconds.

#### Note

The person responsible for the device (user OPERATOR) can configure, whether an alarm/message should inform the user of findings like "Abnormal ECG", "STEMI" or "NSTEMI" already during the ECG analysis.

#### Note

If the corpuls3 is connected with a fax server or with corpuls.web LIVE, the D-ECG is simultaneously printed and sent when the softkey [Print] is pressed (see chapter 9.2 Configuration of Telemetry Services (Persons Responsible for the Device), page 214).

#### Note

Via the mission browser (see chapter 8.5.2 Mission Browser, page 205), a diagnostic ECG from an old mission can be sent or printed later on.

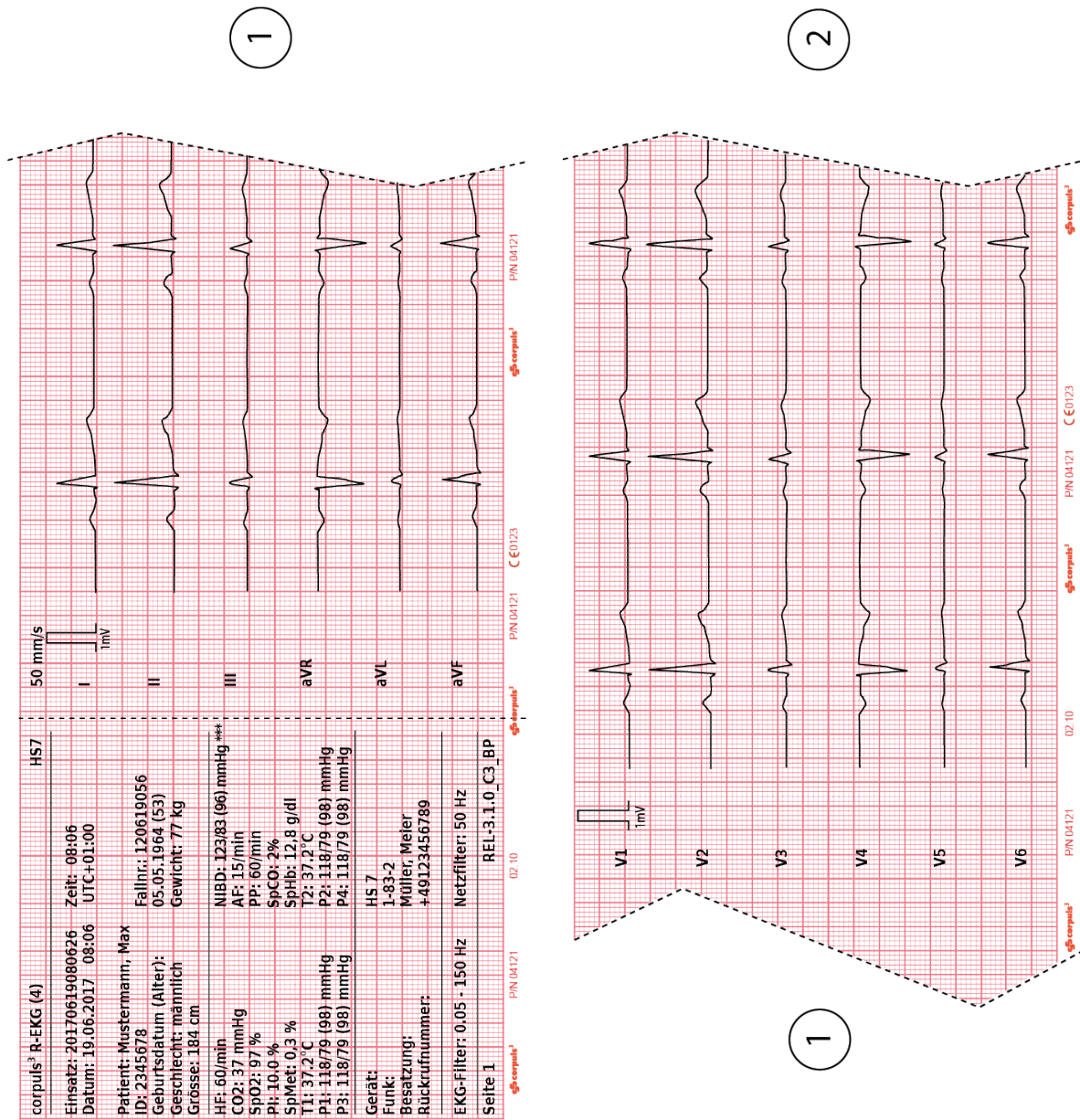


Fig. 6-12 Printout of 12-lead ECG (illustration may differ)

**Note** The D-ECG printout contains the trend values of the last minute at the time the softkey [Print] is pressed. For this reason the D-ECG recorded may originate from an earlier time.

**Printer settings for D-ECG** The format and the duration of the D-ECG printout can be configured with the softkey [Config.]. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

**Note** Every printed D-ECG is documented as an event in the log.



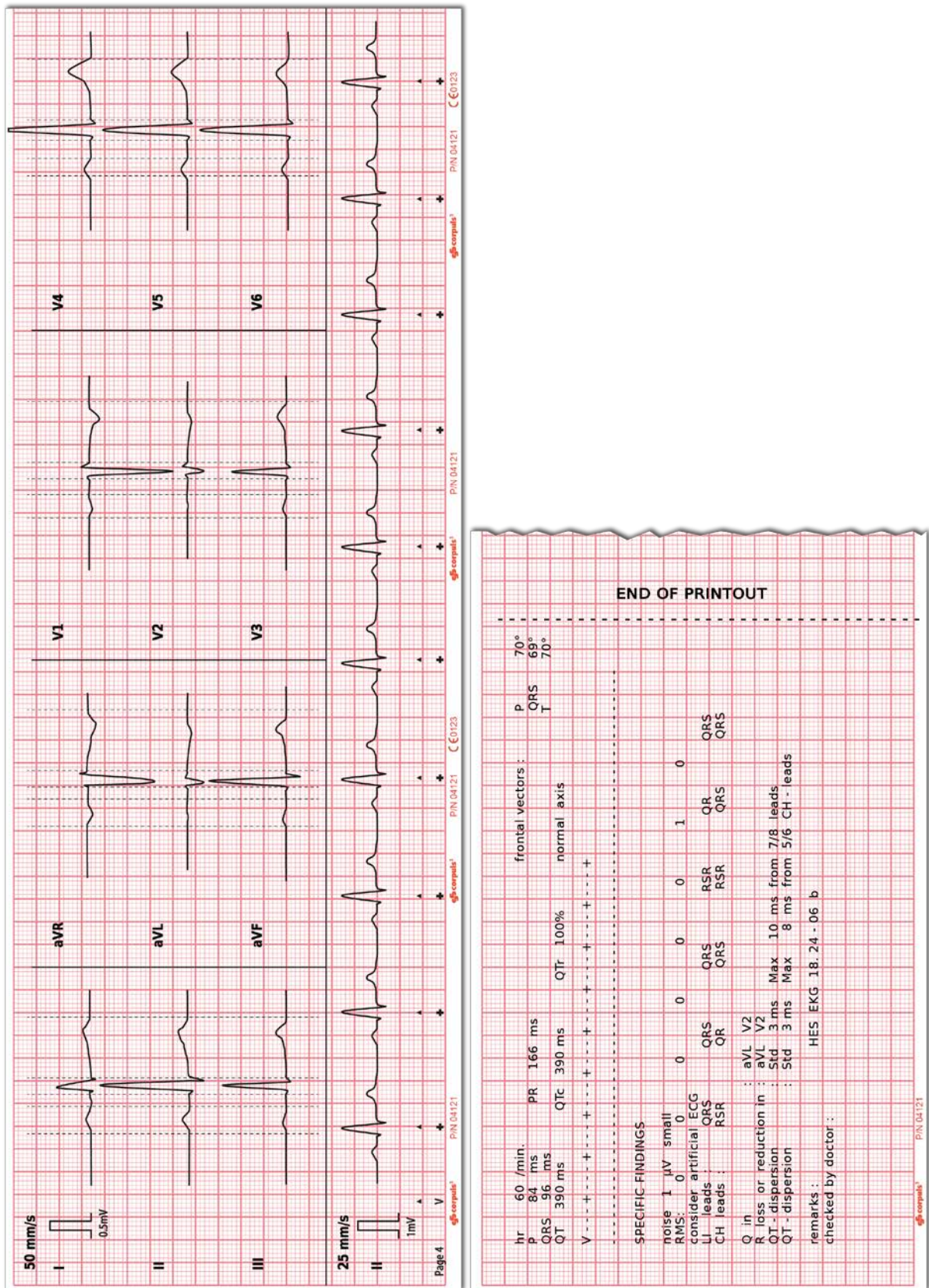


Fig. 6-13 D-EKG printout of the representative cycle with HES® Light (illustration may differ)

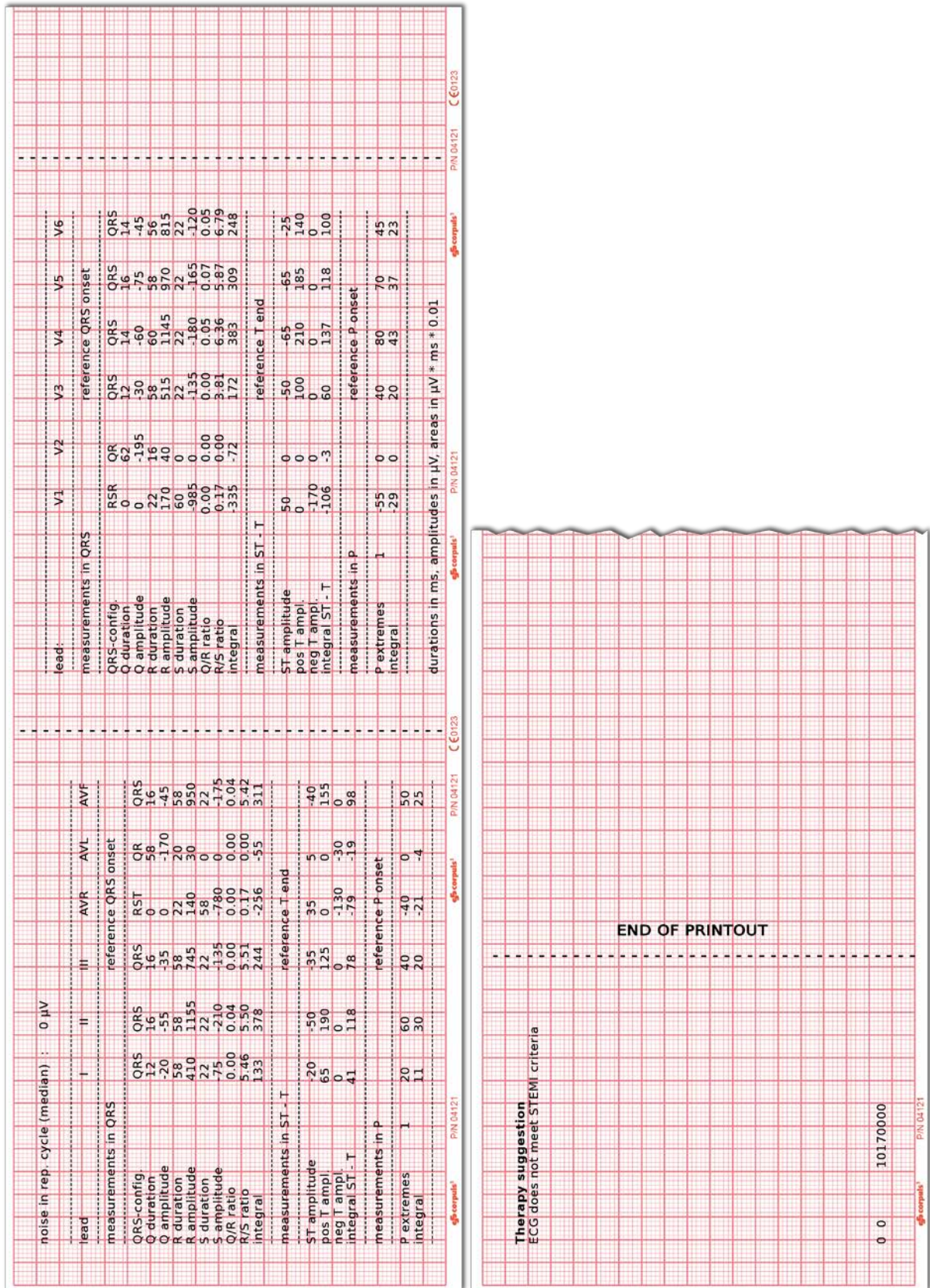


Fig. 6-14 D-ECG printout with ECG analysis and ECG interpretation HES® (option) (illustration may differ)

**Coded Explanation** In case no therapy suggestion can be made for certain reasons, HES® provides a coded explanation. See the following list for relevant codes:

Type	Code	Explanation
Localisation of complexes	100	More than 30 QRS complexes found.
	110	Too few QRS complexes found.
	120	Too much line frequency noise (50 Hz).
QRS Typing	300	Too few QRS complexes for QRS typing.
Wave recognition	602	The ECG contains only QRS complexes that have been triggered by the pacer. No measurement or diagnostics possible.
	604	The intrinsic QRS complexes are rejected for averaging by the program. No measurement or diagnostics possible.
	615	Too much line frequency noise (50 Hz).
	620	Extreme line frequency noise (50 Hz).

Table 6-2 Coded Explanations by HES®

#### 6.4.4 Representative Cycle

To support the physician with the diagnosis, the corpuls3 compiles a representative cycle on the basis of the diagnostic ECG. The representative cycle offers a visualisation of the "typical" ECG complex and represents the basis for ECG measurement and –interpretation for HES® Light and HES®. For this, the recorded ECG complexes are analysed with regard to their morphology.

ECG complexes with a similar dominant morphology are averaged mathematically and then represented visually.

If individual ECG complexes differ from the morphology of others, these are marked (see Table 6-3) and not included into the representative cycle. The intervals between the R-peaks (R-R interval) are denoted by a dash "-".

Designation	Explanation
+	Dominant ECG complex included for averaging.
-	Schematical distance between two ECG complexes.
2, 3, 4	Extrasystole, type 2, 3 or 4.
X, U	Excluded due to technical problems, e. g. malfunction, unidentified aberrant form.
!	Pacer pulse detected (Spike).
P	Excluded due to deviating P-contours.
T	Excluded due to deviating T-contours.
O	Excluded due to deviating P- and T-contours.
B	Excluded due to base line fluctuations.
R	Excluded due to a too small/large distance to earlier or following cycle. Measurement error possible!
V	Excluded due to ECG complex being located too much outside of the examined interval (P- or T-wave partially missing).

Table 6-3 Criteria of the representative cycle

**Typing diagram** Conclusions about the rhythm of a recording of just 10 s length require an analysis of every available ECG complex and every previous or following R-R-interval.

For the plausibility check of the conclusions about the rhythm and as an aid for the quality check, the ECG measurement/interpretation program HES® issues a rhythm- and typing diagram that represents the cycle sequence of the ECG complexes in an abbreviated form (see page 123, Fig. 6-13, item 1).

Each ECG complex is represented by a symbol. The distance between the symbols represents - on a greater raster - the R-R-interval.

Example 1:

+-----+

Fig. 6-15 Rhythm- and typing diagram for a regular sinus rhythm

This representation means that 9 ECG complexes of the same morphology have been found in the recorded ECG and have been averaged for a "Representative cycle". The distance between the ECG complexes was roughly the same (regular distance -).

Example 2:

+---2-----2---+P-----+

Fig. 6-16 Rhythm- and typing diagram for a sinus rhythm with two compensated ventricular and one compensated supraventricular extrasystole

In this representation 10 ECG complexes have been found. The complexes 1, 2, 4, 5, 7, 9 and 10 represent the main type, from which the "Representative cycle" for diagnosis has been averaged.

The ECG complexes number three and six ("2") deviate from the main type in their QRS morphology and have a shortened distance to the previous complex and a prolonged R-R-interval to the following normal complex (+). This fact indicates two monomorphous ventricular extrasystoles and the text message should contain corresponding advice.

Complex number eight ("P") has a shortened distance to the previous complex (+) and a prolonged distance to the following normal complex (+).

"P" means that only the P-wave, but not the QRS-T of the respective ECG complex deviates from the normal cycle. In conjunction with the prematurity and subsequent prolongation of the R-R-interval, one concludes an atrial extrasystole and expects corresponding advice in the text message.

**Note** In general, a visual check of the rhythm- and typing diagram as well as a check of the fiducials should be integral part of the quality check of the computerised ECG evaluation.

**Note** For further information, the HES® ECG manual is available in German and English. The manual can be obtained from your authorised sales and servicepartners.



**Warning**

---

Every ECG printout must be checked by a doctor and only becomes medical evidence with the signature of the doctor.

---

## 6.5 Longterm ECG

### 6.5.1 Information on Longterm ECG

With the longterm ECG function of the corpuls3, the user is able to monitor the ECG lead II (or DE) over the whole course of the mission, either during the mission or afterwards. This allows an evaluation of the quantity of cardiac dysrhythmias or the detection and printout of infrequent dysrhythmias.

#### Views of the longterm ECG

There are two views for the longterm ECG:

- View with monitoring function of the current mission or
- View in the longterm ECG browser.

#### Cascade

Both views have a curve area showing lead IIauto or DEauto as a cascade over four curve fields. The area above the cascade shows the time specification of the point in time currently selected, the zoom specification in mm/s and the timeline.

The longterm ECG with monitoring function displays a horizontal parameter area and one curve field of the current patient monitoring. The parameter area shows as a default HR, SpO<sub>2</sub>, PR, NIBP and CO<sub>2</sub>, the curve field lead II. These settings can be configured via the respective context menu.

In the longterm ECG browser that can be opened via the mission browser (see chapter 8.5.2 Mission Browser, page 205), longterm ECGs from already finished missions can be opened and printed out. The area above the longterm ECG shows the mission data, patient data and total length of the selected mission.

The time specification refers to the beginning of the cascade. The yellow bar on the timeline can be moved with the jog dial. The required resolution of the longterm ECG can be selected via the zoom function.

### 6.5.2 Preparing Longterm ECG

Prerequisite for the longterm ECG is a 4-pole ECG monitoring cable connected to the patient (see chapter 6.3.4 Performing ECG Monitoring, page 112). If no 4-pole ECG monitoring cable is present, the DE-lead (if connected) will be recorded. If both lead II and lead DE are present, only lead DE is recorded. The switch between IIauto and DEauto only occurs when a valid ECG signal is present and not when the cable is connected. Lead DE is displayed preferentially.

### 6.5.3 Performing Longterm ECG

Monitor

1. Press the **Monitor** key.
2. Press the softkey [LT-ECG]. The longterm ECG with monitoring function is displayed.

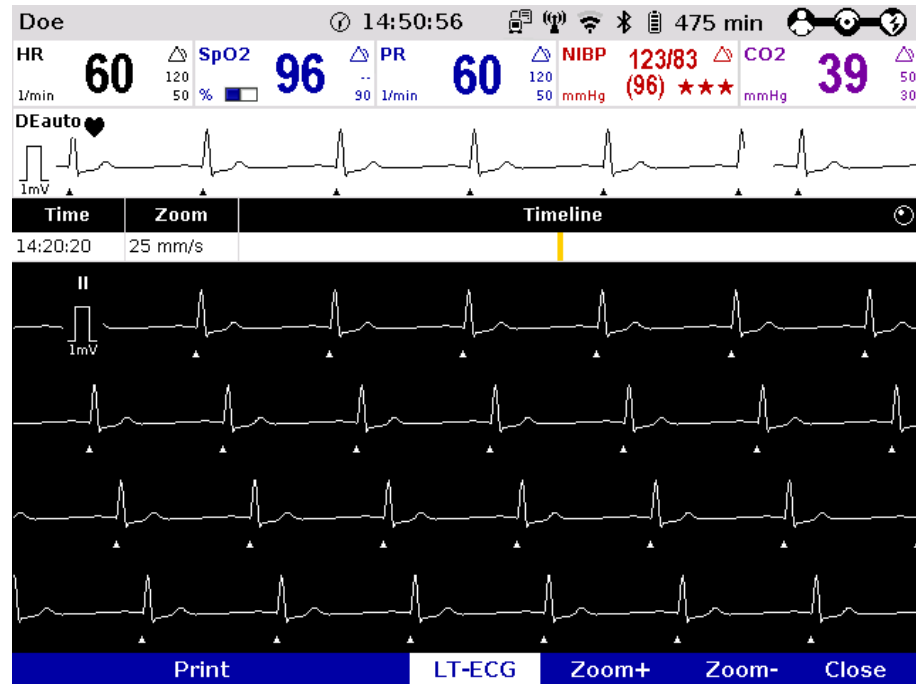


Fig. 6-17 Longterm ECG with monitoring function

3. Softkey [LT-ECG] is active (highlighted).
4. Select the required point in time on the timeline with the jog dial.
5. Select the required resolution of the longterm ECG with the softkeys [Zoom+] or [Zoom-].
6. Press the softkey [Print] to print out the longterm ECG displayed.
7. Pressing the softkey [LT-ECG] again deactivates the softkey and the parameter fields or the curve field can be selected with the jog dial and configured via the context menus.
8. Press the softkey [Close] to leave the view of the longterm ECG.

**Note** On the printout of the longterm ECG, the individual designations of the IBP curves are not printed.

## 6.6 Oximetry Monitoring (Option)

### 6.6.1 Information on Oximetry Monitoring

Oximetry is a non-invasive monitoring method for continuous measurement of the arterial oxygen saturation (SpO<sub>2</sub>), in the blood. The specific reduction in the absorbance of oxygenated and deoxygenated haemoglobin is measured with light of different wavelengths by means of a photo sensor. Comparison of the values yields the SpO<sub>2</sub> values as percentage. Additionally, the oximetry measures the peripheral pulse rate (PR) per minute and the perfusion index (PI) in percentage.

**Note** The vital parameters SpMet, SpCO and SpHb of the oximetry option are only available for corpuls3 devices that are equipped with Masimo Rainbow SET® Technology (see chapter 6.6.2 Extended Oximetry Monitoring, page 130).

To increase patient safety and to be able to guarantee measurement accuracy, Masimo sensors and intermediate cables were equipped with X-CAL technology. The corpuls3 supports this function and issues alarms of different priorities to indicate that the sensor will expire soon (low priority) or that the sensor is expired (medium priority).

Two parameter fields for display of the numerical measurement values can be configured. The oximetry plethysmogram (pleth) can be displayed in a curve field.

The signal intensity is a quality criterion for the capturing of measurement values. The signal intensity is measured and displayed as a horizontal bar in the parameter field SpO<sub>2</sub> (see page 132 Fig. 6-20, item 1).



**Warning**

---

The alarm limits must be verified every time the oximeter is used to ensure that these are appropriate for the patient currently being monitored.

---

**Note** If necessary, adapt individual alarm limits manually.

**Note** If for SpO<sub>2</sub> the alarm has been disabled or the lower alarm limit has been changed and then the parameter field is no longer displayed, the alarm will automatically be re-enabled and the alarm limit set to the default value.



**Warning**

---

If the accuracy of the oximetry measurement does not seem plausible (e. g. due to influences of movement, bright sunlight, Xenon OP lamps or due to photodynamic therapy with bilirubin lamps) check first of all whether there is any acute change in the patient's vital signs. Subsequently check whether the pulse oximeter works correctly. Refer to the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) for an ambient shield ensuring interference-free measurement.

---



**Warning**

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The oximeter may not be operated in the vicinity of ionising (radioactive) radiation, as this may falsify the readings.

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**Caution**

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Refer to the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) for approved sensors from the company Masimo. Sensors from other manufacturers are not supported by the device and are not permissible.

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**Note** The license agreement allows an extension of the available oximetry measuring options which can be activated by a service technician.

**Note** Masimo SET oximetry sensors can only be used in combination with an adapter cable (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

**Note** A low confidence of the measured value is indicated by a question mark instead of the alarm symbol in the upper right corner of the parameter field.



**Note** After connecting the oximetry sensor the oximeter calibrates automatically. This procedure may take up to 120 seconds for the oximetry measurement, during which an hourglass symbol is displayed in the upper right corner of the parameter field.

**Note** See the manufacturer’s operating manual for further information. These manuals must be read carefully before use.

**Note** For additional information on operating the sensor see Appendix G Safety Information, page 332.

**Note** The oximeter is covered under one or more of the following U.S.A. patents: 5,758,644, 6,011,986, 6,699,194, 7,215,986, 7,254,433, 7,530,955. Other applicable patents are listed at: [www.masimo.com/patents.htm](http://www.masimo.com/patents.htm)

**No implied license** Purchase or possession of this Masimo SET® Oximeter confers no express or implied licence to use the device with any non-approved sensors or cables that would fall, alone or in combination with this device, under any patent in reference to this device.

### 6.6.2 Extended Oximetry Monitoring

Extended oximetry monitoring options (available only with Masimo Rainbow SET® Technology) include measurement of the methemoglobin level (SpMet) and, depending on the used oximetry sensor, the level of carboxyhemoglobin (SpCO) or the level of total hemoglobin (SpHb) in the blood. Comparison of the values of oxygenated and deoxygenated hemoglobin yields the respective SpO<sub>2</sub>-, SpCO- and SpMet values as percentage and, depending on the configuration of the oximetry sensor, the SpHb value in g/dl or mmol/L.



**Warning**

---

Increased SpHb value: SpHb values above normal tend to increase the level of SpO<sub>2</sub>. The level of increase corresponds approximately to the amount of SpHb that is present.

---



**Warning**

---

Increased SpMet value: The SpO<sub>2</sub> value may be decreased by levels of SpMet of up to approximately 10% to 15%. At higher levels of SpMet the levels of SpO<sub>2</sub> may tend to read in the low to mid 80s. When elevated levels of SpMet are suspected, a blood sample should be analysed (CO-Oximetry).

---

**Note** Simultaneous measurement of SpCO and SpHb is not possible, due to different sensor types (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

**Note** It is recommended to connect SpHb sensors to the corpuls3 only if needed, to avoid premature expiration of the sensor.

**Note** For additional information on operating the sensor see Appendix G Safety Information, page 332.



### 6.6.3 Preparing Oximetry Monitoring

Handling of a oximetry finger sensor is described below.



**Warning**

Read and understand the warning notices of the oximetry sensor manufacturer (see Appendix G Safety Information, page 332).



**Warning**

#### Wrong measurement results

Avoid to place the oximetry sensor on the same extremity as an NIBP cuff for non-invasive blood pressure monitoring, a catheter or an intravascular access.



**Warning**

#### Skin damage

With temperatures of more than 41°C one has to take care that the sensor is applied without excessive pressure, especially in patients with sensitive skin.

1. Connect the oximetry sensor to the intermediate cable and to the patient box.

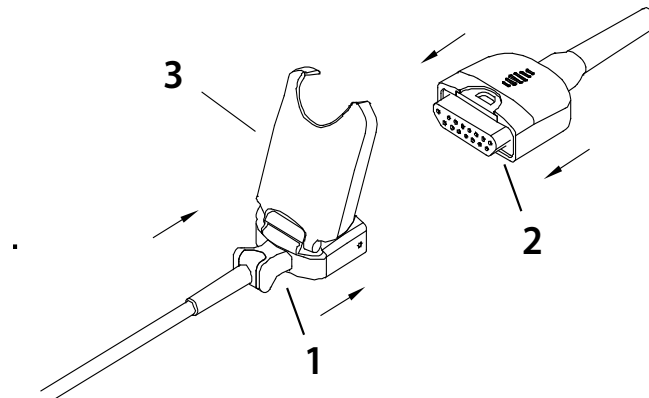


Fig. 6-18 Connecting the oximetry sensor on to the intermediate cable (Illustration may differ)

2. Attach the oximetry sensor to a finger/toe according to the manufacturer's instructions.

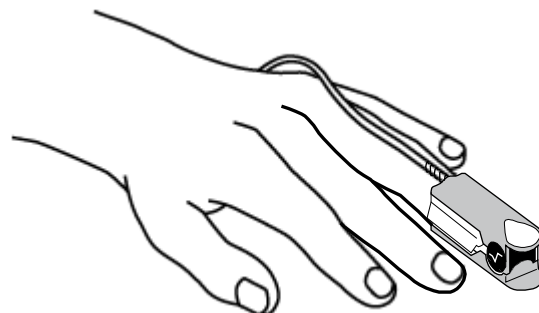


Fig. 6-19 Oximetry monitoring, attaching the oximetry sensor



**Caution**

The maximum application time of an oximetry sensor at one measurement site is 4 hours.

## 6.6.4 Performing Oximetry Measurement

Oximetry measurement begins automatically after the sensor has been attached.

1. If necessary, select the curve field for displaying course of SpO<sub>2</sub> measurement (pleth) and open the curve context menu.
2. Assign the plethysmogram to the selected curve field.
3. If necessary, select the parameter field for displaying oximetry values and open the parameter context menu.
4. Assign SpO<sub>2</sub> monitoring to the selected parameter field.

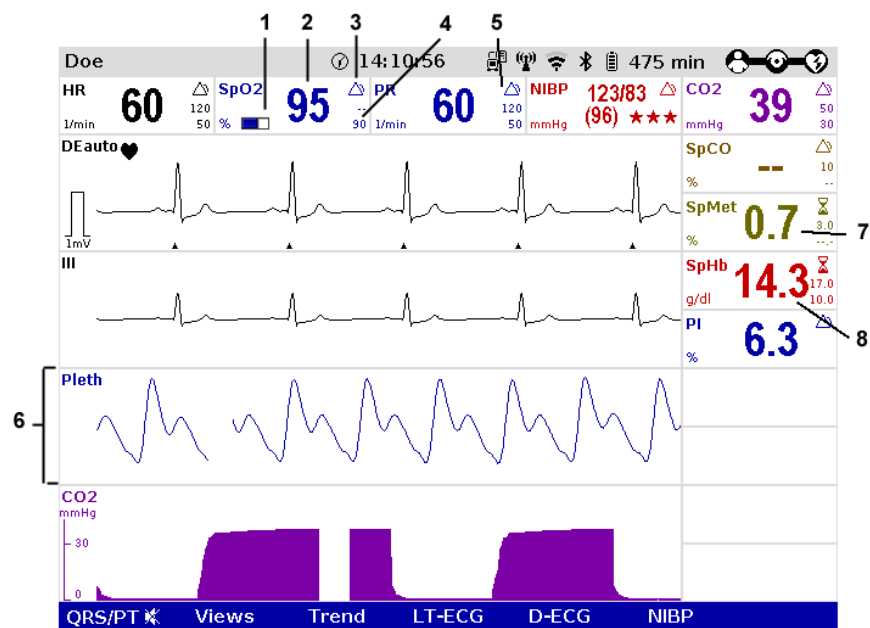


Fig. 6-20 Oximetry monitoring, configured screen (illustration may differ)

- 1 Bar for display of the signal intensity
  - 2 Current SpO<sub>2</sub> value in percent
  - 3 Hourglass symbol
  - 4 Lower alarm limit
  - 5 Symbol for switched-on alarms
  - 6 Pleth curve (plethysmogram)
  - 7 Current SpMet value in percent
  - 8 Current SpHb value in g/dl
5. Check if the wave form of the pleth curve is displayed without artefacts.
  6. If artefacts or a low signal intensity are displayed, correct the position of the oximetry sensor on the finger. See chapter 11 Procedure in Case of Malfunctions, page 250 for information on improving the signal.
  7. If necessary, select in the main menu "Oximetry" ► "Settings" and adjust further oximetry configurations (available only with Masimo Rainbow SET® Technology).

### Printing the plethysmogram



The pleth curve can be printed out with the integrated printer. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

To start or stop real-time printing press the **Print** key.

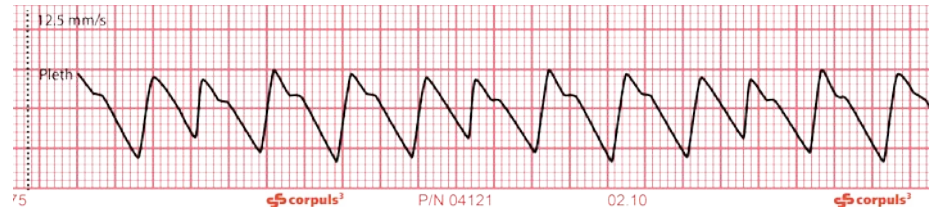


Fig. 6-21 Pleth monitoring, section of a printout

### Averaging Time

Stability of measured SpO<sub>2</sub> values is in general an indicator for good signal quality. The stability of the measured values is influenced by the averaging mode used. The longer the averaging time, the more stable the readings will be. This is due to a dampened response as the signal is averaged over a longer period of time than this would be the case with shorter averaging times. Longer averaging times delay the response of the oximeter and reduce the measured variations of SpO<sub>2</sub> and pulse rate.

### FastSat®

The FastSat® mode tracks rapid changes in arterial SpO<sub>2</sub> saturation with high fidelity. This allows for even more accurate and safe patient monitoring during the intubation phase. The mode FastSat® can be enabled via the parameter context menu.

### Sensitivity

The sensitivity of the oximeter can be adjusted to the needs of the particular patient monitoring situation in three levels (called modes in the following). The following modes are available:

- Mode "Normal": This is the recommended sensitivity for typical monitoring situations in which patients are monitored continuously, as e. g. intensive care units.
- Mode "Adaptive Probe Off Detection (APOD)": This is the recommended sensitivity for situations where there is a high probability of the sensor becoming detached from the patient. It is also the suggested mode for care areas where patients are not visually monitored continuously. APOD offers a safe and fast detection of erroneous pulse rate and arterial oxygen saturation readings when a sensor becomes inadvertently detached from a patient due to excessive movement.
- Mode "Maximum Sensitivity (MAX)": This level of sensitivity is recommended for patients with low perfusion in general or when the low perfusion message is displayed on the screen in APOD or normal sensitivity mode. This mode is only recommended for care areas where patients are continuously monitored visually. When a sensor becomes detached from a patient, it will have compromised protection against erroneous pulse rate and arterial saturation readings.



**Warning**

---

When using the maximum sensitivity mode (MAX), the sensor-off-detection may be compromised. If the device is in this mode and the sensor becomes detached from the patient, false readings may occur due to environmental noise such as light, vibration and excessive air movement.

---

## 6.6.5 Adjusting the Representation of the Oximetry Parameters

### Changing the sweep speed

The sweep speed of the display on the screen can be selected for the pleth curve.

The following sweep speeds can be configured:

- 12.5 mm/s
- 25 mm/s
- 50 mm/s

1. Select the pleth curve and open the curve context menu.
2. Select the required sweep speed in the curve context menu and confirm.  
Once the selection has been made, the program leaves the curve context menu automatically.

## 6.6.6 Monitoring Pulse Rate and Perfusion Index

During oximetry monitoring, the pulse rate (PR) and the perfusion index (PI) are also evaluated and displayed on the screen. The perfusion index is calculated as the relation of arterial pulsatile signal to the non-pulsatile signal component. It serves to check the plausibility of the SpO<sub>2</sub> value and is indicated in 0.02% to 20%. The alarm limits of the pulse rate are configurable (see chapter 7.3.3 Setting Alarm Limits for Monitoring Functions Manually, page 173).

**Note** If necessary, adapt individual alarm limits manually.

1. If necessary, select the parameter field for display of the pulse rate or the perfusion index and open the parameter context menu.
2. Assign the pulse rate or the perfusion index to the selected parameter field.

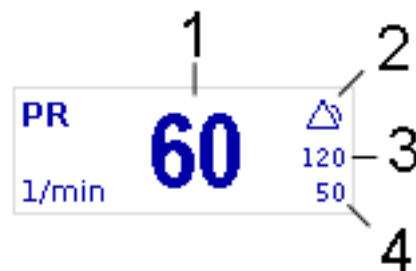


Fig. 6-22 Pulse rate parameter field

- 1 Current pulse rate in l/min
- 2 Symbol for switched-on alarms
- 3 Upper alarm limit
- 4 Lower alarm limit

## 6.7 CO<sub>2</sub> Monitoring (option)

### 6.7.1 Information on CO<sub>2</sub> Monitoring

CO<sub>2</sub> monitoring allows recording of the end-expiratory, end-tidal CO<sub>2</sub> concentration (EtCO<sub>2</sub>) and provides information on ventilation, haemodynamics and metabolism in both intubated and non-intubated patients.

The semi-quantitative measurement method uses infrared technology and is based on the assumption that there is no CO<sub>2</sub> present in the patient's inspiratory respiratory gas.

Due to a condensation-repellent special coating in the disposable adapter, the capONE measurement system from the manufacturer NIHON KOHDEN does not require a warm-up phase and is therefore ready for measurement in 5 seconds maximum.

The capnometer, which operates according to the mainstream method, measures the CO<sub>2</sub> concentration in the patient's expiratory breath in real time. The CO<sub>2</sub> concentration, measured in mmHg or kPa, can be displayed on the screen as a capnogram in a curve field.

The corpuls3 allows use of capnometry in intubated and non-intubated patients. The patient's respiration rate (RR) is measured as a further parameter.



**Warning**

#### Falsified readings

By putting mechanical stress on the sensor or the sensor cable, the CO<sub>2</sub> readings can be falsified.

Do not bend or pull at the sensor or sensor cable, or subject to similar mechanical stress.



**Warning**

Do not perform CO<sub>2</sub> monitoring near high frequency surgical devices. This may result in signal loss so that the patient can no longer be monitored.



**Warning**

The capnometer in corpuls3 is an additional function for intensive monitoring. Other vital parameters and clinical symptoms must be minded when using the capnometer on the patient.



**Warning**

To guarantee safe use and to prevent cross infections, disposable articles are to be used only once.



**Warning**

#### Risk of asphyxiation

The nasal/-oral adapter shall only be used on patients tolerating the adapter. The oral breath collector may come loose under extreme conditions and could be aspirated. The oral breath collector is radiolucent.



**Warning**

#### False readings

Do not use CO<sub>2</sub> monitoring in connection with re-inhalation anaesthesia systems. Re-inhaled carbon dioxide can lead to false low readings.



**Caution**

For capnographic monitoring of patients under 3 years of age or with a body weight of 10 kg, the disposable adapter for CO<sub>2</sub> endotracheal tube incl. insert for neonates has to be used (see chapter 6.7.3 Disposable Adapter for CO<sub>2</sub> Endotracheal Tube incl. Insert for Neonates, page 138).

**Note** See the manufacturer's operating manual for further information.

**No implied license** Purchase or possession of this device confers no express or implied licence to use the device with any non-approved sensors or cables that would fall, alone or in combination with this device, under any patent in reference to this device.

**Note** Sensors and accessories by Nihon Kohden are covered under one or more of the following U.S.A. patents: 6,258,040; 7,462,154; 7,455,644; 7,445,602; 7,455,644; 7,445,602; 8,430,095; 8,636,956; 9,486,598; 9,655,543; 9,775,541.

Sensors and accessories by Nihon Kohden are covered under one or more of the following European patents: 2,196,236; 2,236,079.



Caution

Only use sensors and adapters indicated in the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

## 6.7.2 Preparing CO<sub>2</sub> Monitoring

1. Attach the appropriate disposable adapter to the capONE sensor (item 3).  
Fig. 6-23 shows the three nasal adapters, Fig. 6-24 the endotracheal tube adapter.

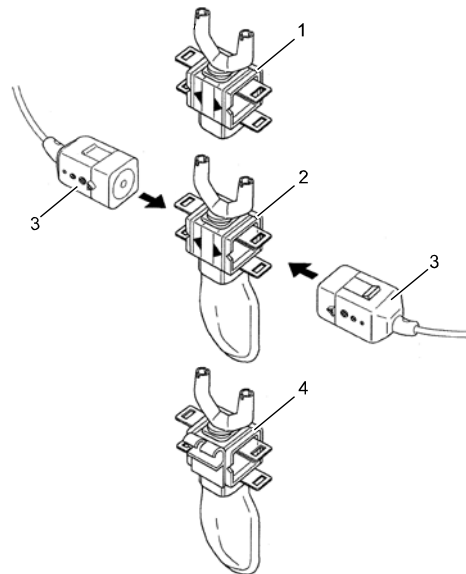


Fig. 6-23 CO<sub>2</sub> monitoring, nasal adapter

- 1 CO<sub>2</sub> disposable nasal adapter (YG-120T)
- 2 CO<sub>2</sub> disposable nasal/oral adapter (YG121-T)
- 3 capONE sensor
- 4 CO<sub>2</sub> disposable nasal/oral adapter, adaptable to an O<sub>2</sub> cannula (YG-122T)

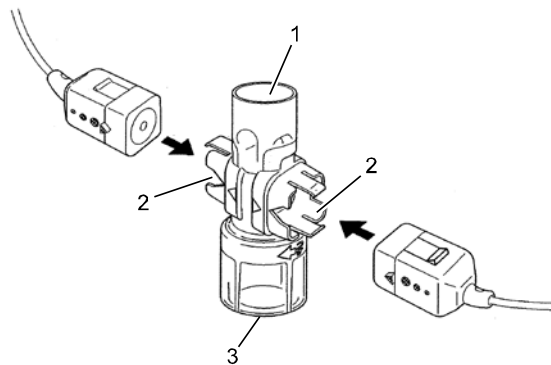


Fig. 6-24 CO<sub>2</sub> monitoring, disposable endotracheal tube adapter

- 1 Respirator/ventilation bag connection
- 2 CO<sub>2</sub> sensor connection
- 3 Endotracheal tube connection (YG-111T)

2. Attach the CO<sub>2</sub> sensor to the patient according to the manufacturer's instructions:
  - Position the sensor cable behind the ears (Fig. 6-25, item 1) and slide the fastening ring (Fig. 6-25, item 2) loosely towards the chin.
  - Attach the disposable adapter to the nose with the adhesive tape provided for this purpose (Fig. 6-25, item 3).
  - The oral breath collector (Fig. 6-25, item 4) must not be more than 10 mm away from the lower lip.

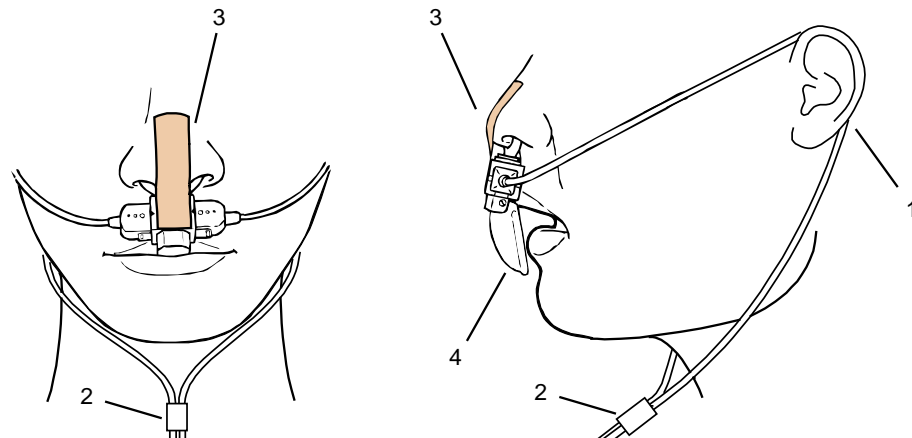


Fig. 6-25 Fitting the disposable CO<sub>2</sub> nasal(/oral) adapter on the patient

- 1 Cable positioning
- 2 Fastening ring
- 3 Adhesive tape
- 4 Oral breath collector



**Warning**

---

The CO<sub>2</sub> sensor and the patient box or CO<sub>2</sub> sensor and intermediate cable must not be connected or disconnected during operation.

---

### 6.7.3 Disposable Adapter for CO<sub>2</sub> Endotracheal Tube incl. Insert for Neonates

**Intended Use** The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates (P/N 04234.12) is intended for capnographic monitoring of the respiration in neonates and small children with a body weight of less than 12 kg. The adapter consists of two components: Disposable adapter for CO<sub>2</sub> endotracheal tube, main stream, capONE (P/N 04234.119) and an insert for neonates. By using the adapter in the system as a whole (adapter, mechanical ventilation aid, endotracheal tube), the total dead space volume is reduced by approx. 1 ml.

For information on the use, consult the instructions for use by Nihon Kohden as well as the user manual of the disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates (P/N 04230.10).

**Note** The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates is a medical product that may only be used by medical personnel trained regularly on the product.

**Note** The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates is **not** intended for use in combination with ventilators.



**Warning**

---

#### Malfunction due to contamination/damage!

In case of contamination/damage of/to the adapter with blood, bronchial secretion or similar or contamination/damage of the transparent measuring window (item 2) and in combination with the disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates, the sensor may supply wrong readings.

The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates has to be exchanged or removed immediately, to guarantee continued ventilation by connecting the endotracheal tube with the ventilation aid.

---



**Warning**

---

#### Limited functionality/Risk of infection!

The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates is an unsterile disposable article. To guarantee safe use and unlimited functionality and to prevent cross infections, the article must only be used once.

---



**Caution**

---

#### Restrictions of Use

The disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates may only be used if:

- it is in perfect condition;
  - it is used as intended (see Purpose of Device);
  - it is used exclusively with non-active ventilation aids;
  - the instructions in the IFU by Nihon Kohden as well as in the user manual for the disposable adapter for CO<sub>2</sub> endotracheal tube incl. Insert for neonates (P/N 04230.10) are taken into account.
-



## 6.7.4 Performing CO<sub>2</sub> Measurement

Measurement begins automatically after the sensor has been attached.

1. Select the curve field for display of CO<sub>2</sub> trend and open the curve context menu.
2. Assign CO<sub>2</sub> monitoring to the selected curve field (capnogram).
3. Select the parameter field for display of the end-expiratory CO<sub>2</sub> concentration and open the parameter context menu.
4. Assign CO<sub>2</sub> monitoring to the selected parameter field.

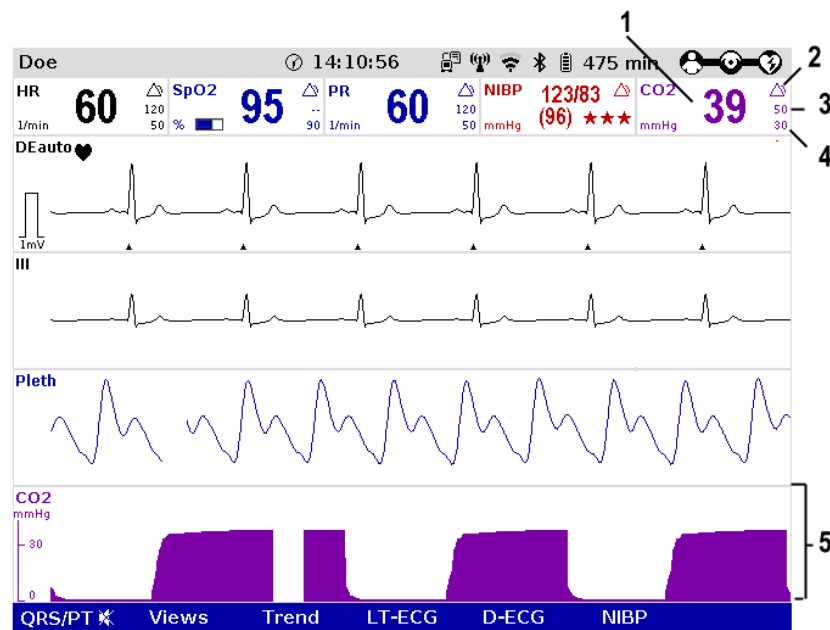


Fig. 6-26 CO<sub>2</sub> monitoring, configured screen

- 1 Current end-expiratory CO<sub>2</sub> concentration in mmHg
- 2 Symbol for switched-on alarms
- 3 Upper alarm limit
- 4 Lower alarm limit
- 5 CO<sub>2</sub> curve (capnogram)

**Note** If necessary, adapt individual alarm limits manually.

**Note** If the curves appear to be cut off at the top, check the scaling and set to an appropriate option (see chapter 7.2.3, page 169).

**Printing the capnogram** The CO<sub>2</sub> curve can be printed out with the integrated printer. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.



To start or stop real-time printing press the **Print** key.

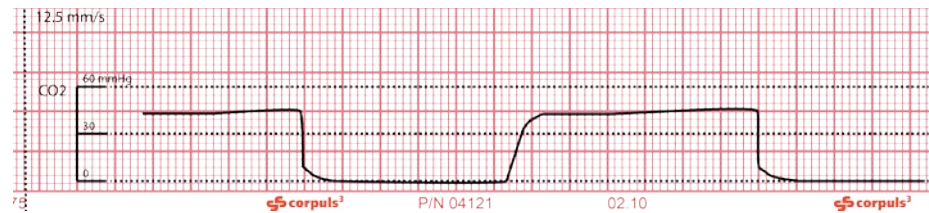


Fig. 6-27 CO<sub>2</sub> monitoring, section of a printout

**Note** The CO<sub>2</sub> nasal(/oral) disposable adapter may be used no longer than 24 hours.

**Note** After monitoring is finished, fixate the CO<sub>2</sub> sensor in the holder.

### 6.7.5 Adjusting the Representation of the CO<sub>2</sub> Values

#### Changing the sweep speed

The sweep speed of the display on the screen can be selected for the configured curves.

The following sweep speeds can be configured:

- 3.13 mm/s
- 6.25 mm/s
- 12.5 mm/s
- 25 mm/s

1. Select the CO<sub>2</sub> curve and open the curve context menu.
2. Select the required sweep speed in the curve context menu and confirm. Once the selection has been made, the program leaves the curve context menu automatically.

#### Changing the scale

If the curves appear to be cut off at the top, check the scaling and set to an appropriate option.

1. Select the CO<sub>2</sub> curve and open the curve context menu or
2. Select the CO<sub>2</sub> parameter field and the parameter context menu.
3. Select the required scale in the context menu and confirm. Once the selection has been made, the program leaves the context menu automatically.

#### Changing the unit

CO<sub>2</sub> values can be displayed either in the measuring unit mmHg or in kPa.

1. Select the CO<sub>2</sub> curve and open the curve context menu or
2. Select the CO<sub>2</sub> parameter field and the parameter context menu.
3. Select the required measuring unit in the context menu and confirm. Once the selection has been made, the program leaves the context menu automatically.

## 6.7.6 Monitoring Respiratory Rate

With CO<sub>2</sub> monitoring, respiration rate (RR) is also assessed and can be displayed on the screen.

1. Select the parameter field for display of respiration rate (RR) and open the parameter context menu.
2. Assign respiration rate to the selected parameter field.



Fig. 6-28 Respiratory rate parameter field

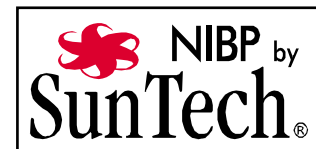
- 1 Current respiration rate in 1/min
- 2 Symbol for switched-on alarms
- 3 Upper alarm limit
- 4 Lower alarm limit

**Note** If necessary, adapt individual alarm limits manually.

## 6.8 Non-invasive Blood Pressure Monitoring (option)

### 6.8.1 Information on NIBP Monitoring

The NIBP technology integrated in corpuls3 is an OEM module from Sun Tech Medical Inc., Morrisville, NC, USA. Further information: [www.suntechmed.com](http://www.suntechmed.com).



Non-invasive blood pressure monitoring (NIBP) is used for routine monitoring of the blood pressure on an extremity. The pressure of a pulse wave in the blood is measured with the oscillometry method.

The systolic, diastolic and mean blood pressure values are recorded as measured values and displayed on the screen as a numerical value in mmHg. By configuring automatic intervals, continuous automatic monitoring is possible. A selection of predetermined settings (initial pressure) for adults, children and neonates is available.

The blood pressure monitoring system consists of the blood pressure cuff and the connecting hose which connects the cuff to the interface at the patient box.

The measurements can either be performed as individual measurements or automatically at configurable intervals (1 to 60 minutes).

**Operating placé.** The position of the user during operation is near the patient and the device.

The corpuls3 can indicate the results of non-invasive blood pressure measurement and the current settings on a separate user interface. This enables rapid access to the most important functions via softkeys during use. Moreover, the value last measured is shown in a configurable parameter field.

One can choose between two views:

- Large view (Fig. 6-29)
- Trend view (Fig. 6-30)

The large view shows the last value measured in large numbers. To obtain a list of the last five measurements, it is possible to change to the trend view. Both views always indicate the time of measurement and a quality indicator.

#### NIBP quality indicator

The quality indicator consists of 3 star symbols which indicate good measurement quality when filled, poor quality when displayed as an outline. The quality indicator is displayed on the NIBP user interface, in the parameter fields "NIBP" and "NIBP sys", in the trend browser and on printouts of NIBP values. The quality indicator is transferred together with the NIBP values via telemetry and Bluetooth and can be displayed in corpuls.web **LIVE** and corpuls.manager **REVIEW**.

#### Note

For paediatric and adult patient populations, blood pressure measurements made with this device are equivalent to those obtained by trained observers using the cuff/stethoscope auscultatory method within the limits prescribed by ANSI/AAMI SP10:2002(R)2008 (mean error difference of  $\pm 5$  mmHg or less, standard deviation of 8 mmHg or less) as well as EN1060-4:2004 and ISO 81060-2:2009.



#### Warning

##### Measuring errors due to interferences

The device is designed to function in the presence of a normal ECG sinus rhythm. With some heart dysfunctions (e.g. branch bundle block, arrhythmias, atrial fibrillation, ventricular fibrillation, premature atrial- or ventricular contraction, arteriosclerosis, presence of a pacer) as well as in case of poor perfusion, pregnancy (pre-eclampsia, pregnancy hypertension), diabetes, kidney diseases, advanced age of the patient or movement of the patient (shaking, the chills etc.) the non invasive blood pressure module may not be able to get correct measurement values.

Take into account interferences when assessing the measurement, if necessary, measure manually.



#### Warning

##### Delayed effect of emergency drugs

If the blood pressure cuff is placed on an extremity into which an intravascular access has already been inserted, this may affect the administration of drugs.

In this case, the blood pressure cuff should be used on another extremity, if possible.



#### Warning

##### Impairment of intravascular therapy or -monitoring

If the blood pressure cuff is placed on an extremity into which an intravascular access or another monitoring sensor has already been inserted, this can impair their function.

In this case, the blood pressure cuff should be used on another extremity, if possible.



#### Caution

##### Measuring errors due to interferences

The measuring site, the position of the patient (standing, sitting or laying down), exertion and the physical condition of the patient (stress, urge to urinate, ingestion of coffee or nicotine) can influence the measurement.

The middle of the cuff should be at the level of the heart. During the measurement, the patient should sit or lie calmly and relaxed, back and arm supported, legs not crossed, feet flat on the floor. The patient should not talk or tense the arm musculature. Ideally, the patient can spend 5 min in calm before the measurement.

Take into account interferences when assessing the measurement, if necessary, measure manually.



Caution

**Measuring errors due to interferences**

Microwave radiation in the immediate vicinity may interfere with the function of the device.

Eliminate interferences, if possible.

Take into account interferences when assessing the measurement, if necessary, measure manually.



Caution

**Measuring errors due to interferences**

Interferences influencing the blood pressure cuff (sensor) or other components can lead to erroneous measurements. Such interferences can be caused by strong acoustic pressure, or e.g. by extreme vibrations during patient transport.

Take into account interferences when assessing the measurement, if necessary, measure manually.



Caution

With temperatures outside the specified limits, the measurements may not be reliable (see Table A-10, page 309).



Caution

Only use NIBP cuffs mentioned in the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

To open the NIBP user interface, press the softkey [NIBP] in monitoring mode. By default, the NIBP user interface starts in the large view:

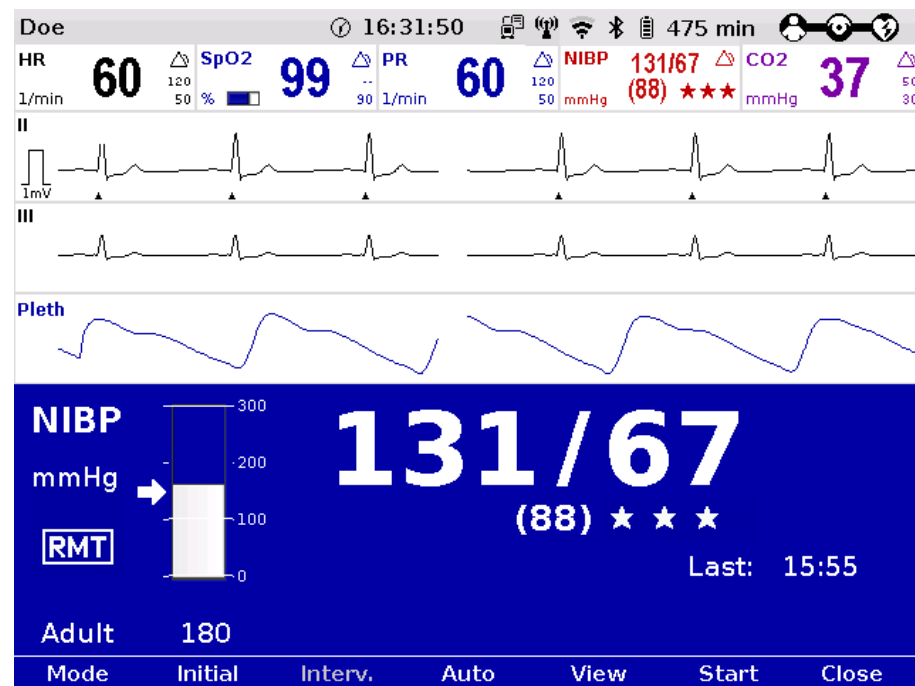


Fig. 6-29 NIBP user interface in large view

Press the softkey [View] to switch to the trend view.

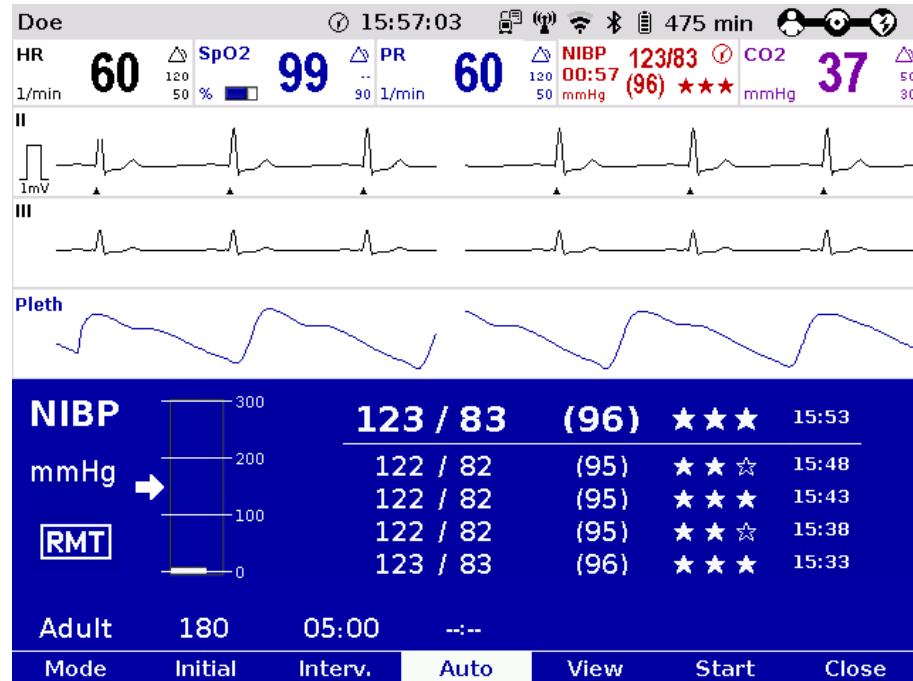


Fig. 6-30 NIBP user interface in trend view

Three operating modes can be set with the softkey [Mode]:

- Adult
- Child
- Neonate

Depending on the operating mode the initial pressure of the measurements is pre-set on the device:

- adult: 180 mmHg
- child: 120 mmHg
- neonate: 90 mmHg

The initial pressure automatically adapts to the patient after the first measurement. This can be changed manually with the softkey [Initial] and with the jog-dial within the following pressure range (see also chapter 7.4.13 Configuration of Non-Invasive Blood Pressure Measurement (NIBP) (Persons Responsible for the Device), page 196):

- adult: 120 - 280 mmHg
- child: 80 - 170 mmHg
- neonate: 60 - 140 mmHg

The selected pressure limit is marked with an arrow on the pressure scale. The pressure scale always shows the current pressure in the NIBP cuff.

**NIBP quality indicator**

The quality of the performed measurement is indicated by up to 3 star symbols in the NIBP user interface.

**Caution****Measurement error due to noisy ECG signal**

In the following situations, the functionality of the quality indicator can be impaired:

- Noise in the ECG signal (interference)
- Some types of arrhythmias (irregular ECG signal)
- Cuff on leg (pulse delay tolerance)
- Measurement in children (pulse delay tolerance)

If the quality indicator shows no or just 1 star symbol, check the fit and position of the cuff or the positioning of the arm and correct, if necessary. If necessary, the user can disable the RMT function in the NIBP settings.

SunTech R-wave Motion Tolerance (RMT)-Technology uses the monitoring ECG signal to qualify the validity of oscillometric pulses for an enhanced level of motion tolerance on patients in transport situations.

## 6.8.2 Preparing Blood Pressure Monitoring

NIBP monitoring on the upper arm is described below:

1. Select the NIBP cuff which is appropriate for the patient's arm girth.
2. Connect the NIBP cuff to the connecting hose, if necessary.
3. Tightly fit the deflated NIBP cuff around the patient's exposed upper arm so that it firmly surrounds the arm. The NIBP cuff should not exert any pressure on the blood vessels. The NIBP cuff must not fit too loosely. The lower edge of the NIBP cuff should be positioned approx. 2 cm above the crook of the arm.

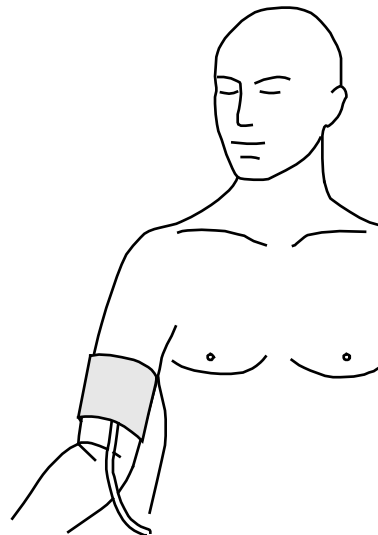


Fig. 6-31 NIBP monitoring, attaching the NIBP cuff

**Caution****Poor perfusion in neonates due to inappropriate patient mode**

If an inappropriate patient mode with too high cuff pressure is used on neonates, this can lead to poor perfusion.

When using NIBP cuffs for neonates, select the patient mode "Neonate".



Caution

#### Poor perfusion due to wrong handling

A too high cuff pressure due to a bent hose or too frequent measurements can lead to poor perfusion in patients.

Make sure by observation that the blood circulation is not impaired in the patient.



Caution

#### Injury due to wrong handling

Do not apply the cuff over a wound or at the arm on the side where a mastectomy has been performed.



Caution

#### Measurement error due to wrong handling

The INDEX-arrow printed on the NIBP cuff must fit within the designated area (RANGE), also printed on the NIBP cuff.

If this is not possible, a larger or smaller NIBP cuff has to be used.



Caution

#### Measurement error due to wrong handling

When performing the measurement, make sure that the NIBP cuff is on the level of the heart. The marking "ARTERY" printed on the inside of the cuff has to be aligned centrally and with the arrow pointing down to the arteria brachialis. The distance between the elbow joint and the NIBP cuff has to be 2 cm.



Caution

#### Measurement error due to wrong handling

Avoid squeezing, bending or reducing the diameter of the pressure hose connected to the NIBP cuff.

### 6.8.3 Performing Individual Blood Pressure Measurement



Caution

#### Measurement error due to wrong initial pressure

Before starting the NIBP measurement, make sure that the selected initial pressure is appropriate for the patient.

Adjust the initial pressure of the monitoring at approx. 30 mmHg above the expected systolic value or use the default settings.

1. In monitoring mode press the softkey [NIBP].
2. Press the softkey [Mode] repeatedly until the required mode "Adult", "Child" or "Neonate" appears.
3. To start an individual measurement, press the softkey [Start].
4. The NIBP cuff is inflated and measurement is performed automatically.
5. A measurement in progress can be interrupted with the softkey [Stop].

**Note** Immediately after the measurement the softkeys are greyed out. Another measurement is possible only after 5 seconds.



To additionally display the measured value in a parameter field exit the NIBP user interface with the softkey [Close].

1. Select a parameter field for display of the non-invasive blood pressure and open the parameter context menu.
2. Assign NIBP monitoring to the selected parameter field.
3. Alternatively, individual parameter fields can be configured to display the systolic (NIBP sys), diastolic (NIBP dia) and the mean arterial (NIBP MAP) pressure values.

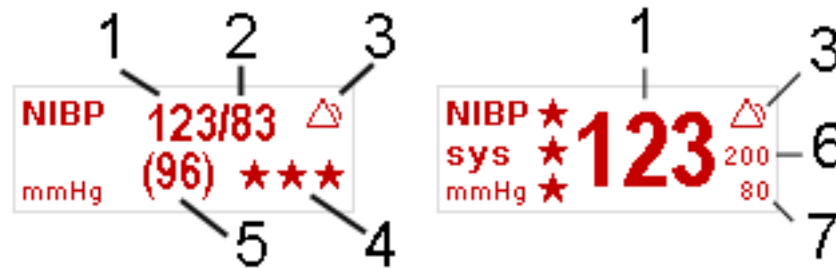


Fig. 6-32 NIBP monitoring parameter fields

- 1 Systolic value
- 2 Diastolic value
- 3 Symbol for switched-on alarms
- 4 NIBP quality indicator
- 5 Mean arterial pressure
- 6 Upper alarm limit
- 7 Lower alarm limit

**Note** If necessary, adapt individual alarm limits manually.

## 6.8.4 Performing Blood Pressure Interval Monitoring



### Warning

Make sure that the blood circulation is not impaired in the extremity to which the NIBP cuff is attached.

### Note

If a time value for interval monitoring is configured and the checkbox "Enabled" is ticked, (see chapter 7.4.13 Configuration of Non-Invasive Blood Pressure Measurement (NIBP) (Persons Responsible for the Device), page 196), the automatic interval measurement begins immediately when the softkey [Start] is pressed.

To configure interval monitoring manually, proceed as follows:

1. In monitoring mode press the softkey [NIBP].
2. Press the softkey [Mode] repeatedly until the required mode "Adult", "Child" or "Neonate" appears.
3. Press the softkey [Auto]. The softkey [Auto] remains selected.
4. Change the interval with the softkey [Interv.] or leave at default value.
5. To start an interval measurement press the softkey [Start].

While the first interval measurement is performed, the inscription above the softkey [Auto] shows four dashes. After that, a countdown above the softkey [Auto] shows the remaining time until the next interval measurement. This countdown is also displayed in the parameter field on the left below "NIBP". It is no longer necessary to call up the NIBP user interface to see if an interval measurement is active. Also, a clock symbol alternating with the alarm symbol in the upper right corner of the parameter field indicates that the interval measurement is active and that an automatic measurement is being prepared.

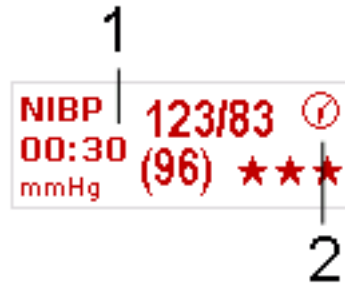


Fig. 6-33 NIBP parameter field with active interval measurement

- 1 Countdown for the interval measurement
- 2 Clock symbol

6. To quit the interval measurement, press the softkey [Auto]. A measurement in progress can be interrupted with the softkey [Stop].

If the NIBP measurement is interrupted, the inscription above the softkey [Auto] shows four dashes instead. The pressure in the NIBP cuff is then released immediately.

**Note** During the interval measurement it is possible to perform an individual measurement manually at any time between two automatic interval measurements by pressing the softkey [Start].

## 6.9 Invasive Blood Pressure Monitoring (IBP) (Option)

### 6.9.1 Information on IBP Monitoring

With the IBP function, various pressures can be measured within the context of intensive medical care. This includes, among others, arterial pressure, central venous pressure or intracranial pressure.

Two interfaces are available which can be assigned as single channels or as double channels, respectively. For usage as a double channel, an IBP-Y-adapter cable is needed. Consequently, up to four different invasive pressure measurements can be performed simultaneously. The recorded pressure values can be displayed on the screen either as numerical parameters and/or as a curve.

The following table gives an overview of the current assignment:

Connection	Assignment	
	Single pressure channel	Double pressure channel
P1 P2	"P1"	"P1" and "P2"
P3 P4	"P3"	"P3" and "P4"

Table 6-4 IBP monitoring, pressure channel assignment

Special convertible adapters for transducer cables from established manufacturers are available for the corpuls3. The following transducers are approved for use with the adapter cables 04233.02 and 04233.04: B.Braun Combitrans, Becton Dickinson DTXPlus, Codan/pvb DPT-6000er/-8000er Series, Codan/pvb xtrans DPT-9000er Series, Edwards TruWave PX600er Series (only 1-fold), Smiths/Medex LogiCal.

Your sales representative can inform you which types of transducers can be connected. The list of accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) contains approved accessory equipment for IBP monitoring.

**Caution**

---

The corpuls3 may not be used simultaneously on two or more patients.

---

**Note** For further information see the operating instructions from the manufacturer of the transducer system.

**Note** The following description of invasive blood pressure monitoring only takes into account the operating steps pertaining to the corpuls3 and **not** the handling of the individual transducer systems. Read and follow the operating instructions and accompanying documents of the respective manufacturer.

**Note** When using the IBP cables, take care to provide strain relief by making a small loop. If the IBP cables are not used, disconnect them from the patient box and store in the accessory bag.

**Note** Disposable items of the transducer system must not be re-used under any circumstances. Read and follow the operating instructions and accompanying documents of the respective manufacturer.

## 6.9.2 Preparing Invasive Blood Pressure Monitoring

1. Connect the plug of the first transducer cable to the "P1 P2" socket at the patient box.
2. Connect the plug of the second transducer cable to the "P3 P4" socket at the patient box if one or more invasive pressure measurements are to be taken.
3. Open the transducer system to balance the static and atmospheric pressure.

4. Perform zero calibration of the transducer cable:  
 Select in the main menu "IBP" ► "Calibr. P {measuring channel}" and confirm the calibration with the jog dial (for further information, see chapter 7.2.4 IBP, page 170).

	◀ Alarms
	◀ Signals
	◀ Printer
	◀ Telemetry
	◀ Bluetooth
	◀ ECG
	◀ Oximetry
	◀ CO2
	◀ NIBP
Calibr. P1	◀ IBP
Calibr. P2	◀ Defib
Calibr. P3	◀ Patient
Calibr. P4	◀ System
Settings	

Fig. 6-34 IBP calibration

5. Repeat steps 3 to 4 to calibrate further transducer cables.
6. If auto-scaling of the display of the pressure channel is not required, adjust the display range in the main menu "IBP" ► "Settings" (for further information see chapter 7.2.4 IBP, page 170).

**Note** The message "NON CAL" in the parameter field and/or in the curve field indicates an uncalibrated measuring channel (P {measuring channel}). No alarm is triggered and no measuring channel trend is recorded.

**Note** Atmospheric pressure must be present on the transducer during calibration.

**Note** Calibration is completed after approx. 5 seconds. In case of an error, a technical alarm is triggered. In this case, sources of error are to be eliminated and the calibrating measures to be repeated, if necessary.

**Note** If no transducer is connected or if the transducer is loose, the technical alarm "IBP P[X] sensor loose" is triggered. The prerequisite in this case is that a transducer has already been connected and calibrated previously.

**Note** The shunt valve of transducer should be positioned approximately at the level of the right atrium (approximately in the area of the middle axillary line).

During cranial pressure measurement, the shunt valve should be aligned with the upper edge of the ear. Any deviation from the prescribed position may invalidate the values.

**Note** The hydraulic system of the transducer must be de-aerated before invasive pressure measurement is performed. Read and follow the operating instructions and accompanying documents of the respective manufacturer.

### 6.9.3 Performing Invasive Blood Pressure Monitoring

1. Invasive blood pressure monitoring starts automatically after application of the transducer(s).
2. Select the curve field for display of the pressure curves and assign the corresponding pressure curve (P1-P4) via the curve context menu.
3. If necessary, select a parameter field for display of the invasive pressure measurements and assign the corresponding P value (P1-P4) via the parameter context menu.
4. If required, assign a designation of the measuring site to the parameter- or curve field:

IBP: Invasive (Blood-) Pressure

AP: Arterial blood pressure

VP: Venous blood pressure

ICP: Intracranial pressure

**Note** If necessary, adapt individual alarm limits manually.

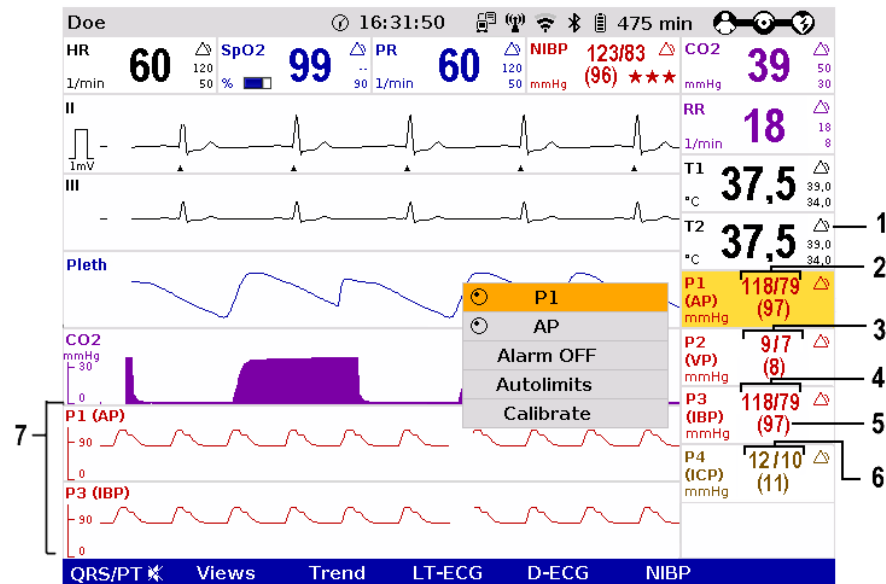


Fig. 6-35 IBP monitoring, configured screen

- 1 Symbol for switched-on alarms
- 2 Current arterial pressure in mmHg
- 3 Current venous pressure in mmHg
- 4 Current systolic and diastolic pressure in mmHg
- 5 Current mean arterial pressure in mmHg
- 6 Current intracranial pressure in mmHg
- 7 Pressure curves (P1 and P3) in mmHg

The pressure curves can be printed out with the integrated printer. For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.



To start or stop real-time printing press the **Print** key.

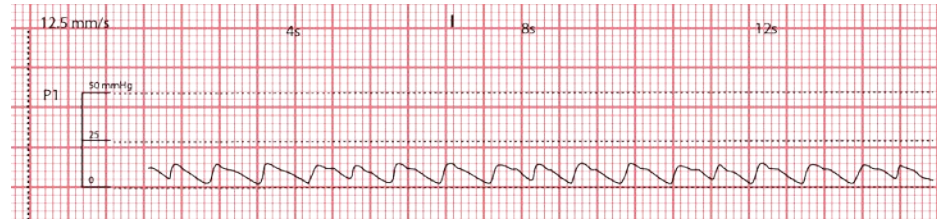


Fig. 6-36 IBP monitoring, section of a printout

Invasive blood pressure curve P1

## 6.10 Temperature Monitoring (Option)

### 6.10.1 Information on Temperature Monitoring

Temperature monitoring enables continuous measurement and monitoring of the body core temperature (e. g. in a hypothermic patient) or the surface temperature of the skin (e. g. following therapeutic hypothermia in the post-resuscitation phase).

#### Temperature

Up to two temperature values can be measured by means of temperature sensors and displayed as numerical values: body core temperature rectally and/or oesophageally and surface temperature.



Caution

Only use YSI sensors of the series 400 or sensors compatible with those, as indicated in the list of approved accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

The measurement range lies between 12.0°C and 50.0°C. The temperature is displayed in °C.

Temperature values outside the measurement range are indicated as "--.-".



Caution

If temperatures below 12°C are measured the alarm "[X] sensor loose" may be issued.

**Note** For further information read the operating instructions of the temperature sensor's manufacturer.

### 6.10.2 Preparing Temperature Monitoring

1. Connect the plug of the first temperature sensor to the "Temp-1" socket at the patient box.
2. Connect the plug of the second temperature sensor to the "Temp-2" socket at the patient box, if a second temperature is to be measured.
3. If necessary, put the protective cover over the temperature sensor and insert the sensor esophageally, rectally or tympanally or place on the surface on the skin and fixate with tape.

### 6.10.3 Performing Temperature Monitoring

Measurement begins automatically after the sensor has been attached.

1. Select the parameter field for display of the first temperature value and open the parameter context menu.
2. Assign T1 monitoring to the selected parameter field.

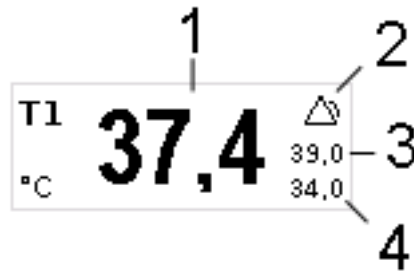


Fig. 6-37 Temperature monitoring parameter field

- 1 Current temperature value in °C
- 2 Symbol for switched-on alarms
- 3 Upper alarm limit
- 4 Lower alarm limit

**Note** If necessary, adapt individual alarm limits manually.

3. If measurement of a second temperature value is necessary, select the parameter field of the second temperature value and open the parameter context menu.
4. Assign T2 monitoring to the selected parameter field.

## 7 Configuration

---

Various different settings of the corpuls3 can be configured:

- System settings
- Monitoring functions (ECG, Oximetry, CO<sub>2</sub>, NIBP, IBP)
- Alarms
- Advanced settings (for persons responsible for the device)

**Note** The corpuls3 has user administration. Certain settings are therefore only accessible for users with a higher authorisation level (such as persons responsible for the device or service technicians). For default users, certain configuration fields are greyed out and cannot be selected. The access to certain functions as e. g. manual defibrillation or pacemaker therapy can be restricted via PIN number by the person responsible for the device.

**Note** Permanent saving of changes in the configuration can only be performed with the corresponding authorisation. If modifications made are not saved in the system settings (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176), all the adjustments will be lost when the corpuls3 is switched off.

**Note** The corpuls3 always starts at the user level DEFAULT.

The configuration dialogues are opened with the jog dial by navigating in the main-/submenu (see chapter 4.3.3 Main menu, page 54).

The settings are selected and confirmed with the jog dial (see chapter 4.1.1 Operating Elements and LEDs on the Monitoring Unit, page 35).



## 7.1 Configuring the System

### 7.1.1 General System Settings (User DEFAULT)

The following general system settings can be configured:

- Time/Date
- Screen settings/Display
- Master data

1. Select in the main menu "System" ► "Settings".  
The configuration dialogue opens.

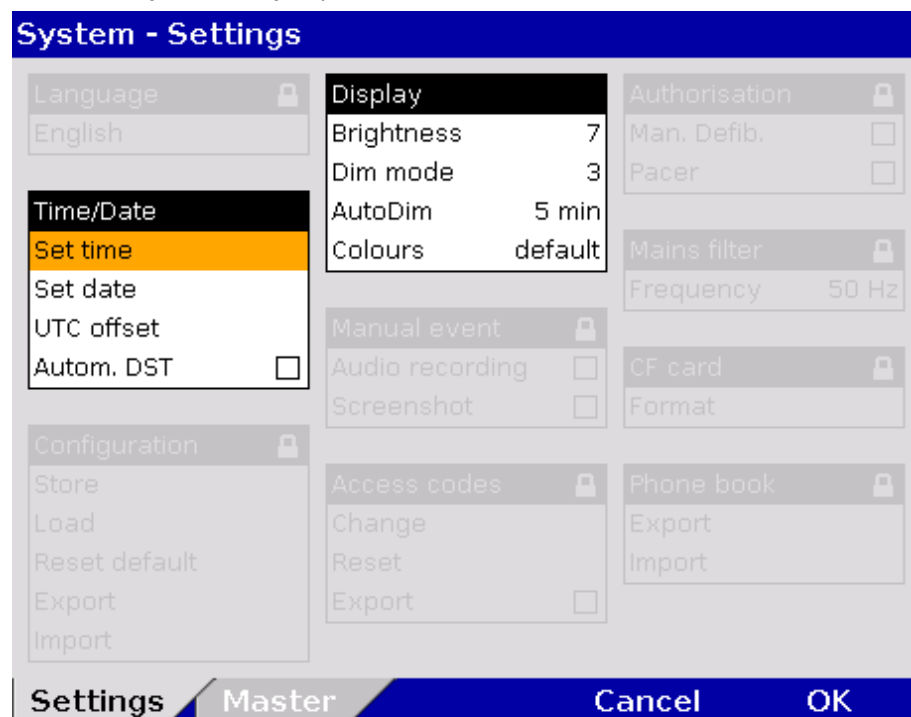


Fig. 7-1 System settings, user level DEFAULT

2. Select the required setting with the jog dial.  
Table 7-1 shows the possible values.
3. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** Some configuration fields can only be edited if the user has the necessary authorisation. They are greyed out for the user DEFAULT.

**Note** Settings can only be configured when the modules are connected mechanically or in range via radio connection.

Field	Setting	Values	Increments
Time/Date	Set time	Hours:minutes	0-23:00-59
	Set date	DD.MM.YY	from 2000
	UTC offset	Hours:minutes	0±12:00-59
	Autom. DST	Enabled, disabled	-
Screen	Brightness	0 (dark) to 10	1
	Dim mode	0 (dark) to 10	1
	AutoDim	Off, 1 to 15 min	1
	Colours	default/night/ inverted	-

Table 7-1 Values for system settings

**Note** The UTC offset (time zone) and the automatic daylight saving time (DST) have to be configured before setting the time. The UTC and time are printed on the protocol. For the UTC offset and the time, the unchanged minutes also have to be confirmed with the jog dial. Only then the changed hour is saved with the softkey [OK].

**Note** The UTC offset can now be configured from -12:00 to +13:45 hours. So, selection of the correct time zone is possible worldwide.

**Screen** The following settings are possible for the display:

- brightness level of the backlit screen (not in nightvision mode).
- dimmed brightness level for energy saving (not in nightvision mode).
- time interval after which the screen switches from normal to dimmed in the absence of operating actions or alarms (not in nightvision mode).
- Default, night or inverted video display on the screen.

**Note** The corpuls3 never switches to AutoDIM (energy saving) mode in defibrillation-, pacer- or nightvision mode.

Via the configuration page "Master" the master data can be edited (see chapter 8.4 Master data, page 201).

The UTC offset can now be configured from -12:00 to +13:45 hours. So, selection of the correct time zone is possible worldwide.

## 7.1.2 Configuration of Views

The following settings can be configured:

- number and type of the curves displayed
- number and type of the parameters displayed
- pre-set views

- Curves**
1. Select in the main menu "Signals" ► "Curves".  
The configuration dialogue opens.

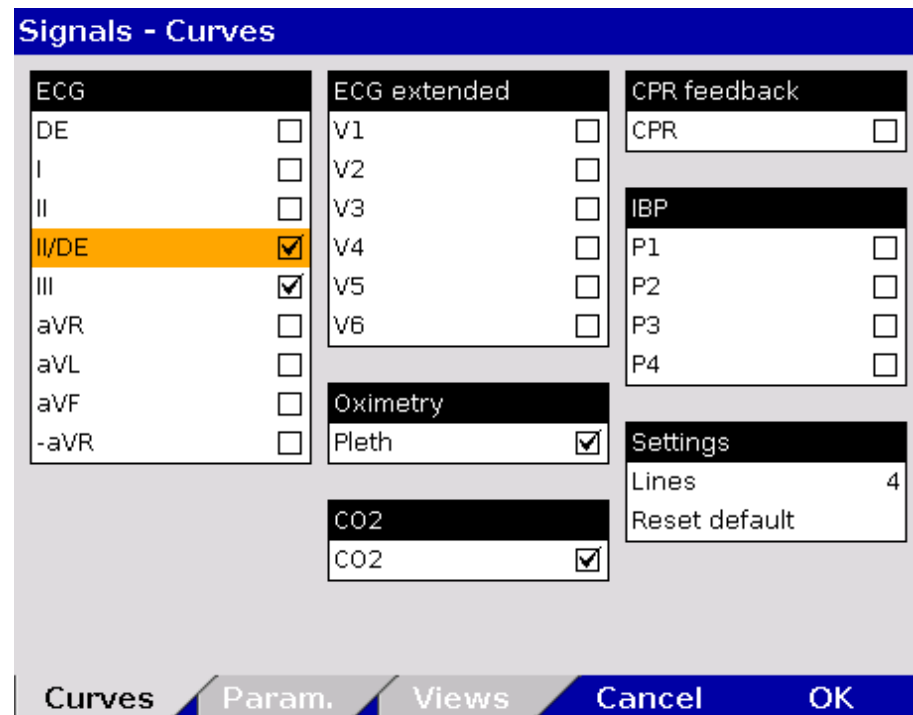


Fig. 7-2 Displaying curves

2. In the field "Lines" in the group "Settings" the required number of lines (3 to 6 lines) can be selected. The selected number of curves is displayed on the monitor.
3. Select the field "Reset default" to set the configuration back to the last settings before opening this configuration dialogue. Changes can so be undone without having to close the configuration dialogue.
4. Select the required ECG leads and curves of the monitoring functions Pleth, CO<sub>2</sub>, IBP and CPR for display on the monitor.
5. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

- Parameters**
1. Select in the main menu "Signals" ► "Parameters".  
The configuration dialogue opens.

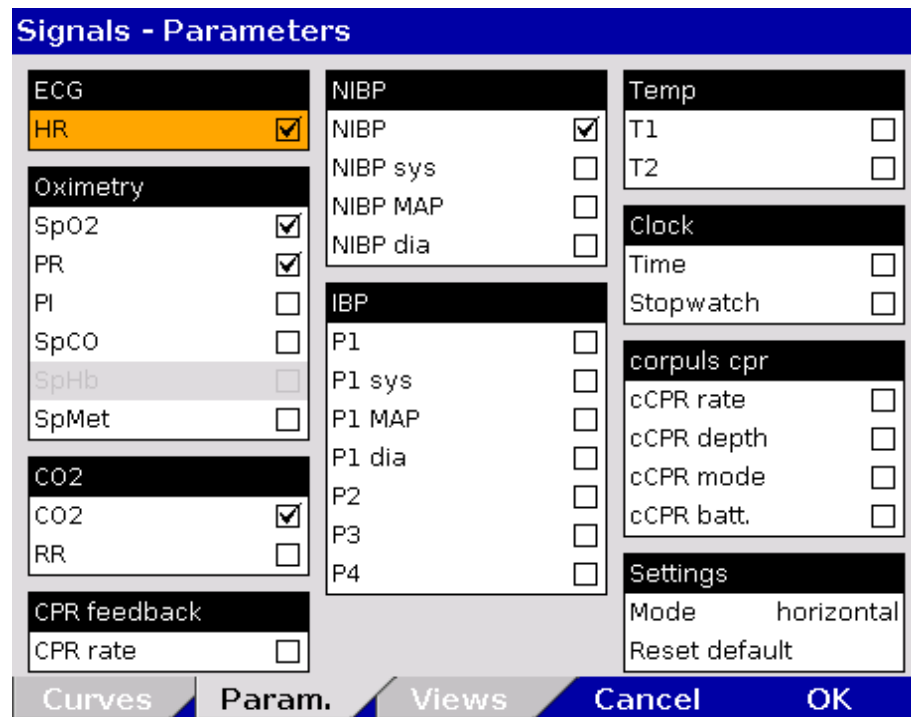


Fig. 7-3 Displaying parameter fields

2. Select the arrangement of the parameters in the group "Settings" for the following fields:
  - none,
  - horizontal,
  - vertical,
  - horizontal and vertical,
  - Big 4,
  - Big 6,
  - Big 8,
3. Select the field "Reset default" to set the configuration back to the last settings before opening this configuration dialogue. Changes can so be undone without having to close the configuration dialogue.
4. Select the parameters to be displayed. With the option "Big 6" or "Big 8", only one curve can be displayed, as the entire screen is used to display the big parameter fields. With the option "Big 4", 2 or 3 curves can be displayed.
5. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

All available parameters can be displayed in "Big 4", "Big 6" or "Big 8" view with a corresponding larger font, their respective colours, designations and alarm parameters remain the same.

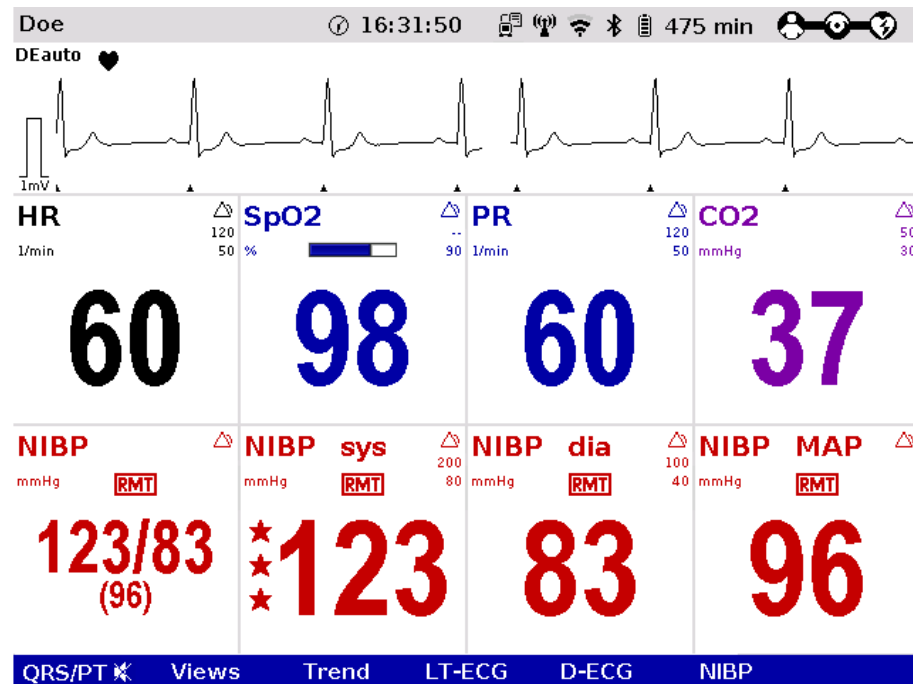


Fig. 7-4 Big parameter fields

**Selecting pre-configured views**

1. Select in the main menu "Signals" ► "Views".  
The configuration dialogue opens.

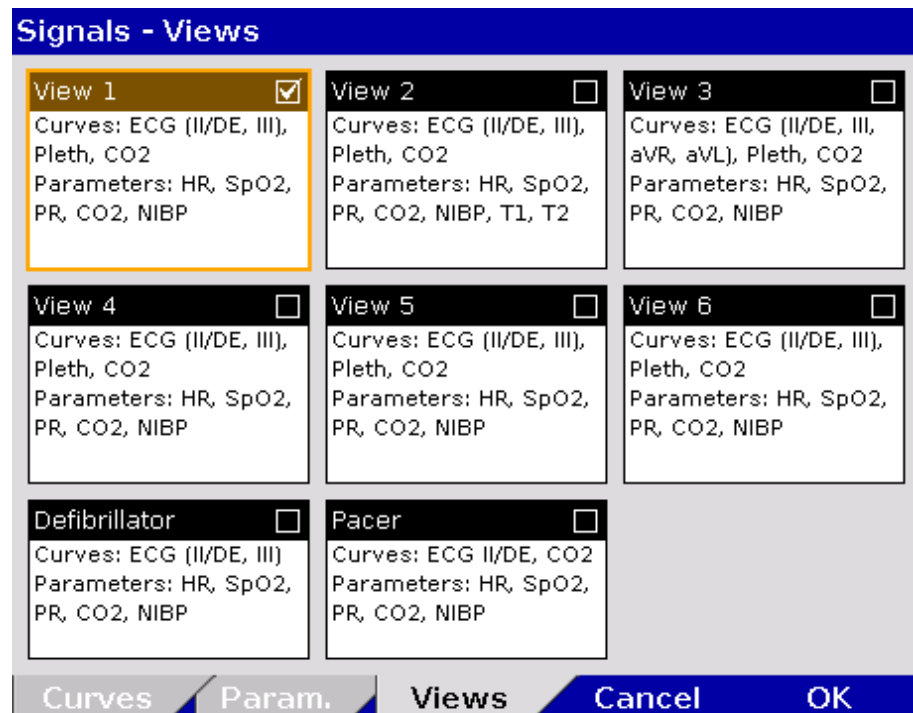


Fig. 7-5 Selecting pre-set views

2. Select the required configured view with the jog dial and press to confirm.

- To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** The views for the defibrillator- and pacer mode can only be adjusted if the user switches first to defibrillator- or pacer mode.

**Note** Configured views can only be permanently saved in the system settings by the person responsible for the device (user authorisation required) (see chapter 7.4.7 Basic Configuration of the Views (Persons Responsible for the Device), page 187).

### 7.1.3 Printer settings

- Curves**
- Select in the main menu "Printer" ► "Curves".  
The configuration dialogue opens.

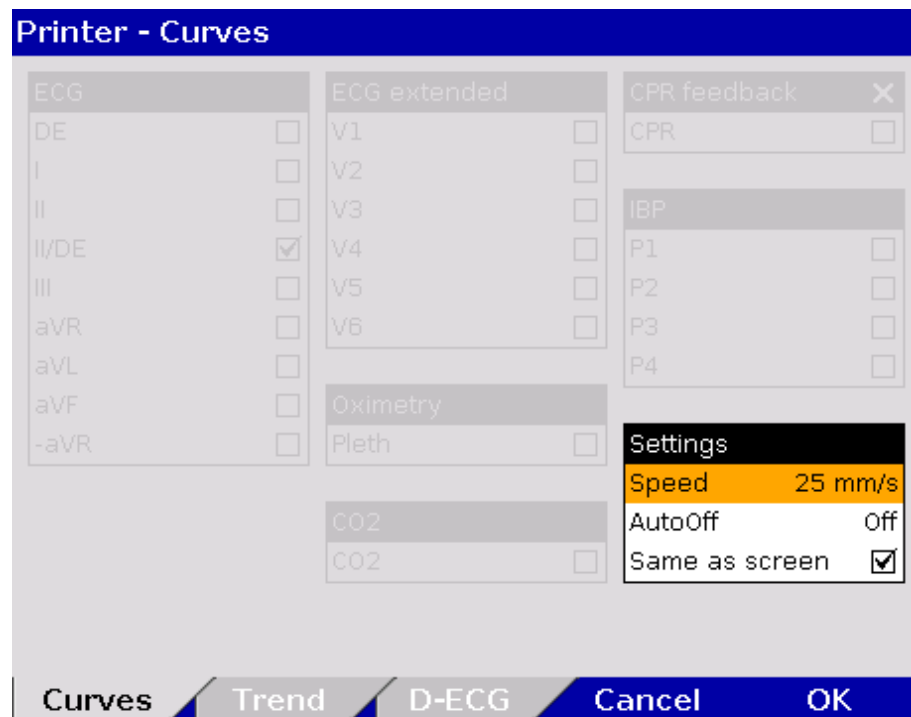


Fig. 7-6 Printer setting "Same as screen"

- If in the group "Settings" the checkbox "Same as screen" is ticked, the curves currently displayed on the screen are printed. The remaining areas of the configuration dialogue are greyed out (see Fig. 7-6).

3. Deactivate the checkbox "Same as screen" to enable selection of ECG leads, Pleth-, CO<sub>2</sub>-, IBP- or CPR curves.
4. Select required ECG leads and curves.

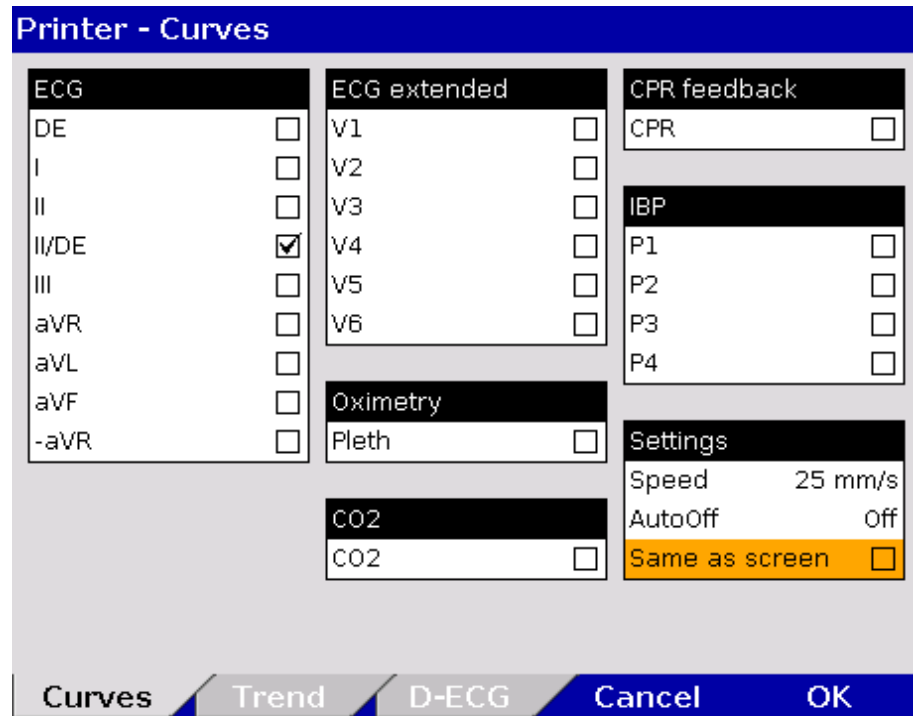


Fig. 7-7 Selecting printer curves

**Note** In real-time printing, up to 6 curves can be printed simultaneously one below the other.

Every real-time printout has the designation "REALTIME PRINTOUT" on the first page.

5. In the field "Speed" in the group "Settings", select the sweep speed and the time interval after which the printer should stop printing automatically (see Table 7-2 for the values).

Field	Setting	Values	Increments
Settings	Speed	6.25 mm/s to 50 mm/s	6.25/12.5/25/50 mm/s
	AutoOff	Off, 10 to 300 s	10 s
	Same as screen	Enabled, disabled	-

Table 7-2 Values for printer settings

**Printer settings Trends and Protocol**

1. Select in the main menu "Printer" ► "Trend".  
The configuration dialogue opens.

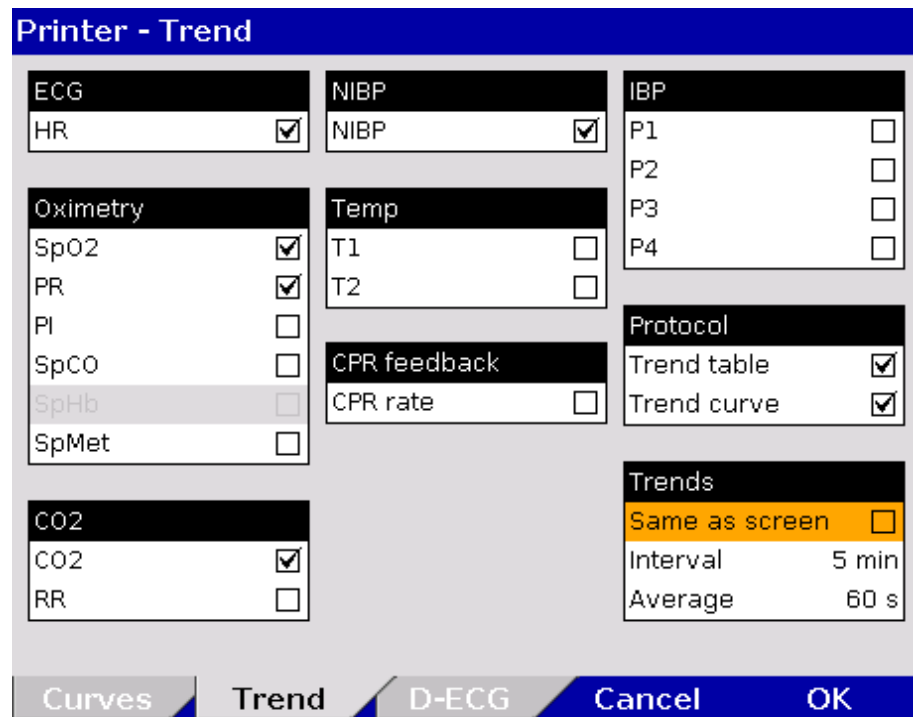


Fig. 7-8 Printer settings Trend and Protocol

2. To obtain in the protocol a chronological list of minute mean values of vital parameters in table form, tick the checkbox "Trend table" in the group "Protocol".
3. If the protocol should contain the trend curves of the vital parameters, tick the checkbox "Trend curve" in the group "Protocol".
4. If the checkbox "Same as screen" in the group "Trends" is ticked, the vital parameters currently displayed on the screen are printed in the protocol. If this checkbox is not ticked, up to 13 parameters included in the trend table can be selected manually.
5. Use the field "Interval" in the group "Trends" to select the intervals at which the minute mean values are logged.
6. Use the field "Average" in the group "Trends" to set the averaging interval. The values are collected and averaged over the period of time configured here (arithmetic mean value).

Group	Setting	Values	Increments
Protocol	Trend table	Enabled, disabled	-
	Trend curve	Enabled, disabled	-
Trends	Same as screen	Enabled, disabled	-
	Interval	Interval 1 min to 60 min	1, 5 and 30 min
	Average	10 s to 60 s	5, 15 and 30 s

Table 7-3 Values for trend settings

7. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].



**Printing individual trend pages**

To enable printing of the trend values as a single page:

1. Select in the main menu "Printer" ► "Trend page".

For the trend the minute mean values of the parameters are saved. One minute mean value is calculated from all measured values within one minute as the arithmetic average.

**Trend symbols in the protocol**

If in the trend table on the protocol printout one parameter value bears an exclamation mark (e. g. for HR: 60!), this indicates that within this interval an alarm limit was exceeded or the value fell below the alarm limit.

If at one timestamp one parameter value shows a question mark (e. g. for HR: ?), this indicates that within the last minute no mean value could be saved due to technical reasons. This is the case, for example, if at the time of printout the monitoring unit is out of range (radio connection) of the patient box.

If at one timestamp one parameter value shows two dashes (e. g. for NIBP: --), this indicates that within the last minute no mean value could be detected and saved.

**Note** The printout of the trendpage contains the trend value of the last minute before the **Print** key was pressed. The recorded trend values may therefore originate from an earlier point in time.

**Note** If the markings signalling the end of the paper roll become visible, a paper jam is possible with a selected printer speed of 6.25 mm/s.

To adjust the settings for the D-ECG printout, proceed as follows:

**Printing the D-ECG**

1. Select in the main menu "Printer" ► "D-ECG".  
The configuration dialogue opens.

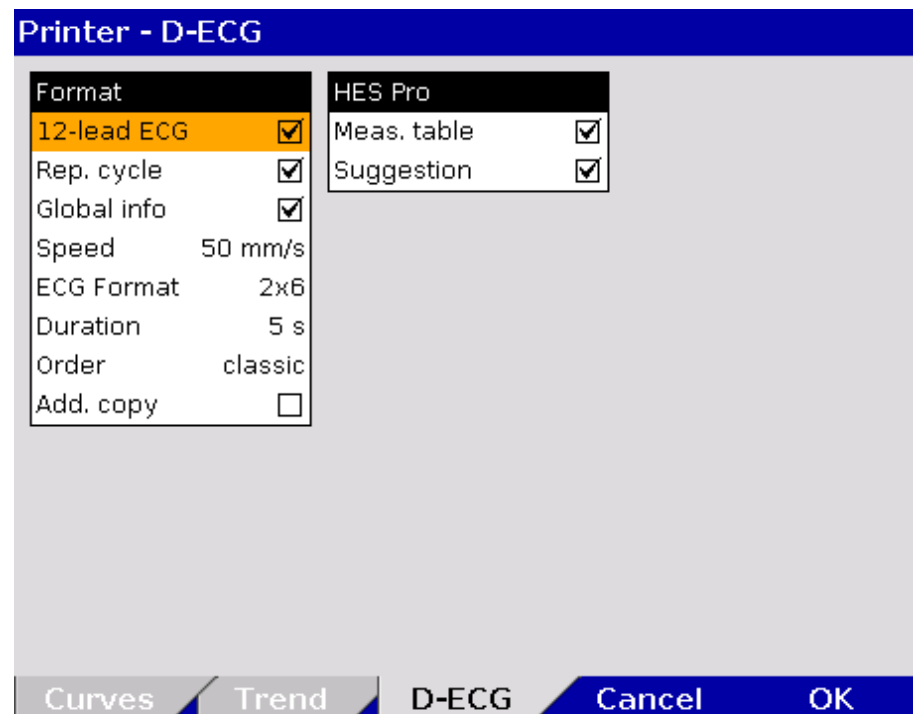


Fig. 7-9 Printer settings for D-ECG

Field	Setting	Values	Increments
12-lead ECG	12 lead ECG printout	Enabled, disabled	-
Rep. cycle	Printout of the representative cycle	Enabled, disabled	-
Global info	Printout of diagnosis	Enabled, disabled	-
Speed	Sweep speed of the D-ECG	25 mm/s, 50 mm/s	-
ECG Format	Printout format	2x6	-
		4x3	-
Duration	Duration/length of the printout of one ECG block	3 to 10 s	1 s
Order	Classic placement of ECG curves or according to Cabrera	Classic, Cabrera	-
Add. copy	Prints out another copy	Enabled, disabled	-
Measuring table (option)	Adds the measuring table of interpretation to the printout	Enabled, disabled	-
Suggestion (option)	Adds a therapy suggestion to the printout	Enabled, disabled	-

Table 7-4 Values for the D-ECG printout

2. To have the 12 lead ECG included in the protocol, tick the checkbox "12-lead ECG" in the group "Format".
3. To display the representative cycle, tick the checkbox "Rep. cycle" in the group "Format".
4. Select the D-ECG speed on the printout.
5. Select the printout format:
  - 2 x 6: Two blocks of 6 ECG leads each are printed.
  - 4 x 3: Four blocks of three ECG leads each are printed.
6. Select the duration of the ECG block.
7. Select the order of the ECG curves on the D-ECG printout:
  - Classic: Leads I, II, III, aVR, aVL, aVF.
  - Cabrera: Leads aVL, I, -aVR, II, aVF, III.
8. To print out an additional copy of the D-ECG, tick the checkbox "Add. copy".
9. Optional: Add the measuring table of interpretation to the printout.
10. Optional: Add the therapy suggestion to the printout.
11. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**corPatch CPR summary  
(printout)**

After deployment of the corPatch CPR feedback sensor the corpuls3 calculates and stores a statistical evaluation from the collected data. If the user OPERATOR has enabled this option (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193), the corPatch CPR summary can be printed out on the corpuls3 via the main menu or the mission browser and so allows a direct mission debriefing for users. The printout contains various quality parameters and graphical summaries of the respective resuscitation mission.

**Adjusting the printer  
intensity**

As of software version 3.0.5 the user DEFAULT can adjust the intensity of the printer. This may e.g. be necessary after inserting a new role of printer paper, if the letters are printed too thin or too fat and are illegible.

1. Select in the main menu "Printer" ► "Settings".  
The configuration dialogue opens.
2. Select in the group "Printer" the field "Intensity" with the jog dial and choose a value between 0 and 20.

**Note**

By default, the value 10 is set.

Field	Values
Intensity	0 - 20

Table 7-5 Adjusting the printer intensity

## 7.1.4 Configuration of the Fax Transmission (User DEFAULT)

**Settings for Fax  
Transmission (option)**

The following settings can be configured by the user DEFAULT for transmitting a fax:

- Enabling and disabling of the GSM connection (aircraft mode)
- Selection of the sweep speed for the representation of the D-ECG on the fax machine.

## 7.2 Configuration of the Monitoring Functions

The settings of the following monitoring functions can be configured:

- ECG
- SpO<sub>2</sub>
- SpMet (available only with with Masimo Rainbow SET® Technology)
- SpCO (available only with with Masimo Rainbow SET® Technology)
- SpHb (available only with with Masimo Rainbow SET® Technology)
- PR
- PI
- CO<sub>2</sub>
- NIBP
- IBP
- CPR Feedback

### 7.2.1 ECG Monitoring

The following settings can be selected:

- ECG Display
- Dynamic QRS-/Pulse tone (option)
- 20 Hz filter

**General settings**

1. Select in the main menu "ECG" ► "Settings".  
The configuration dialogue opens.

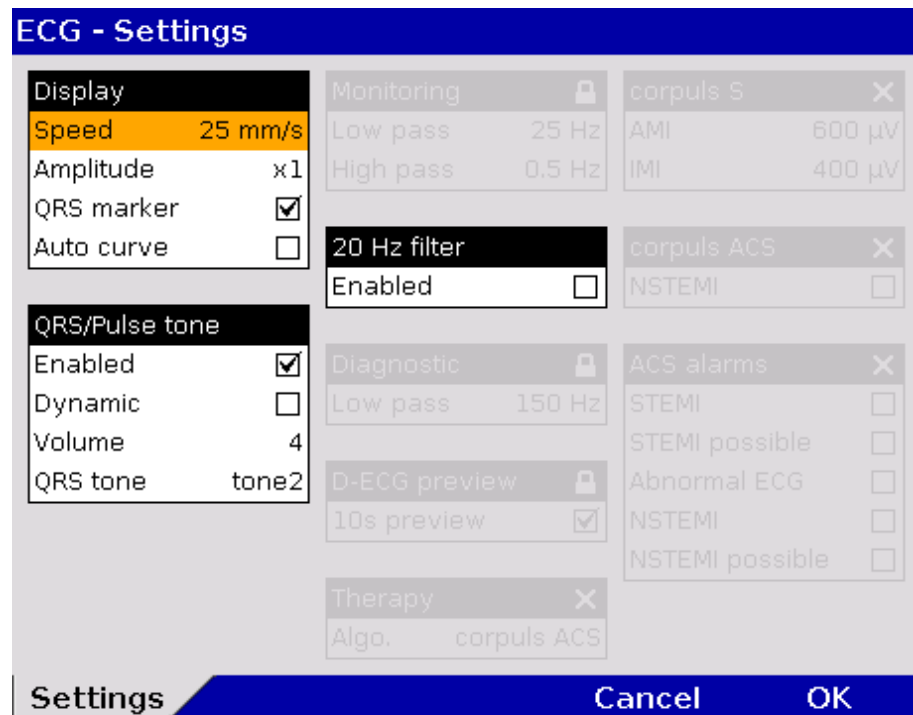


Fig. 7-10 ECG settings

2. Select the settings.  
Table 7-6 shows the possible values.

Field	Setting	Values
Screen	Speed	12.5 mm/s, 25 mm/s, 50 mm/s
	Amplitude	Auto; x 0.25; x 0.5; x 1; x 2
	QRS marker	Enabled, disabled
	Auto curve	Enabled, disabled
QRS/Pulse tone	Enabled	Enabled, disabled
	Dynamic	Enabled, disabled
	Volume	3 to 10
	QRS tone	Tone 1 to tone 4
20 Hz filter	Enabled	Enabled, disabled

Table 7-6 Values for ECG setting

**Auto curve** After connecting the 4-pole ECG monitoring cable (to patient and patient box) the ECG curve of lead DE appears automatically on the screen if a valid ECG is detected.

**Dynamic QRS-/Pulse Tone** If the pitch of the pulse tone should indicate a change in oxygen saturation (SpO2 value), tick the checkbox in the "Dynamic" field. With this option, for example a decrease of the oxygen saturation can be detected early on acoustically. Deselecting the QRS tone disables the dynamic pulse tone as well (see chapter 7.2.2 Oximetry, page 167).

**Note** The dynamic QRS-/Pulse tone is only available, if the device is equipped with the oximetry (SpO<sub>2</sub>) option. If not, the field is greyed out.

**20 Hz filter** By means of the 20 Hz filter, muscle contractions of the patient can be filtered out of the ECG. In monitoring mode, the 20 Hz filter can be enabled or disabled via the curve context menu.



**Warning**

**Risk of wrong diagnosis**

The use of the 20 Hz filter in monitoring causes distortions in the ECG that can be misinterpreted. A diagnosis should only be made on the basis of a diagnostic ECG.

**Note** To increase diagnostic safety, the message "ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED" is printed for the user on the printout if the ECG is changed by filter settings and thus the interpretability is limited.

### 7.2.2 Oximetry

- Settings**
- In the main menu, select "Oximetry" ► "Settings".  
The configuration dialogue opens.

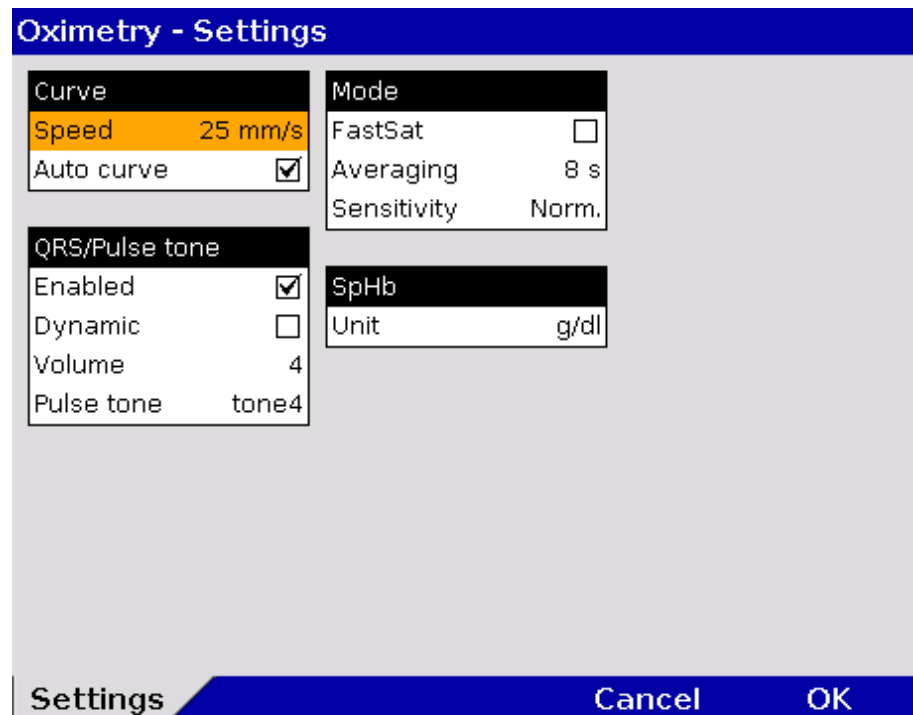


Fig. 7-11 Settings for oximetry monitoring

2. Select the settings.  
Table 7-7 shows the possible values.

Field	Setting	Values	Increments
Curve	Sweep speed	12.5 mm/s, 25 mm/s, 50 mm/s	-
	Auto curve	Enabled, disabled	-
Pulse tone	Enabled	Enabled, disabled	-
	Dynamic	Enabled, disabled	-
	Volume	3 to 10	1
	Pulse tone	1 to 4	
Mode	FastSat	Enabled, disabled	-
	Averaging	2-4 s, 4-6 s, 8 s to 16 s	- 2
	Sensitivity	Max., Norm, APOD	-
SpHb	Unit	g/dl, mmol/l	-

Table 7-7 Values for oximetry Monitoring

If the check box "Auto Curve" is ticked, the pleth curve will be displayed on the screen as soon as valid oximetry values are measured.

**Dynamic  
Pulse Tone**

If the pitch of the pulse tone is supposed to change as a function of oxygen saturation, tick the checkbox in the field "Dynamic". With this option, a decrease of the oxygen saturation can be detected early on acoustically. If a 4 pole ECG monitoring cable is connected additionally, the pitch of the QRS-/pulse tone indicates the level of the oxygen saturation.

3. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** Some settings are only available with the Masimo Rainbow SET® Technology.

**Note** For information on the settings see chapter 6.6.4 Performing Oximetry Measurement, page 132.

## 7.2.3 CO<sub>2</sub>

- Setting**
1. Select in the main menu "CO<sub>2</sub>" ► "Settings".  
The configuration dialogue opens.

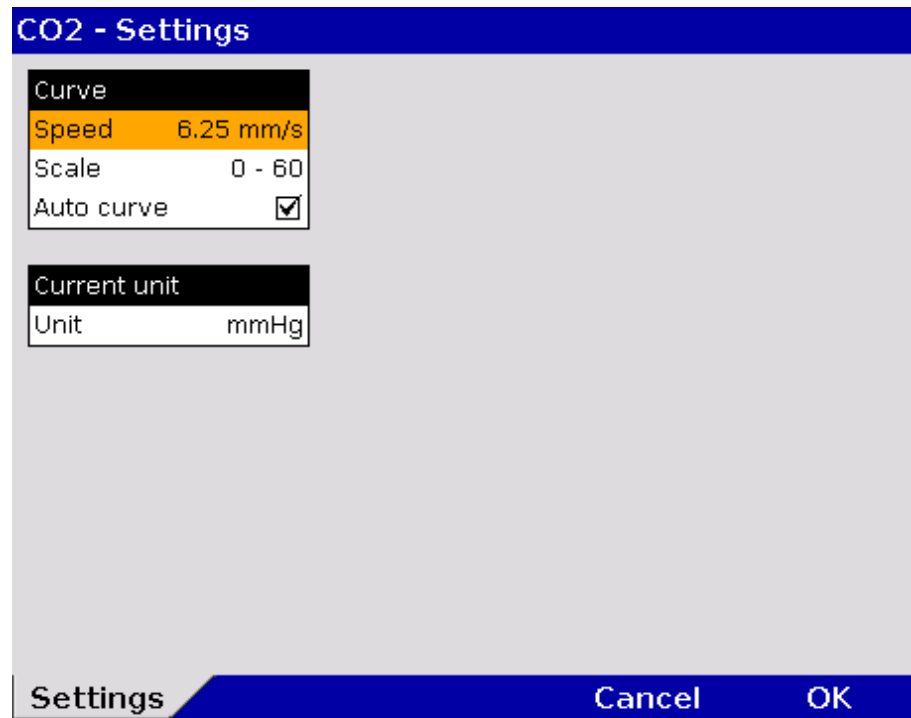


Fig. 7-12 Settings for CO<sub>2</sub> monitoring

2. Select the settings.  
Table 7-8 shows the possible values.
3. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

Field	Setting	Values
Curve	Sweep speed	3.13 mm/s, 6.25 mm/s, 12.5 mm/s, 25 mm/s
	Scale	0-60 mmHg, 0-80 mmHg, 0-100 mmHg 0-8.0 kPa, 0-10.7 kPa, 0-13.3 kPa
	Auto curve	Enabled, disabled
Current unit	Unit	mmHg, kPa

Table 7-8 CO<sub>2</sub> monitoring values

**Auto curve** If the check box "Auto curve" is ticked, the CO<sub>2</sub> curve will be displayed on the screen as soon as valid CO<sub>2</sub> values are measured.

**Scale** The corpuls3 allows to adjust the amplitude of the etCO<sub>2</sub> curve to 60 mmHg, 80 mmHg or 100 mmHg. This ensures that even with increased etCO<sub>2</sub> values the capnogram is displayed completely. The scaling can be changed directly in the curve context menu. If the curves appear to be cut off at the top, check the scaling and set to an appropriate option.

### 7.2.4 IBP

- Setting**
1. Select in the main menu "IBP" ► "Settings".  
The configuration dialogue opens.

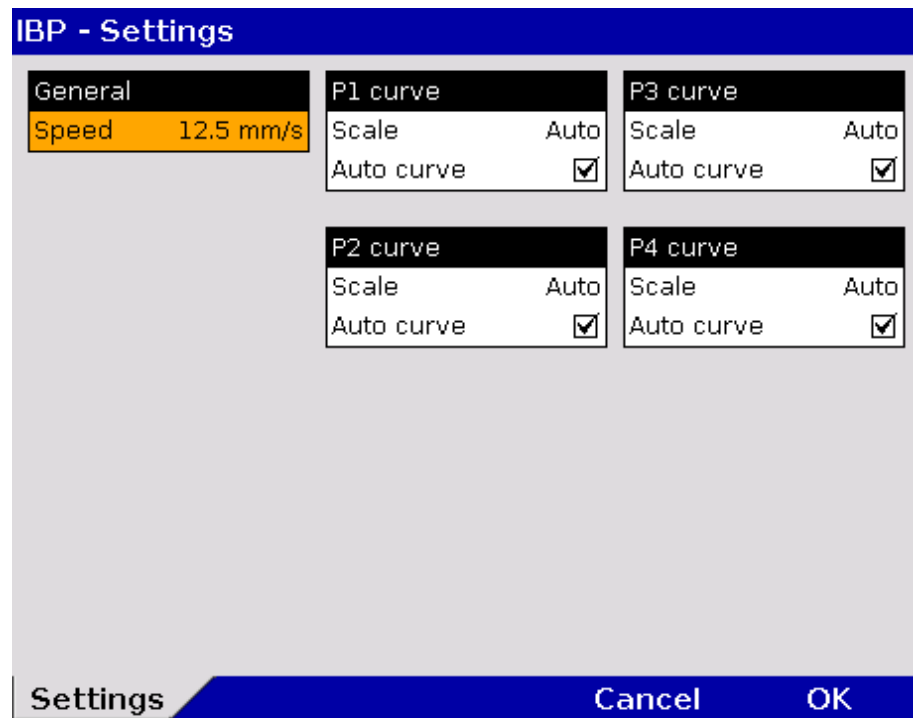


Fig. 7-13 Settings for IBP monitoring

2. Select the settings.  
Table 7-9 shows the possible values.

Field	Setting	Values
General	Speed	12.5 mm/s, 25 mm/s, 50 mm/s
P curve	Scale	Auto; 0 to 30; 0 to 60; 0 to 120; 0 to 180; 0 to 300 -10 to 10; -20 to 20; -30 to 30; -40 to 40; -50 to 50
	Auto curve	Enabled, disabled

Table 7-9 Values for IBP monitoring

**Scale** Depending on the measurement site (e. g. arterial, central venous, intracranial) the printing area must be scaled accordingly.

**Auto curve** If the check box "Auto Curve" is ticked, the IBP curve will be displayed on the screen as soon as the IBP sensor is connected to the patient box and the corresponding measuring channel is calibrated.

**Note** The function "Auto curve" does not work for negative pressure values.

- Calibration**
1. In the main menu, select "IBP" ► "Calib. P {measuring channel}" of the respective pressure channel.
  2. Calibration is performed automatically. In case the calibration cannot be performed correctly, the alarm "IBP calibration error" appears.

**Note** The IBP channel can be calibrated directly in the context menu of the pertaining parameter field. After calibration of the channel, the IBP curve is displayed automatically (Auto curve).



## 7.2.5 CPR Feedback

- Setting**
1. Select in the main menu "Defib" ► "CPR".  
The configuration dialogue opens.

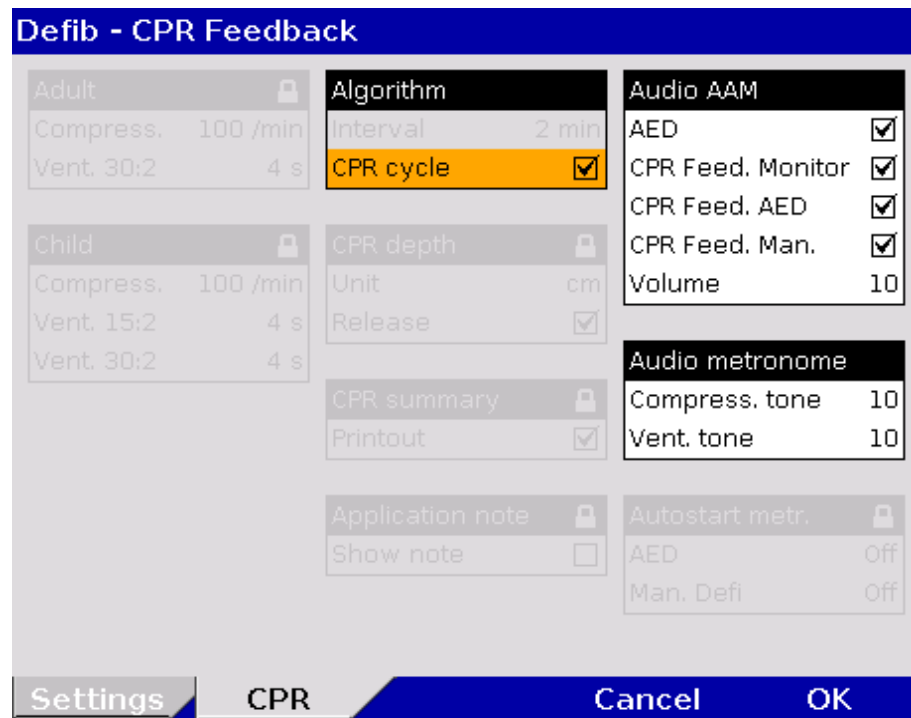


Fig. 7-14 Settings for CPR feedback

2. Select required settings.  
Table 7-10 shows the possible values.

Field	Setting	Values
Audio AAM	AED	Enabled, disabled
	Volume	3 - 10
Audio metronome	Compress. tone	3 - 10
	Vent. tone	Off; 3 - 10

Table 7-10 Values for CPR feedback

### Audio AAM

In AED mode the spoken messages (AAM – Acoustic Advisory Mode) can be enabled or disabled and the volume of the messages can be configured.

### Audio metronome

The volume of the compression tone and ventilation tone can be adjusted as required.

For further settings of the metronome and CPR feedback see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193.

## 7.3 Alarm Configuration

### 7.3.1 Configuring Alarm Settings

1. Select in the main menu "Alarms" ► "Settings".  
The configuration dialogue opens.

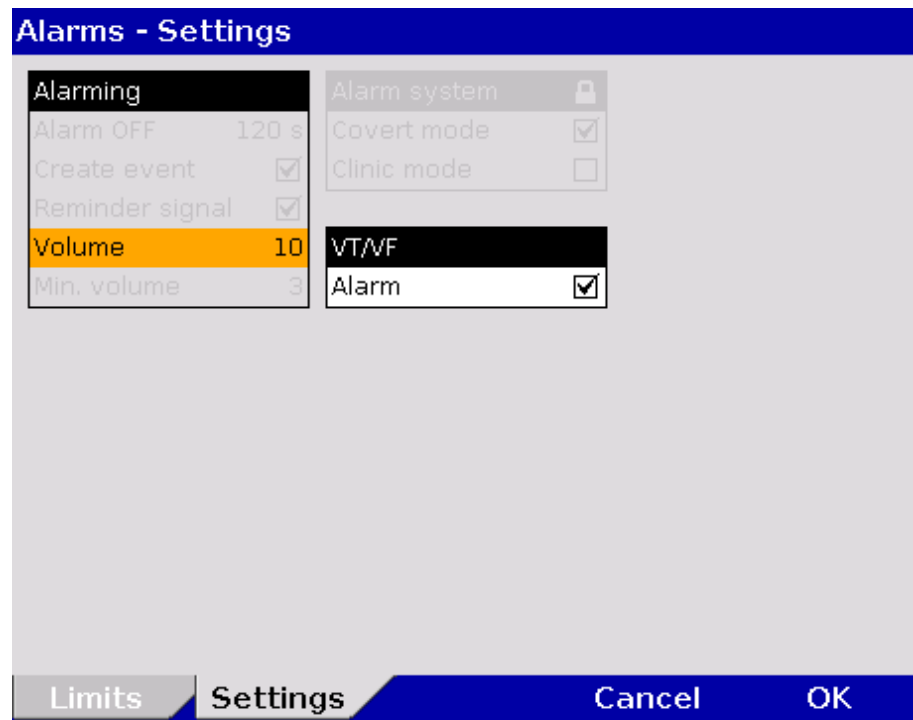


Fig. 7-15 Alarm settings

2. Select the required setting with the jog dial.

**Note** The user cannot set the volume lower than the minimal volume defined by the user OPERATOR.

The alarm for the occurrence of a ventricular tachycardia (VT) or a ventricular fibrillation (VF) can be disabled.

Group	Setting	Values
Alarming	Volume	3 - 10
VT/VF	Alarm	Enabled, disabled

Table 7-11 Settings for the VT/VF alarm

3. To confirm the settings and close the configuration dialogue, press the softkey [OK]. To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

### 7.3.2 Alarm Limit Settings

If the value of a vital parameter falls below or exceeds the limit values, an alarm is triggered if the following conditions are met:

- Device is not in defibrillation mode.
- Alarm mode is set to "Alarm ON":
  - Select the parameter field of the vital parameter and open the parameter context menu.
  - Select "Alarm ON" in the parameter context menu.

**Note** If for one parameter the alarm has been disabled by selecting "Alarm OFF and the parameter field is no longer displayed, the alarm will automatically be re-enabled.

The alarm limits for vital parameters can be adjusted manually by the user or automatically by the device:

1. Automatically in the parameter context menu with the menu item "Autolimits";
2. Manually or automatically in the main menu.

### 7.3.3 Setting Alarm Limits for Monitoring Functions Manually

1. In the main menu, select "Alarms" ► "Limits".  
The configuration dialogue opens.

HR 1/min		NIBP mmHg		P1 mmHg	
50	120	sys 80 200		sys 80 180	
		dia 40 100		dia 50 100	
SpO2 %		CO2 mmHg		P2 mmHg	
90	--	30	50	sys 80 180	
				dia 50 100	
PR 1/min		RR 1/min		P3 mmHg	
50	120	8	18	sys 80 180	
				dia 50 100	
SpCO %		T1 °C		P4 mmHg	
--	10	34,0	39,0	sys 80 180	
				dia 50 100	
SpHb g/dl		T2 °C			
10,0	17,0	34,0	39,0	sys 80 180	
				dia 50 100	
SpMet %					
--,-	3,0				

Buttons: Limits Settings Cancel OK

Fig. 7-16 Alarm limits

2. Select the alarm limits of the corresponding parameter.
3. Select and confirm the alarm limits.

**Note** The actually available value range indicated in Table 7-12 depends on the selected upper and lower limit values, as the upper and lower limits may not overlap. Setting extreme alarm limits may render the alarm system useless.

Function	Lower limit	Upper limit	Increments
HR 1/min	--; 25 to 150	--; 70 to 250	5
SpO <sub>2</sub> %	--; 65 to 98	--; 90 to 99	1
PR 1/min	--; 25 to 100	--; 70 to 235	5
SpCO %	--; 0 to 99	--; 1 to 99	1
SpHb g/dl	--; 5.0 to 12.0	--; 10 to 22	0.1
SpHb mmol/l	--; 3.1 to 7.4	--; 6.2 to 13.7	0.1
SpMet %	--; 0.1 to 99.5	--; 1 to 99.5	0.1 (0-2) 0.5 (2-100)
NIBP mmHg sys	--; 50 to 150	--; 100 to 250	5
NIBP mmHg dia	--; 10 to 80	--; 50 to 120	5
CO <sub>2</sub> mmHg	--; 10 to 80	--; 15 to 100	1
CO <sub>2</sub> kPa	--; 1.3 to 10.7	--; 2.0 to 13.3	0.1
RR 1/min	--; 5 to 40	--; 15 to 80	1
T1 °C	--,- ; 30 to 40 *)	--,- ; 35 to 42 *)	0.1
T2 °C	--,- ; 30 to 40	--,- ; 35 to 42	0.1
P1 to P4 mmHg sys	--; -50 to 200	--; 0 to 300	1 (-50 to 30) 5 (30 to 300)
P1 to P4 mmHg dia	--; -50 to 200	--; 0 to 300	

Table 7-12 Values for alarm limits

- \*) For temperature measurements on the body surface, the limit values must be adjusted accordingly.
4. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

### 7.3.4 Setting the Alarm Limits for Monitoring Functions Automatically

Limits	◀ Alarms
Autolimits	◀ Signals
Settings	◀ Printer
	◀ Telemetry
	◀ Bluetooth
	◀ ECG
	◀ Oximetry
	◀ CO2
	◀ NIBP
	◀ IBP
	◀ Defib
	◀ Patient
	◀ System

Fig. 7-17 Setting automatic alarm limits

1. Select in the main menu "Alarms" ► "Autolimits".  
The corpuls3 sets alarm limits automatically depending on the current patient readings. A configuration dialogue with all the automatically set alarm limits appears (see page 173 Fig. 7-16).
  2. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].
- If necessary, adapt individual alarm limits manually.

## 7.4 Advanced settings (for persons responsible for the device)

### 7.4.1 Authorisation for Persons Responsible for the Device

**Authorisation** In contrast to the user DEFAULT, the user OPERATOR has a higher authorisation level to perform configurations. The different user levels are protected by access codes.

1. Select in the main menu "System" ► "Login".  
The following prompt appears:

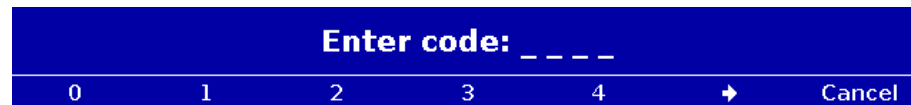


Fig. 7-18 Code prompt

2. Enter the 4-digit access code for the user "OPERATOR" with the softkeys. To enter the figures 5 to 9 press the softkey [►].  
The message "User OPERATOR logged in successfully" appears.

**Note** The corpuls3 always starts at the user level DEFAULT.

**Note** The 4-digit access code can be chosen by the users themselves (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

The factory setting on delivery is:

- 2-2-2-2 for the person responsible for the device (OPERATOR);
- 1-1-1-1 for user DEFAULT.

**Note** It is recommended to change the access codes for the person responsible for the device (OPERATOR) and – if appropriate – for the restricted access to manual defibrillation (MAN. DEFIB.) and pacemaker (PACER) on commissioning the device, in order to prevent misuse.



**Caution**

---

The corpuls3 may only be used on patients if the user DEFAULT is logged in. In the higher user level for user OPERATOR, the application on patients is not allowed.

---

### 7.4.2 General System Settings (Person responsible for the device)

**General system settings** Persons responsible for the device can adjust the following settings in addition to those described in chapter 7.1.1 General System Settings (User DEFAULT), page 155:

- Language
- Configuration
- Access codes
- Authorisation for "MAN. DEFIB." and "PACER"
- Mains filter
- CF card

- Select in the main menu "System" ► "Settings".  
The configuration dialogue opens.

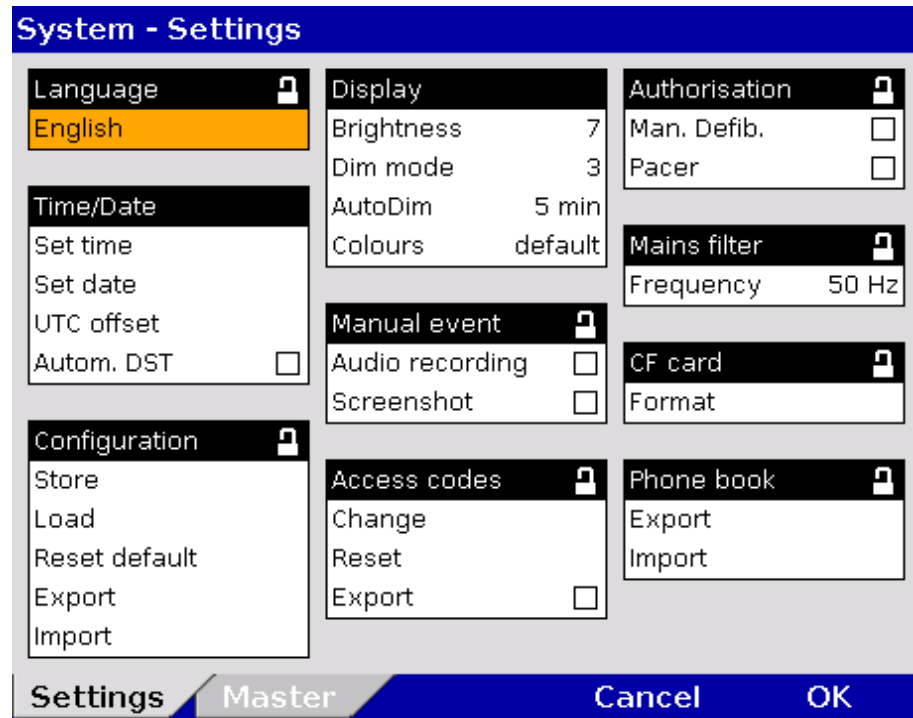


Fig. 7-19 System settings (persons responsible for the device)

- Select the required setting with the jog dial.  
Table 7-13 shows the possible values.

Field	Setting	Values	Increments
Language	German	German English, etc.	-
Time/Date	Set time	Hours:minutes	0-23:00-59
	Set date	DD.MM.YY (from 2000)	-
	UTC offset	Hours:minutes	0±12:00-59
	Autom. DST	Enabled, disabled	-
Configuration	Store	Store? Yes Store? No	-
	Load	Load? Yes Load? No	-
	Reset default	Reset default? Yes Reset default? No	-
	Export	Export? Yes Export? No	-
	Import	Import? Yes Import? No	-

Field	Setting	Values	Increments
Screen	Brightness	0 (dark) to 10	1
	Dim mode	0 (dark) to 10	1
	AutoDim	Off, 1 to 15 min	10
	Colours	default/Night/ inverted	-
Manual event	Audio recording	Enabled, disabled	-
	Screenshot	Enabled, disabled	-
Access codes	Change	Default, Man. Defib, Pacer Operator	4 digits, 0-9, Increments of 1
	Reset default	Default, Man. Defib, Pacer Operator	-
	Export	Enabled, disabled	-
Authorisation	Man. Defib.	Enabled, disabled	-
	Pacer	Enabled, disabled	-
Mains filter	Frequency	50 Hz, 60 Hz	-
CF card	Format	Format? Yes Format? No	-
Phone book	Export	Export? Yes Export? No	-
	Import	Import? Yes Import? No	-

Table 7-13 Values for system settings (persons responsible for the device)

- To save, load or reset the adjusted settings, select the required option with the jog dial and press to confirm.

**Saving the configuration**

All the settings configured, except date and time, must be saved if they are to be available the next time the corpuls3 is switched on.

**Loading configuration**

The "Load" function allows a reset to the last version saved while device is running. So the device does not have to be switched off to undo temporary changes to the settings.

**Resetting the configuration**

With the "Reset default" function, the corpuls3 is reset to the factory settings (see also Appendix D Factory Settings, page 298).



**Exporting the configuration**

The function "Export" allows the export of the configuration settings that were saved last onto the CF card. So, configurations once defined can be transferred to another corpuls3. The GSM PIN, the BT PIN and the APN password, some master data (transport type, Radio ID, EMS location, callback phone, medical team, device ID) (see also chapter 8.4 Master data, page 201) are not exported. In case of a software update all saved configurations remain unchanged.

**Importing the configuration**

The configuration (telemetry settings, W/LAN network settings, IP addresses, GSM/GPRS data), the internal phonebook (corpuls.web LIVE, e-mail, fax, BT addresses), access codes for the users "DEFAULT", "OPERATOR", "MAN. DEFIB." and "PACER" as well as some master data (organisation, organisation phone) can be exported to the CF card and imported to other corpuls3 devices with the function "Import". After importing the configuration settings, the corpuls3 has to be restarted in order for the new configuration to take effect.

**Audio recording and screenshots**

If the audio recording option is enabled, pressing the **Event** key additionally stores a 15 second recording of the surrounding sounds (5 s before and 10 s after pressing the key). The volume of the audio recording is fixed. The audio recording appears as manual event in the protocol. Furthermore, by pressing the **Event** key with the screenshot option enabled, a picture file can be saved that shows the screen at the time of the event. The audio recording and the screenshots can be played and viewed with the software corpuls.manager **REVIEW** (see chapter 8.6 Analysis of the Data with corpuls.manager **REVIEW**, page 207).

**Caution****Function error due to incompatible configuration**

When importing a configuration, the device does not check if the configuration is compatible (e.g. newer or older SW version). Import only configurations from devices with the same software version.

**Changing the access codes**

The user OPERATOR can manually change the access codes for the

- user DEFAULT,
- restricted access use of the of the manual defibrillation (MAN. DEFIB.)
- restricted access use of the of the pacer (PACER) and
- for the person responsible for the device (OPERATOR).

For this purpose, a 4-digit access code has to be selected and repeated.

**Note**

It is recommended to change the access codes for the person responsible for the device (OPERATOR) and – if appropriate – for the restricted access to manual defibrillation (MAN. DEFIB.) and pacer (PACER) on commissioning the device.

**Resetting access codes**

The user OPERATOR can reset the access codes for the user DEFAULT, for restricted access to manual defibrillation (MAN. DEFIB.) and pacer (PACER) and for the user OPERATOR to the factory settings. For this purpose, a confirmation prompt must be confirmed with the softkey [OK].

If the access code for the user OPERATOR is no longer known, the authorised corpuls sales and service partner can reset the access codes to factory settings (see also Appendix D Factory Settings, page 298).

**Formatting the CF card**

The function "Format" allows the user to format the CF inserted in the device. After formatting, a reboot is recommended.

**Exporting and importing the phonebook**

The phonebook is part of the configuration export, but can also be exported or imported separately from one corpuls3 to another via the CF card.

### 7.4.3 Configuration of Manual Events (Persons Responsible for the Device)

**Pre-configured events** For easier documentation of medical measures (administration of drugs, intubation etc), the user OPERATOR can pre-configure and deposit up to 14 manual events:

1. Select in the main menu "System" ► "Events".  
The configuration dialogue opens.

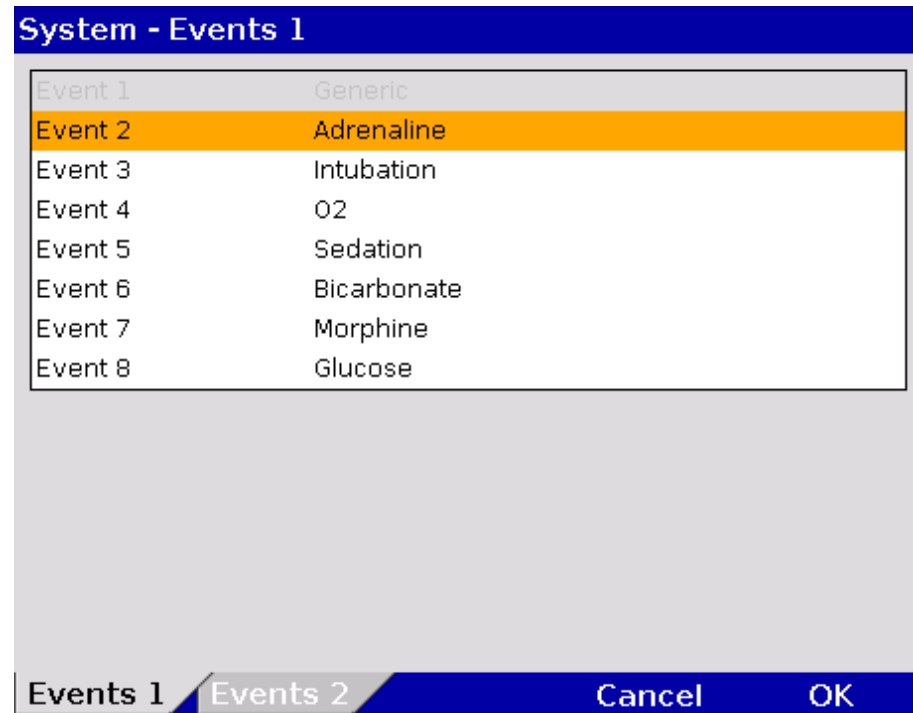


Fig. 7-20 Event configuration (persons responsible for the device)

The first and the last event are fixed as "Generic" and "Cancel Last" and therefore appear greyed out and cannot be edited.

2. Enter the name of the event with the jog dial (16 characters) and confirm by pressing the softkey [Enter].
3. Repeat to configure other events.
4. To configure Event 9 to 15, press the softkey assigned to the tab "Events 2".
5. To close the configuration dialogue, press the softkey [OK].

To add pre-configured events to the protocol for documentation, see chapter 8.2, Event Key, page 200.

### 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device)

Persons responsible for the device can configure further defibrillation function settings in addition to those described in chapter 5.3.1 Information on the AED Mode, page 73 and chapter 5.4.1 Information on Manual Defibrillation and Cardioversion, page 80.

#### Manual defibrillation mode

The general use of manual defibrillation can be restricted by an access code. If this option is enabled, the user needs to enter the access code "MAN. DEFIB." (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176), to be able to defibrillate manually.

#### Pacer operation

The general use of pacing can be restricted by an access code. If this option is enabled, the user needs to enter the access code "PACER" (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176), to be able to use the pacer function.



#### Warning

The access code for the manual defibrillation mode must always be known to authorised users. If not, the patient can only be defibrillated in the AED mode with the corresponding energy restrictions.

#### Auto Energy

When accessed for the first time, the manual defibrillation mode and the AED mode can be used with an automatically pre-set energy level. If the energy level is then changed during the mission, the new energy level remains available when the manual defibrillation mode is accessed again. Different energy levels can be pre-set for use in adults and children.

#### Reminder for analysis

If in the group "Reminder Man." the checkbox "Analyse" is selected, the message "Assess heart rhythm" appears 2 or 3 minutes (depending on the selected resuscitation protocol) after the last shock.

#### Manual energy selection in AED mode

In AED mode, manual energy selection can be enabled by de-selecting the checkbox "Locked". So the user of the corpuls3 has the same energy selection range as in manual defibrillation mode. The ECG analysis is performed with the algorithm of the AED mode.

#### preShock CPR

For the preShock CPR function, the number of acoustic compression signals can be configured. Additionally, the metronome can be enabled.

#### Audio recording

In AED and manual defibrillation mode, audio recording can be enabled. If this option is enabled, all surrounding noises are recorded while the device is in the corresponding mode. After the mission, the audio files are available on the CF card.

#### Autostart Analysis

In AED mode, the option "Autostart" is available which is disabled by default. If the option is enabled by the person responsible for the device, the ECG analysis starts automatically after 3 seconds warning time and the speech- and text message "Do not touch patient - Analysing heart rhythm".

#### Shock Protocol

If the checkbox in the group "Shock Protocol" in the defibrillator settings is selected, a protocol containing information on the patient, vital parameters, ECG-curve, selected energy, patient impedance and released energy is printed automatically after a defibrillation. This feature is enabled by default in the factory settings and can be disabled by the operator.

#### Disconnection signal

If the corpuls3 is to be used exclusively as a compact device or in semi-modular mode (monitoring unit and defibrillator/pacer unit connected, patient box separated, see Fig. 3-3), the person responsible for the device can configure a disconnection signal. In this case, if the monitoring unit is disconnected from the defibrillator/pacer unit, after a pre-set amount of time, an acoustic signal is given (so that no module is accidentally left behind).

#### Note

Under certain conditions, the disconnection signal may render the verbal instructions given in AED mode unintelligible.

#### Charging tone

As an additional safety feature, the rising pitch of the charging tone indicates the progress of charging acoustically and serves as a warning to bystanders.

- Settings**
1. Select in the main menu "Defib" ► "Settings".  
The configuration dialogue opens.

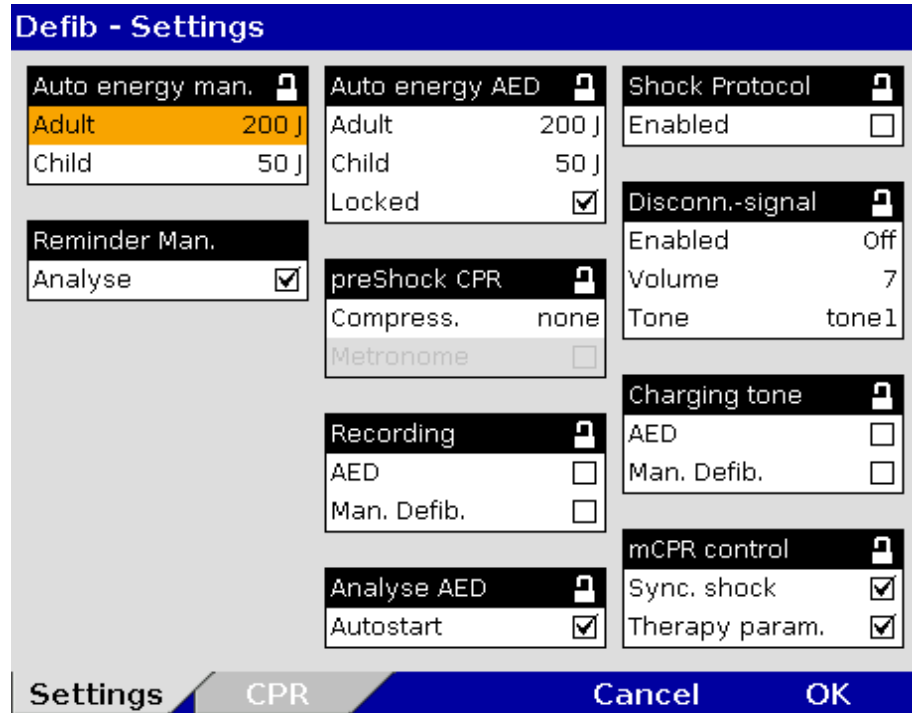


Fig. 7-21 Defibrillation function settings (persons responsible for the device)

2. Select the settings.  
Table 7-14 shows the possible values.

Group	Settings	Values
Auto energy man.	Adult	Off, 2, 3, 4, 5, 10, 15 to 200 J
	Child	Off, 2, 3, 4, 5, 10, 15 to 100 J
Reminder Man.	Analyse	Enabled, disabled
Auto energy AED	Adult	2, 3, 4, 5, 10, 15 to 200 J
	Child	2, 3, 4, 5, 10, 15 to 100 J
	Locked	Enabled, disabled
preShock CPR	Compress.	None, 8, 10, 15, 20
	Metronome	Enabled, disabled
Recording	AED	Enabled, disabled
	Man. Defib.	Enabled, disabled
Shock Protocol	Enabled	Enabled, disabled

Group	Settings	Values
Disconn.-signal	Enabled	Off, 5, 10, 30, 60 s
	Volume	3 - 10
	Tone	Tone 1 to tone 4
Charging tone	AED	Enabled, disabled
	Man. Defib.	Enabled, disabled

Table 7-14 Values for defibrillation function configuration

- To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

### 7.4.5 Filter Settings (Persons Responsible for the Device)

#### ECG monitoring

Persons responsible for the device can adjust further settings in addition to those described in chapter 7.2.1 ECG Monitoring, page 166.

#### Settings

- Select in the main menu "ECG" ► "Settings".  
The configuration dialogue opens.

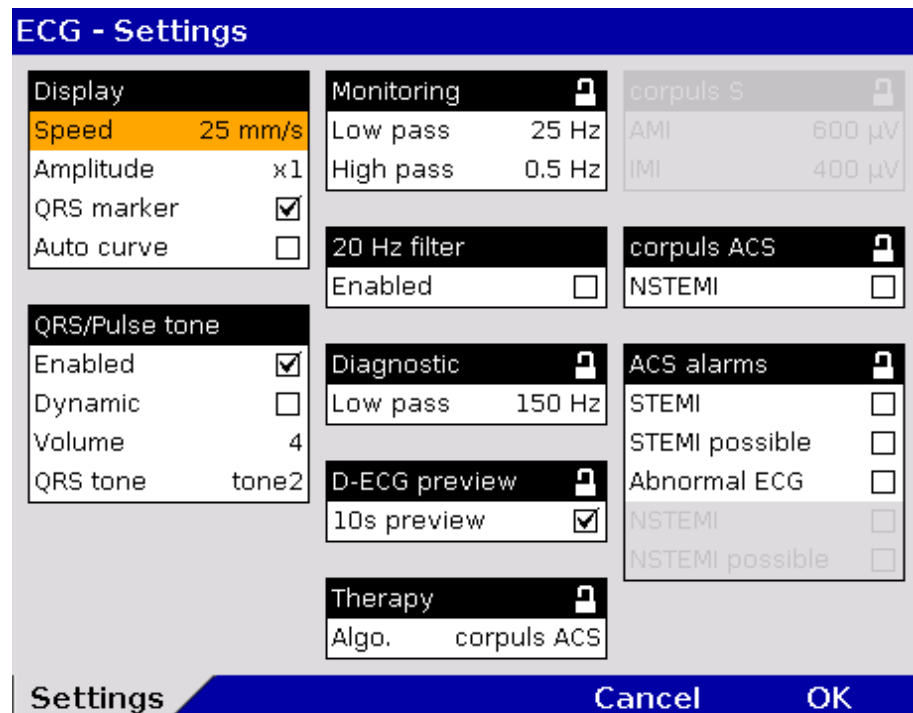


Fig. 7-22 Filter settings for ECG (persons responsible for the device)

2. Select the settings.  
Table 7-15 shows the possible values.

Fields	Settings	Values
Monitoring	Low pass	25 Hz; 40 Hz; 150 Hz
	High pass	0.05 Hz; 0.25 Hz; 0.5 Hz, 0.67 Hz
20 Hz filter	Enabled	Enabled, disabled
Diagnostic	Low pass	40 Hz, 150 Hz
D-ECG preview	10s preview	Enabled, disabled

Table 7-15 Filter setting for monitoring ECG, diagnostic ECG (persons responsible for the device)

The frequencies for the low pass and high pass filters for ECG monitoring (Monitoring) and the low pass filter for the D-ECG (Diagnostic) can be adjusted.

**Note** The filter settings for the DE lead are pre-configured and fixed to 0.5 to 25 Hz.

**Note** The filter value of the high pass filter corresponds to the lower limit frequency of the filter.  
The filter value of the low pass filter corresponds to the upper limit frequency of the filter.



**Warning**

The filter settings modify the representation of the ECG curves.

**High pass filter**

The high-pass filter suppresses interference in the lower frequency range of the ECG curve. The 0.67 Hz filter is particularly effective to suppress baseline wandering.

**Low pass filter**

The low pass filter suppresses interference in the upper frequency range of the ECG curve. This interference (artefacts) may be caused by a muscle tremor.

**20 Hz filter**

By means of the 20 Hz filter, muscle contractions of the patient can be filtered out of the ECG. In monitoring mode, the 20 Hz filter can be enabled or disabled via the curve context menu.



**Warning**

**Risk of wrong diagnosis**

The use of the 20 Hz filter in monitoring causes distortions in the ECG that can be misinterpreted. A diagnosis should only be made on the basis of a diagnostic ECG.

**Note** To increase diagnostic safety, the message "ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED" is printed for the user on the printout if the ECG is changed by filter settings and thus the interpretability is limited.

**Note** For information pertaining to the configuration of ECG measurement and ECG interpretation, see chapter 7.4.9 Configuration of ECG Measurement and ECG Interpretation (Persons Responsible for the Device), page 189.

### 7.4.6 Alarm Configuration (Persons Responsible for the Device)

**Alarm settings** In addition to the settings described in chapter 7.3.1 Configuring Alarm Settings, page 172, persons responsible for the device can configure the following settings in the alarm configuration:

- Creating an event in the protocol in case of alarms
- Configuring the settings for alarm suspension (15-120 s or permanently)

**Settings** 1. Select in the main menu "Alarms" ► "Settings".  
The configuration dialogue opens.

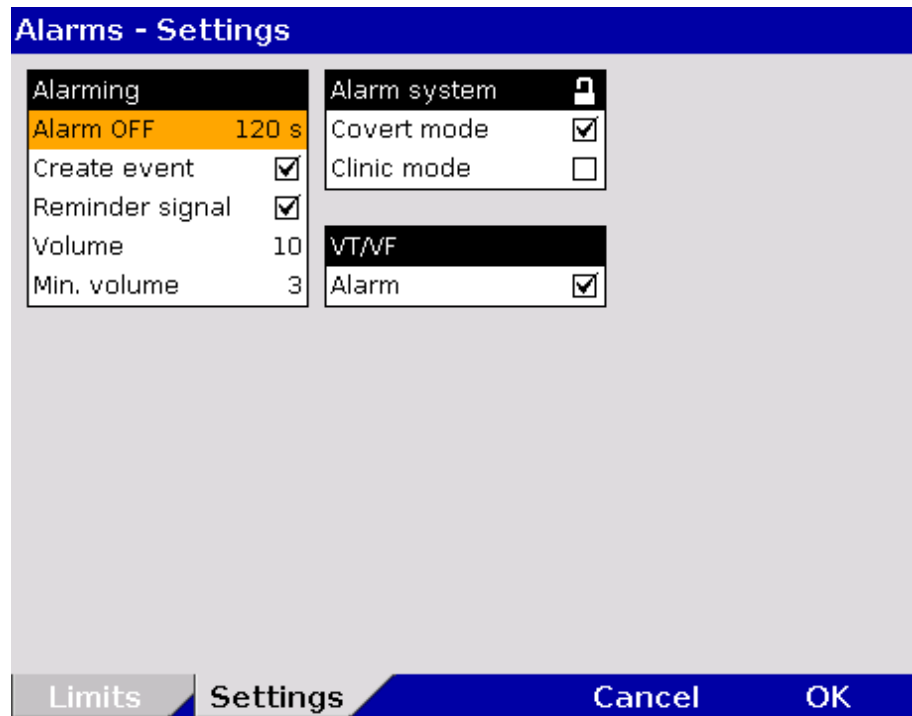


Fig. 7-23 Alarm settings (persons responsible for the device)

2. Select the settings.  
Table 7-16 shows the possible values.

Fields	Settings	Values
Alarming	Alarm OFF	perm.; 15 s; 30 s; 45 s; 60 s; 75 s; 90 s; 105 s; 120 s
	Create event	Enabled, disabled
	Reminder signal	Enabled, disabled
	Volume	3-10
	Min. volume	3-10
Alarm system	Covert mode	Enabled, disabled
	Clinic mode	Enabled, disabled
VT/VF	Alarm	Enabled, disabled

Table 7-16 Alarm settings (persons responsible for the device)

**Create event**

If this function is enabled, every alarm will be listed as an event in the protocol.

**Alarm suspension**

If the **Alarm** key is pressed for longer than 3 s, physiological alarms can be briefly suspended or disabled. Prerequisite is that this is configured accordingly in the settings (Alarm OFF). If the alarms are disabled, a reminder signal in form of a single tone is sounded every 60 seconds. The reminder signal can be disabled by the operator. The volume of the alarm system can be adjusted.

**Note**

For the alarm suspension, a maximum period of 60 seconds is recommended.

**Minimal volume Volume**

The minimal volume can be configured by the user OPERATOR to prevent that alarms are not heard in loud surroundings. The user cannot set the volume lower than the minimal volume defined by the user OPERATOR.

**Covert mode**

If the covert mode function is enabled, all signalisations of the device via speakers (start-up tone, speech messages, ready signal, key tones, alarms etc.) as well as the lightening up of the jog dial are completely disabled. It is recommended to use this function only for special surroundings and not for everyday missions. All alarms can still be viewed in the alarm history on the monitoring unit.

**Warning**

Using the Covert Mode requires particular diligence and attention of the user, as otherwise it can lead to serious or lethal injuries of the patient. In this device mode, the user must have direct eye contact to the patient and the device at all times.

**Clinic mode**

The clinic mode is intended for corpuls3 devices that are used in a hospital. After this function has been enabled by the user OPERATOR, low priority alarms are repeated every 30 s until they are confirmed. High- and medium priority alarms are unchanged. All alarms can still be viewed in the alarm history on the monitoring unit.

**Note**

For ECG measurement/interpretation there are several ACS alarms available that can be enabled or disabled individually by the person responsible for the device (see chapter 7.4.9 Configuration of ECG Measurement and ECG Interpretation (Persons Responsible for the Device), page 189).



### 7.4.7 Basic Configuration of the Views (Persons Responsible for the Device)

#### Basic configuration of the views

Persons responsible for the device can pre-set 6 views as basic configuration and permanently save these in the system settings.

These views are available to user DEFAULT in each mission, but cannot be modified by them. For that, a higher authorisation level is necessary.

#### Preconfiguration of the views

1. Select in the main menu "Signals" ► "Views".  
The configuration dialogue opens.

Signals - Views					
<b>View 1</b> <input checked="" type="checkbox"/> Curves: ECG (II/DE, III), Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP	<b>View 2</b> <input type="checkbox"/> Curves: ECG (II/DE, III), Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP, T1, T2	<b>View 3</b> <input type="checkbox"/> Curves: ECG (II/DE, III), aVR, aVL, Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP			
<b>View 4</b> <input type="checkbox"/> Curves: ECG (II/DE, III), Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP	<b>View 5</b> <input type="checkbox"/> Curves: ECG (II/DE, III), Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP	<b>View 6</b> <input type="checkbox"/> Curves: ECG (II/DE, III), Pleth, CO2 Parameters: HR, SpO2, PR, CO2, NIBP			
<b>Defibrillator</b> <input type="checkbox"/> Curves: ECG (II/DE, III) Parameters: HR, SpO2, PR, CO2, NIBP	<b>Pacer</b> <input type="checkbox"/> Curves: ECG II/DE, CO2 Parameters: HR, SpO2, PR, CO2, NIBP				
Curves		Param.	Views	Cancel	OK

Fig. 7-24 Pre-setting views (illustration may differ)



2. Select the required view with the jog dial and press the **Back** key to save the currently configured view (do not press the jog dial to confirm, only select the required field with the jog dial).
3. A tick is entered in the check box in the top right corner of the selected view.
4. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].
5. The setting is only permanently available if the configuration is saved in the system settings (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

**Note** The views for the defibrillator- and pacer mode can only be adjusted if the user switches first to defibrillator- or pacer mode.

**Note** Instead of using numbers to designate individual views, these views can also be assigned names by the user (approx. 13 characters maximum).

To enter a name for a view, proceed as follows:

1. Select in the main menu "Signals" ► "Edit Views".  
The configuration dialogue opens.

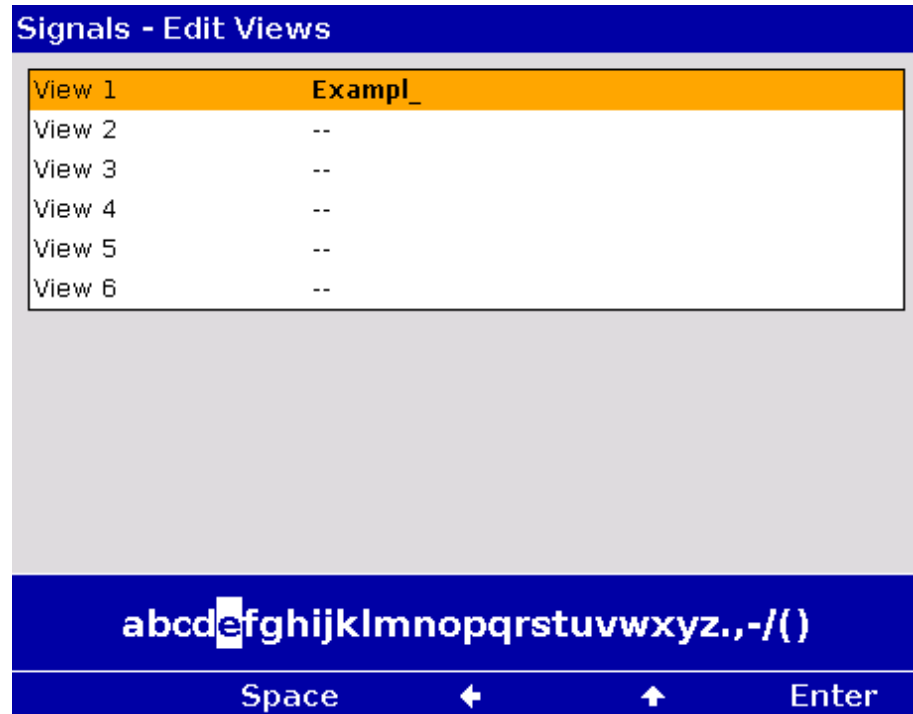


Fig. 7-25 Entering a name for a view

2. Enter the name of the view with the jog dial. Press softkey [Enter] to confirm.
3. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

### 7.4.8 Configuration of Master Data (Persons Responsible for the Device)

**Master data** Persons responsible for the device may configure and permanently save master data in the corpuls3 (see chapter 8.4 Master data, page 201):

Information	Description
Transport type	Type of transport, e. g. "emergency vehicle"
Radio ID	Identification of a radio subscriber in a radiocommunication area, e. g. "FD x-city 1-83-2"
Location	Location of corpuls3
Callback phone	Mobile phone number, e. g. for enquiries to the team
Medical team	Names of the medical team
Organisation	Operator of corpuls3, e. g. "x-city fire brigade"
Phone	Telephone number of the operator
Device ID	Operator's internal device name, e. g. "Defi no. 7"

Table 7-17 Master data (persons responsible for the device)

**Configuration of master data**

The following steps are required to enter the master data:

1. Select in the main menu "System" ► "Settings".
2. Press softkey [Master].
3. Select the required master data information with the jog dial.
4. Enter the required data and confirm by pressing the softkey [OK].
5. Save configuration (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

System - Master Data	
Transport type	Ambulance
Radio ID	55
Location	Emergency Room
Callback phone	+44123456789
Medical team	Dr. Smith, Johnson
Name organisation	University Clinic
Phone organisation	+4409876543
Device ID	ER 36

Settings    Master    Cancel    OK

Fig. 7-26 Entering master data (persons responsible for the device)

The user DEFAULT can modify some of these master data during the mission, but cannot permanently save these changes (see chapter 8.4 Master data, page 201).

### 7.4.9 Configuration of ECG Measurement and ECG Interpretation (Persons Responsible for the Device)

#### Settings for ECG measurement and ECG interpretation (option)

Persons responsible for the device can set the following configurations:

- Filters (Monitoring and Diagnostic)
- ECG measurement/interpretation therapy algorithm
- AMI and IMI parameter settings for the corpuls S therapy algorithm
- ECG measurement/interpretation settings and alarms for the corpuls ACS therapy algorithm (following ESC guidelines).

#### Abbreviations for ECG Measurement/EKG Interpretation

For an overview of the used abbreviations, see Appendix B List of Abbreviations, page 296.

The configuration dialogue shows the following settings for the D-ECG with the ECG measurement and ECG interpretation option:

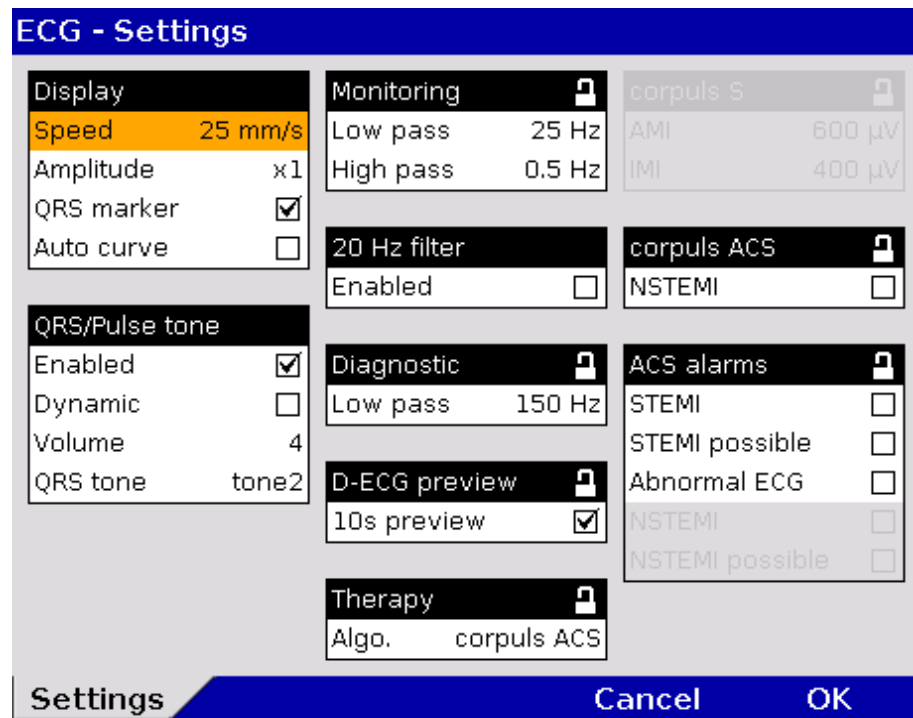


Fig. 7-27 Configuration of ECG measurement and ECG interpretation (persons responsible for the device)

Table 7-18 shows the possible values:

Group	Field	Setting	Value
D-ECG preview	10s preview	Enabling/disabling the 10 s preview with 6.25 mm/s	Enabled, disabled
Therapy	Algo.	Selection of the measurement/interpretation method	corpuls S, corpuls ACS
corpuls S	AMI	Limit for AMI	500 – 2500 µV increments of 100 µV
	IMI	Limit for IMI	300 – 2500 µV increments of 100 µV
corpuls ACS	NSTEMI	Optional activation of an NSTEMI therapy suggestion for corpuls ACS	Enabled, disabled
ACS alarms	STEMI	Indicates the result "STEMI" of the corpuls ACS algorithm	Enabled, disabled
	STEMI possible	Indicates the result "STEMI possible" of the corpuls ACS algorithm	Enabled, disabled
	Abnormal ECG	Indicates the result "Abnormal ECG" of the corpuls ACS algorithm	Enabled, disabled
	NSTEMI	Indicates the result "NSTEMI" of the corpuls ACS algorithm	Enabled, disabled
	NSTEMI possible	Indicates the result "NSTEMI possible" of the corpuls ACS algorithm	Enabled, disabled

Table 7-18 Values for configuration, ECG measurement and ECG interpretation

- 10 s preview with 6.25 mm/s** As an alternative to the existing D-ECG preview which shows all curves with a speed of 6.25 mm/s, the D-ECG preview can also show the curves with the same speed as in monitoring mode. The user OPERATOR can enable or disable this option.
- corpuls S AMI and IMI** The corpuls3 creates a therapy suggestion with the corpuls S therapy algorithm which evaluates, among other items, ST deviations. If the ST deviations are significant enough, implementation of the PCI protocol is recommended.
- Two limit values can be set for the sum of ST values measured during the D-ECG. These limits are designated AMI and IMI and represent the degree of sensitivity for deciding in favour of a therapy recommendation. The AMI limit (in  $\mu\text{V}$ ) applies in the event of an anterior infarction, the IMI value in the event of an inferior infarction.
- If the ECG interpretation by corpuls3 indicates a myocardial infarction and if the sum of the specific ST values exceeds the pre-set limits for AMI or IMI, the device suggests performing a PCI therapy.
- The following values are recommended for AMI and IMI:
- AMI: 800  $\mu\text{V}$   
IMI: 600  $\mu\text{V}$
- corpuls ACS** As an alternative to corpuls S the corpuls3 generates with the therapy algorithm "corpuls ACS" a therapy suggestion that follows the guidelines of the ESC. Based on changes in the ECG, the algorithm differentiates between a STEMI, NSTEMI (optional) or a normal ECG rhythm.
- Option NSTEMI** If the checkbox "NSTEMI" in the group "corpuls ACS" is selected, the device also issues NSTEMI therapy suggestions.
- The algorithm also checks the ECG for the presence of the Wolff-Parkinson-White (WPW) syndrome, of intraventricular excitation propagation disorders, of an implanted pacer, of QRS intervals longer than 120 ms and of a left bundle branch block. In these cases, if enabled, the alarm/message "Abnormal ECG" is issued.
- Note** The person responsible for the device (user OPERATOR) can configure, whether an alarm/message should inform the user of findings like "Abnormal ECG", "STEMI" or "NSTEMI" already during the ECG analysis.
- Note** As the corpuls ACS algorithm closely follows the ESC guidelines, it is recommended for measurement and interpretation of a D-ECG.
- Note** A licence is required for the use of the ECG measurement and ECG interpretation options. Please contact your authorised service and sales partner to obtain this licence.
- Note** Information on the installed version of the ECG measurement and ECG interpretation program can be found in the system info. It is listed in the "Options" field in the line "ECG interpretation".

System - Info 2		
Options	Software version	Serial number
Biphasic module	M:v3.01D/S:v3.01A	--
ECG	2A	--
Oximetry	P1 D4602 M1004 HF	--
NIBP	CX3.416/SM V220/0829	MNBA29035
CO2	1.6	--
IBP	v0/v0/v0	--
CPR feedback	1.2.3	12345
Temp	v0/v0/v0	--
GSM	MC55 04.00	357248013294842
ECG-Interpretation	18.24-06 b	--
Data interface	0212	00:18:da:00:b4:bd
(W)LAN interface	IP:192.168.128.89	00:40:42:ff:00:6f
WLAN module	--	--

Info 1   Info 2   Cancel   OK

Fig. 7-28 ECG measurement and ECG interpretation version in system info

#### 7.4.10 Demo Mode (Persons Responsible for the Device)

##### Demonstration at trainings

The user OPERATOR can activate the demo mode for training purposes. This mode shows curves and parameters and demonstrates all functions and possible configurations.

##### Activating the demo mode

1. Select in the main menu "System" ► "Demo".
2. In the message line the text "Demo mode on" appears.
3. The screen shows curves and parameters from the internal memory.

##### Deactivating the demo mode

To deactivate the demo mode, the corpuls3 has to be switched off and on again. Alternatively, select again in the main menu "System" ► "Demo". The confirmation prompt "Leave Demo mode - Power off?" appears. To leave the demo mode and switch off the device, press softkey [OK]. To stay in demo mode, press softkey [Cancel].



Warning

---

The use of the demo mode during patient care is strictly forbidden.  
The demo mode may only be used for training purposes.

---



Warning

---

If the corpuls3 is currently in demo mode and should be used for patient care, the device has to be restarted first.

---

### 7.4.11 Data Protection Settings (Persons responsible for the device)

**Selection of Data** Persons responsible for the device can configure which data from the health insurance card or manually entered data should be available in the corpuls3 on the screen, on the printout or for telemetry. The telemetry settings are valid for Bluetooth®, GSM-, WLAN and LAN connections.

**Parameter Race** As of software version 3.0, the person responsible for the device can activate the option of recording the patient's race, which is particularly of interest for research purposes.

**Configuration** For the configuration the following steps are necessary:

1. Select in the main menu "Patient" ► "Settings".

The screenshot shows the 'Patient - Settings' menu with three columns of settings: Display, Printout, and Telemetry. Each column has a lock icon in the top right corner. The 'Display' column has a yellow highlight on the 'Name, last name' row. The 'Race' section is located at the bottom right of the settings area.

Display	Printout	Telemetry
Name, last name <input checked="" type="checkbox"/>	Name, last name <input checked="" type="checkbox"/>	Name, last name <input checked="" type="checkbox"/>
Address <input checked="" type="checkbox"/>	Address <input checked="" type="checkbox"/>	Address <input checked="" type="checkbox"/>
Date of birth <input checked="" type="checkbox"/>	Date of birth <input checked="" type="checkbox"/>	Date of birth <input checked="" type="checkbox"/>
Status <input checked="" type="checkbox"/>	Status <input checked="" type="checkbox"/>	Status <input checked="" type="checkbox"/>
Insuree number <input checked="" type="checkbox"/>	Insuree number <input checked="" type="checkbox"/>	Insuree number <input checked="" type="checkbox"/>
Insurance <input checked="" type="checkbox"/>	Insurance <input checked="" type="checkbox"/>	Insurance <input checked="" type="checkbox"/>
Insurance No. <input checked="" type="checkbox"/>	Insurance No. <input checked="" type="checkbox"/>	Insurance No. <input checked="" type="checkbox"/>
Card number <input checked="" type="checkbox"/>	Card number <input checked="" type="checkbox"/>	Card number <input checked="" type="checkbox"/>

Race	
Enabled	<input type="checkbox"/>
Default	--

At the bottom of the screen, there are four buttons: Edit, Settings, Cancel, and OK.

Fig. 7-29 Settings for the insurance card reader (persons responsible for the device)

2. Select the required information with the jog dial and press to confirm.
3. To record the parameter "race" in the patient data, select the checkbox "Enabled" in the group "Race".
4. To define a default race, select required information in the field "Default". The following races can be selected: African, Caucasian, Pacific, Asian, Native Am, Unknown, -- (no selection).
5. Save configuration (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

**Symbol insurance card reader**



A monitoring unit that is equipped with an insurance card reader (option) can be recognised by the card symbol at the card slot.

## 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device)

### Advanced Metronome Settings

Persons responsible for the device can select advanced settings for the metronome and for the CPR feedback system in order to adapt to local variations of resuscitation algorithms. For this purpose, the

- Compression frequency and the
- Duration of the ventilation phases

can be configured for adults and children.

### Algorithm

The person responsible for the device can adapt the resuscitation protocol to locally applicable variations. Besides the currently valid guidelines, a 3 min-resuscitation protocol is available.

For configuration, proceed as follows:

1. Select in the main menu "Defib" ► "CPR".

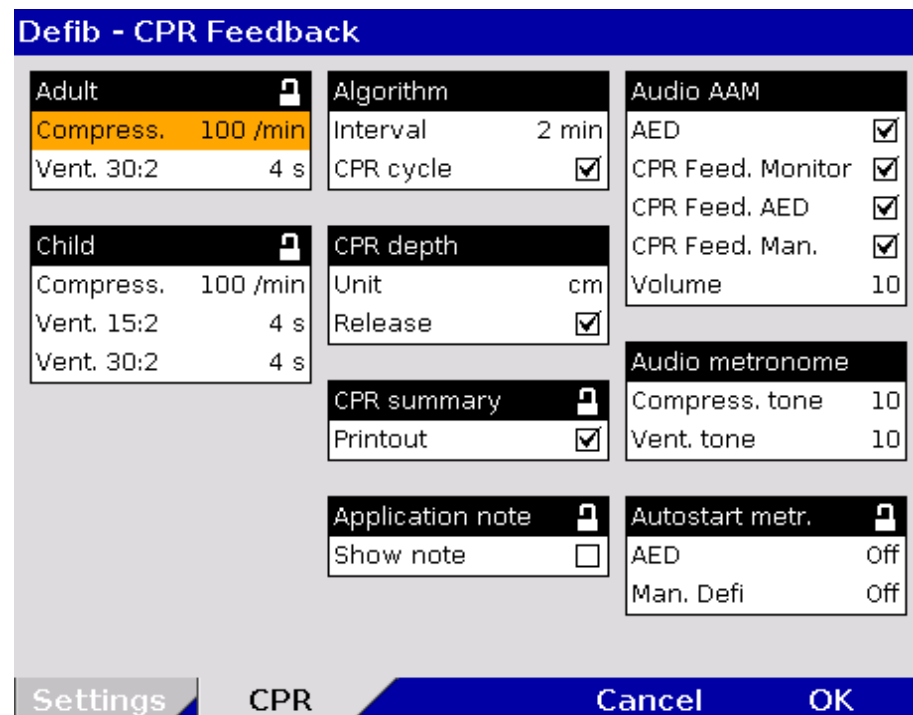


Fig. 7-30 Extended settings for CPR feedback

2. Select the required metronome- or CPR feedback settings with the jog dial and confirm.
3. Select the required setting and confirm with softkey [OK].



4. Save configuration (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

	Field	Setting	Values
Adult	Compress.	Compression frequency	80 – 120 1/min increments of 5 1/min
	Vent. 30:2	Duration of ventilation at ratio 30:2	3 – 6 s increments of 1 s
Child	Compress.	Compression frequency	80 – 140 1/min increments of 5 1/min
	Vent. 15:2	Duration of ventilation at ratio 15:2	3 – 8 s increments of 1 s
	Vent. 30:2	Duration of ventilation at ratio 30:2	3 – 8 s increments of 1 s
Algorithm	Interval	Duration of the resuscitation protocol	2 min; 3 min
CPR depth	Unit	Selection of the length unit	cm; in
	Release	The spoken message <b>Fully release</b> can be disabled	Enabled, disabled
CPR summary	Printout	Printout of the CPR feedback summary can be disabled.	Enabled, disabled
Application note	Show note	The application note for the CPR feedback sensor can be enabled.	Enabled, disabled
Audio AAM	AED	Spoken messages can be disabled in the individual modes.	Enabled, disabled
	CPR Feed. Monitor		Enabled, disabled
	CPR Feed. Man.		Enabled, disabled
	CPR Feed. AED		Enabled, disabled
	Volume	Setting the volume	Off, 3-10
Audio metronome	Compress. tone	Configuration of the metronome sounds	3-10
	Vent. tone		Off, 3-10
Autostart metr.	AED	Automatic start of the metronome when calling up a therapy mode	Off; Adult 30:2; Adult cont.; Child 30:2; Child 15:2; Child cont.
	Man. Defib	Automatic start of the metronome when calling up a therapy mode	Off; Adult 30:2; Adult cont.; Child 30:2; Child 15:2; Child cont.

Table 7-19 Values for metronome settings

**Unit** The unit of the reference range for the compression depth can be switched from centimetres to inches.

- Message** "Fully release" The user OPERATOR can deactivate the spoken message "Fully release" (see chapter 7.4.12 Configuration of the Metronome and CPR feedback (Persons Responsible for the Device), page 193).
- CPR summary** If the checkbox "Printout" is selected, the CPR summary can be printed out for mission debriefing via "Printer" ► "CPR summary" or via the mission browser.
- Application note**  
**CPR Feedback** The CPR feedback system starts automatically when the corPatch CPR sensor is applied. A picture and a message appear, showing the recommended position of the corPatch CPR sensor (see Fig. 5-20). To close the message, press softkey [OK]. The display of the application help can be disabled by the user OPERATOR.
- Audio AAM** The spoken message of the CPR feedback can be disabled or enabled separately for AED-, manual and monitoring mode. The text in the message line is still displayed and is recorded for the option CPR summary.
- Autostart Metronome** The user OPERATOR can configure that the metronome is started automatically when a therapy mode is called up. This setting can be configured separately for the AED- and for the manual mode.

### 7.4.13 Configuration of Non-Invasive Blood Pressure Measurement (NIBP) (Persons Responsible for the Device)

Persons responsible for the device can configure advanced settings for interval settings, the initial mode and the initial pressure.

- Settings**
1. Select in the main menu "NIBP" ► "Settings".  
The configuration dialogue opens.

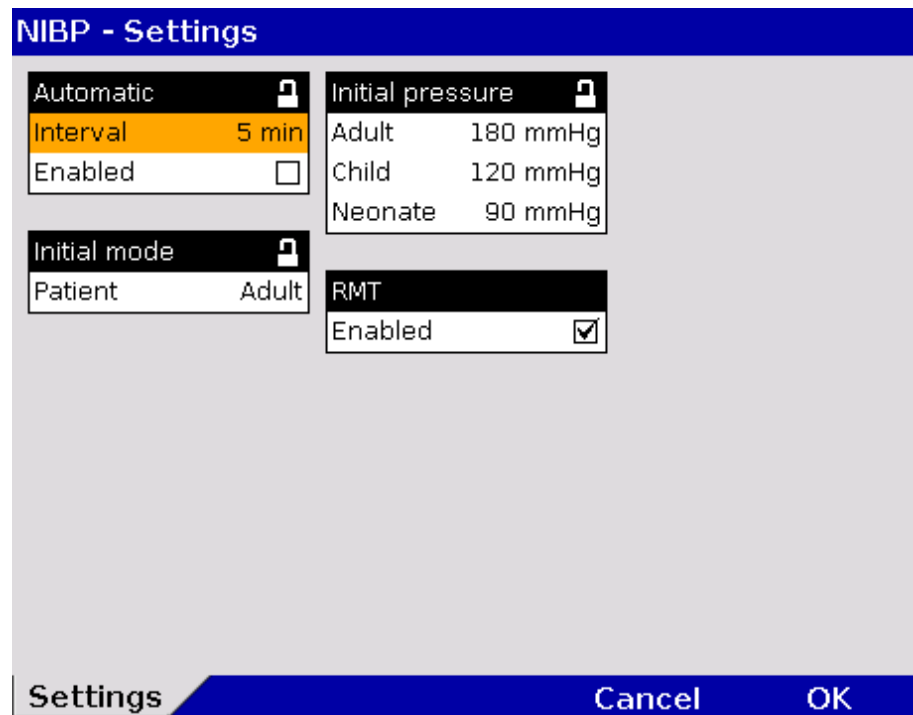


Fig. 7-31 NIBP settings

2. Select the settings.  
Table 7-20 shows the possible values.

Field	Setting	Values	Increments
Automatic	Interval	1 min, 2 min, 3 min, 5 min, 10 min, 15 min, 30 min, 60 min	-
	Enabled	Enabled, disabled	--
Initial mode	Patient	Adult	-
		Child	
		Neonate	
Initial pressure	Adult	120 to 280 mmHg	10
	Child	80 to 170 mmHg	10
	Neonate	60 to 140 mmHg	10
RMT	Enabled	Enabled, disabled	-

Table 7-20 Values for NIBP monitoring

3. Select the required interval for automatic NIBP measurement.
4. If the checkbox "Enabled" is ticked, automatic interval measurement will be activated when the NIBP menu is called up and the softkey [Start] is pressed.
5. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** NIBP monitoring is performed in the mode that was last selected: "Adult", "Child" or "Neonate".

#### R-wave Motion Tolerance

SunTech R-wave Motion Tolerance (RMT)-Technology uses the monitoring ECG signal to qualify the validity of oscillometric pulses for an enhanced level of motion tolerance on patients in transport situations. Particularly in case of motion artefacts (shivering, convulsions), weak pulse and certain types of arrhythmias, the quality of the NIBP measurement is optimised. The user can disable the function "RMT" curves in the NIBP settings.

#### Test menu

For further information on maintenance and tests of the corpuls3 that goes beyond the scope of this user manual, please contact the service technicians of an authorised corpuls sales and service partner.

### 7.4.14 Printer Settings (Persons Responsible for the Device)

Persons responsible for the device can configure the feed speed for printing event ECGs and the shock protocol.

**Settings Feed Speed**

1. Select in the main menu "Printer" ► "Settings".  
The configuration dialogue opens.

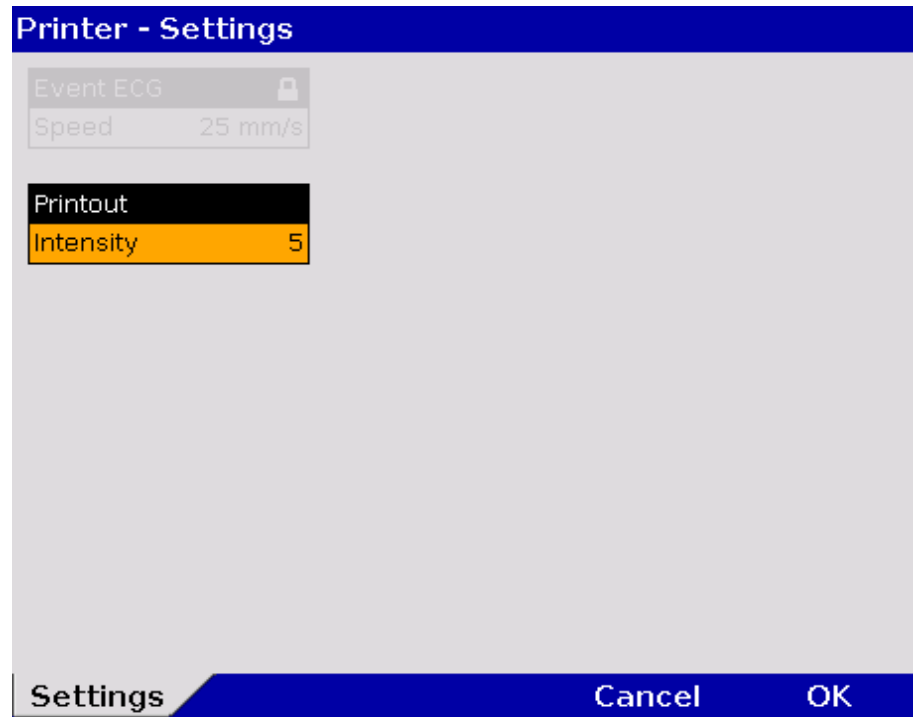


Fig. 7-32 Settings feed speed (persons responsible for the device)

2. Select the settings.  
Table 7-21 shows the possible values.

Fields	Settings	Values
Event ECG	Speed	12.5 mm/s, 25 mm/s
Printout	Intensity	0-20

Table 7-21 Settings feed speed of event ECG (persons responsible for the device))

At 12.5mm/s 10 seconds before and after the event are printed. At 25mm/s 5 seconds before and after the event are printed.

**Adjusting the printer intensity**

See chapter 7.1.3 Printer settings, page 160.

## 8 Data Management

### 8.1 Creating a Patient File

#### Switching on/off the corpuls3

A new data record is automatically created each time the corpuls3 is switched on (new mission).

An unambiguous mission number is generated, which is printed in the first line on the first page of each printout. In addition, the time and date are automatically logged.

#### Test Mission

If instead of therapy electrodes a testbox/testload or a corpuls simulator is connected or the plug is lodged in the socket, the device asks if the mission should be marked as a test mission. If the user confirms by pressing the softkey [Yes], the Patient ID is displayed as "TEST".

For as long as the corpuls3 is in use, all the saved data will be assigned to this mission and saved on the CompactFlash® card (see chapter 8.3 Handling Data, page 200).

The entered data can be modified or completed during the mission. Changes made to the data set are marked in the protocol printout.

For entering changes, select "Patient" ► "Edit Data" in the main menu.

Patient - Edit Data	
Patient ID	160194616
Case number	23456
First name	John
Last name	Doe
Sex	Male
Race	African
Date of birth	11.01.1946
Age	51
Weight	99 kg
Height	176 cm
Address	Example Street 6
Location	13567/Samplertown
Insuree number	--
Insurance	
Card number	

Edit Settings Cancel OK

Fig. 8-1 Entering patient data

**Note** The age of the patient is automatically calculated when the date of birth is entered and cannot be edited. If no date of birth is entered, the age can be edited.

**Note** The information pertaining to the insurance card can only be imported via the insurance card reader and cannot be edited. To do so, the window "Patient - Edit Data" has to be closed.

As of software version 3.0 it is possible to use the parameter "Race" in the patient data. The field "Race" is only available, if the option has been activated by the user OPERATOR (see chapter 7.4.11 Data Protection Settings (Persons responsible for the device), page 193).

## 8.2 Event Key



The corpuls3 has the key **Event** located in the top left-hand corner of the monitoring unit.

If the **Event** key is pressed briefly, a time stamp is saved which marks the current ECG data and parameter values. Based on this marking, this data can subsequently be located in the data memory, viewed and assessed. The message **Event recorded** appears in the message line.

### Audio recording and screenshots

If the audio recording option is enabled, pressing the **Event** key additionally stores a 15 second recording of the surrounding sounds (5 s before and 10 s after pressing the key). The audio recording appears as manual event in the protocol. Furthermore, by enabling the screenshot option, a screen copy at the time of the event can be saved as a picture file. The audio recording and the screenshots can be played and viewed with the software corpuls.manager **REVIEW** (see chapter 8.6 Analysis of the Data with corpuls.manager REVIEW, page 207).

### Selecting events

If the Event key is held for more than 3 seconds, the event list appears, in which the first entry "Generic" is marked automatically. With the jog-dial the user can select pre-configured events and add them to the mission protocol. To confirm a selected list entry, press the jog dial. The message **Event [TEXT] recorded** appears in the message line. To delete the last event, select "Cancel Last" and confirm.

If no pre-configured event has been chosen, the entry "Cancel Last" is greyed out.

Add manual event	
Generic	
Adrenaline	
Intubation	
O2	
Sedation	
Bicarbonate	
Morphine	
Glucose	Cancel Last

Fig. 8-2 Selecting pre-configured events

**Note** By pressing the **Event** key briefly or by holding down the **Event** key for more than 3 seconds and selecting the event "Generic", a time stamp is saved which marks the current ECG data. If another pre-configured event is selected, no ECG data are saved, only an event is added to the protocol.

## 8.3 Handling Data

The CompactFlash® card of the patient box is the central memory location for all recorded data.

Insert the CompactFlash® card with the corpuls3 label (incl. memory capacity) facing towards the user and following the direction of the arrows into the card slot at the left-hand side (seen from the front) of the patient box. If necessary, remove the accessory bag.

**Note** If the CompactFlash® card is full (1000 missions or more) or not inserted into the patient box, the corpuls3 cannot record either a long-term ECG or a diagnostic ECG. Consequently, these data are missing when a log is created.

**Note** The current date and time of the mission have to be deposited in the corpuls3 to enable a later allocation of mission data.



**Caution**

Make sure that only an original corpuls3 CompactFlash® card (P/N 04236.3) with sufficient memory capacity is used (minimum 50 MB, if audio recording is disabled).

Using other CompactFlash® cards may result in safety-critical system malfunctions or the voiding of warranty.

**Note** Save the contents of the CompactFlash® card to a PC at regular intervals on external storage media.

**Note** If the alarm message "CF card error" is displayed, the data should be saved on a computer. Then, the CF card must be re-formatted (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).



**Caution**

#### Risk of system errors

Never insert or remove the CompactFlash® card during the mission.

Only insert or remove the CompactFlash® card when the patient box is switched off.

#### Uploading missions to a server

If the checkbox "Enabled" in the group "Mission upload" is ticked and a connection is established, the recorded missions can be uploaded automatically to an FTP server after the mission is finished and the device is switched off.

## 8.4 Master data

**Master data** Persons responsible for the device can configure and save master data (see chapter 7.4.8 Configuration of Master Data (Persons Responsible for the Device), page 188).

These master data are partly contained in the D-ECG printout. If a D-ECG is transmitted to the hospital by fax (option), this D-ECG can be identified unambiguously by means of these master data.

Some of these master data can be modified by the user DEFAULT:

Information	Explanation
Transport type	Type of transport, e. g. "emergency vehicle"
Radio ID	Identification of a radio subscriber in a radiocommunication area, e. g. "FD x-city 1-83-2"
Location	Location of the rescue vehicle
Callback phone	Mobile phone number, e. g. for enquiries to the team
Medical team	Names of the medical team

Table 8-1 Master data

**Note** These modifications are not saved and only apply to the current mission. After the corpuls3 has been switched off, the master data, originally configured by the person responsible for the device, apply once again.

#### Changing master data

The following steps are required to modify the master data:

1. Select in the main menu "System" ► "Settings".
2. Press softkey [Master]
3. Select the required master data information with the jog dial.
4. Enter the required information and confirm by pressing the softkey [Enter].
5. Confirm by pressing the softkey [OK].

System - Master Data	
Transport type	Van Ambulance
Radio ID	55
Location	Emergency Room
Callback phone	+4488636788
Medical team	Dr. Smith, Johnson
Name organisation	University Clinic
Phone organisation	+4488636788
Device ID	ER-36

Settings    Master    Cancel    OK

Fig. 8-3 Entering master data

## 8.5 Browser Key

### 8.5.1 Protocol

#### Browser

The corpuls3 automatically generates a log which can be printed out by pressing the **Browser** key.

Each log printout has the word "PROTOCOL" on the first page.

The log consists of an overview with data specific to the mission, person and device in addition to a chronological list (see Table 8-2, page 203).

If a protocol is printed during the mission, this is saved as the manual event "Protocol printout" in the chronological event list.



The log overview contains the following data:

Data	Explanation
Mission	Mission number; generated automatically when switching on the device
Printout	Time of protocol printout
Mission start	Date and time at switch-on of the device
UTC	Universal Time Coordinated
Patient	Last name, first name: Can be edited via the main menu "Patient" ► "Edit Data".
Patient ID	Identification number Can be edited via the main menu "Patient" ► "Edit Data".
Case number	Intra-hospital identification number Can be edited via the main menu "Patient" ► "Edit Data" or via an optional barcode scanner
Date of birth (Age)	Can be edited via the main menu "Patient" ► "Edit Data". The age is calculated automatically when the date of birth of the patient is entered.
Sex	Can be edited via the main menu "Patient" ► "Edit Data".
Weight	Can be edited via the main menu "Patient" ► "Edit Data".
Height	Can be edited via the main menu "Patient" ► "Edit Data".
Vital parameter	Trend values of the last minute before the protocol printout (minute mean values)
Device	Identification number of the device
Radio	Radio call name of the team
Medical team	Names of the medical team
Callback phone	Mobile phone number, e. g. for enquiries to the team
Filter	Filter settings for ECG- and mains filter
Software version	Current software version (e.g. REL-3.0.0_C3_BP)

Table 8-2 Log overview

The entries in the chronological list all have the same structure and contain the time stamp, the precise designation and the ECG number of the event.

The following example shows an extract from a printed protocol:

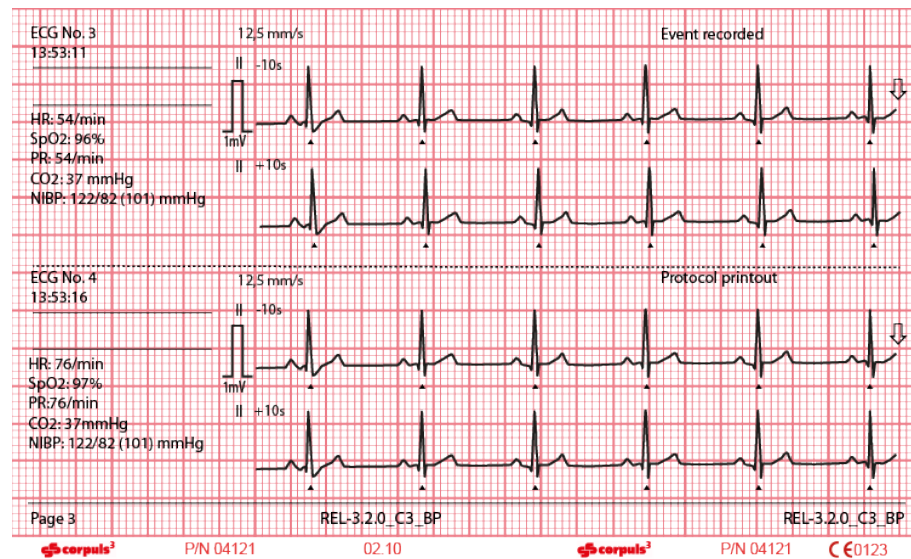


Fig. 8-4 Example of an ECG in the protocol at the time of an event

The following entries are included in the chronological list:

- alarms, physiological and technical (configurable, see chapter 7.4.6 Alarm Configuration (Persons Responsible for the Device), page 185)
- beginning and end of mission
- defibrillation events with selected energy level, measured energy, impedance and selected defibrillation mode
- printer actions (protocol printout; real-time printout; D-ECG printout, shock protocol printout)
- corpuls3 switch-on time
- internal software errors
- Manual events
- Pacer events
- Switch to monitoring mode

**mV-mark** The millivolt mark (in form of a rectangular impulse) is located at the left margin of the curve field (mV-mark). Its height depends on the set amplification of the ECG curve. The mV mark shows an amplitude height of 0.5 or 1 mV for comparison, so that the scale of the ECG curve displayed can be set in relation.

**Markings for folding** The real-time printout has vertical markings on the upper and lower edges that help to fold the printout quickly. The folded printout fits the width of a standard sheet of paper (DIN A4) and can be attached there for documentation.

**Note** Do not separate or connect the modules while the protocol is being printed, otherwise parts of the printout will be missing.

**Note** If no CompactFlash® card is present while using the corpuls3 or if the inserted card is full, no complete protocol printout can be made.

If the checkbox in the group "Shock Protocol" in the defibrillator settings is selected, a protocol containing information on the patient, vital parameters, ECG-curve, selected energy, patient impedance and released energy is printed automatically after a defibrillation. This feature is enabled by default in the factory settings and can be disabled by the operator.

The mission data of the ventilator Medumat Transport of the company WEINMANN Emergency Medical Technology GmbH + Co. KG can be printed out on the corpuls3 by means of the Bluetooth® interface.

### 8.5.2 Mission Browser

**Browser**

If the **Browser** key is pressed for more than 3 s, the mission browser opens. The mission browser gives an overview of all the missions saved on the CompactFlash® card and its current free memory capacity. The missions are listed chronologically, with the most recent mission on top of the list. The mission browser makes it possible to print out the protocol of a mission, the trend data or the available D-ECGs and longterm ECGs several times or at a later point in time. D-ECGs from an old missions can also be sent later on.

Additionally the corPatch CPR summary can be printed out. The mission contents in the column "Data" are represented by symbols.




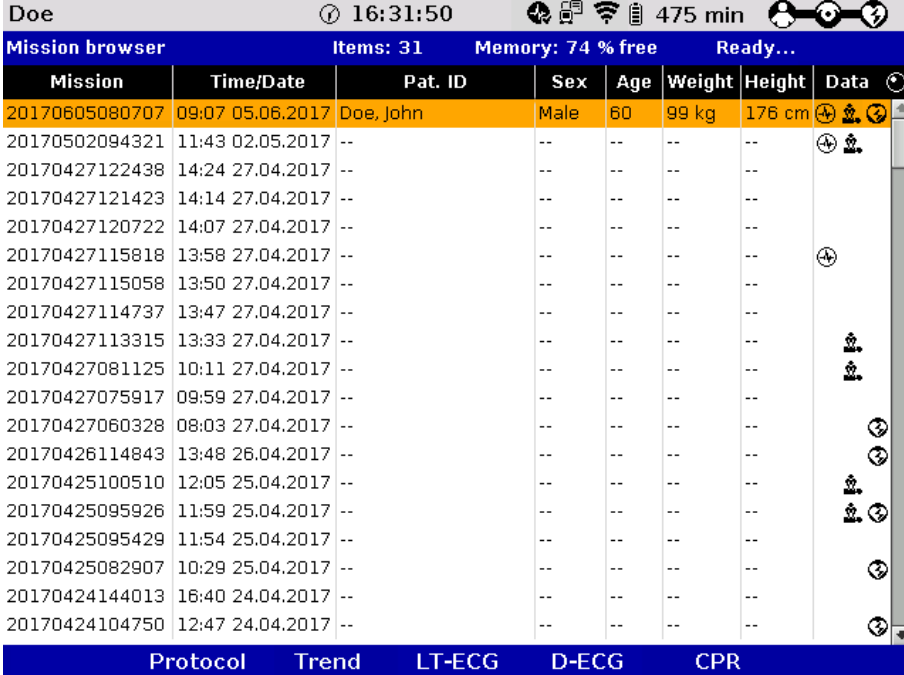
	Symbol Diagnostic ECG	Indicates that the mission contains D-ECG data.
	Symbol Resuscitation	Indicates that the mission contains CPR data.
	Symbol Defibrillation	Indicates that the mission contains defibrillation data.

Table 8-3 Symbols for mission contents






















Mission	Time/Date	Pat. ID	Sex	Age	Weight	Height	Data
20170605080707	09:07 05.06.2017	Doe, John	Male	60	99 kg	176 cm	
20170502094321	11:43 02.05.2017	--	--	--	--	--	
20170427122438	14:24 27.04.2017	--	--	--	--	--	
20170427121423	14:14 27.04.2017	--	--	--	--	--	
20170427120722	14:07 27.04.2017	--	--	--	--	--	
20170427115818	13:58 27.04.2017	--	--	--	--	--	
20170427115058	13:50 27.04.2017	--	--	--	--	--	
20170427114737	13:47 27.04.2017	--	--	--	--	--	
20170427113315	13:33 27.04.2017	--	--	--	--	--	
20170427081125	10:11 27.04.2017	--	--	--	--	--	
20170427075917	09:59 27.04.2017	--	--	--	--	--	
20170427060328	08:03 27.04.2017	--	--	--	--	--	
20170426114843	13:48 26.04.2017	--	--	--	--	--	
20170425100510	12:05 25.04.2017	--	--	--	--	--	
20170425095926	11:59 25.04.2017	--	--	--	--	--	
20170425095429	11:54 25.04.2017	--	--	--	--	--	
20170425082907	10:29 25.04.2017	--	--	--	--	--	
20170424144013	16:40 24.04.2017	--	--	--	--	--	
20170424104750	12:47 24.04.2017	--	--	--	--	--	

Fig. 8-5 Mission browser

The individual missions can be identified based on the following data:

- Unit application number (mission)
- Time/Date
- Patient name (Pat. ID)
- Sex (m/f)
- Age
- Weight
- Height
- Symbol for D-ECG
- Symbol for CPR
- Symbol for defibrillation

The required mission can be selected with the jog dial. It is then possible to print the log by pressing the softkey [Protocol].

The softkey [Trend] opens the trend browser of the selected mission. The softkey [Config.] opens a configuration dialogue, in which the displayed trend parameters can be selected or deselected via checkbox.

**Note** The current mission is always shown on top of the list, independent from time and date.

**Note** A protocol that has been compiled with an older software version cannot be printed at a later point. The softkey [Protocol] is greyed out in this case.

**Note** The intended use of the operation browser and of the D-ECG browser is limited to the analysis of the mission after monitoring of the patient.

**D-ECG Browser** With the jog dial those missions that contain one or more D-ECGs can be selected and opened in the D-ECG browser by pressing the softkey [D-ECG]. The available D-ECGs can be selected individually and printed out by pressing the softkey [Print].

D-ECG Browser		Items: 6	Memory: 93 % free	Ready...
Mission ID: 20170509144838		Sex: Male, Age: 69		
Time/Date: 15:48 09.05.2017		Birthday: 11.01.1946		
Patient ID: 987654321		Weight: 99 kg, Height: 176 cm		
Name: Doe, John		D-ECG count: 6		
Time/Date	D-ECG number	Leads	HES	
14:01 11.10.2019	D-ECG 1	12	Yes	
14:02 11.10.2019	D-ECG 2	12	No	
14:03 11.10.2019	D-ECG 3	12	Yes	
14:04 11.10.2019	D-ECG 4	12	Yes	
14:05 11.10.2019	D-ECG 5	12	Yes	
14:06 11.10.2019	D-ECG 6	12	Yes	

Config.	Print	Send	Close
---------	-------	------	-------

Fig. 8-6 D-ECG Browser

**Sending later** With the softkey [Send], the marked D-ECG can be sent later on (see chapter 9.4.2 Sending a D-ECG, page 222).

**Longterm ECG browser** With the softkey [LT-ECG] the longterm ECG can be opened in the longterm ECG browser and printed out at a later point in time (see also chapter 6.5 Longterm ECG, page 127).

## 8.6 Analysis of the Data with corpuls.manager REVIEW

The data saved on the CompactFlash® card (device software version 1.7.2 or higher) can be viewed, further processed and analysed with the PC software program corpuls.manager REVIEW (version 1.3 or higher).

**Note** Information regarding the use of corpuls.manager REVIEW can be found in a separate user manual for corpuls.manager REVIEW (P/N 04135.02).

**Note** Information regarding data protection can be found in Appendix O Note on Data Protection, page 348.

### 8.6.1 Recording of Realtime Data (RTD) tracks

As of software version 3.0 the user OPERATOR can select every parameter displayed on the corpuls3 to be recorded on the CF card. The recording of real-time data tracks is particularly of interest for research purposes.

1. Select in the main menu "Signals" ► "Record".
2. Select the parameters to be recorded.

**Note** It is recommended to record a maximum of 8 RTD tracks simultaneously, because due to the recording the data volume of the mission increases significantly and there may be gaps in the data if more than 8 tracks are recorded simultaneously.

## 8.7 Screenshot

### Printing a screenshot



If the **Print** key is pressed for more than 3 seconds, a screenshot is printed out. It shows the screen contents at the time of the printout. The following further information is contained on the printout:

- Date and time of the screenshot printout
- Unit application number (mission)
- User level
- Serial number of the monitoring unit
- Software version of the corpuls3
- Charging status of the batteries in percent (in this order: patient box, monitoring unit, defibrillator/pacer)

**Note** In addition to the printout of the screen copy, an image file is saved on the CF card. The screenshot can be viewed with the software corpuls.manager REVIEW (see chapter 8.6 Analysis of the Data with corpuls.manager REVIEW, page 207).

## 8.8 Insurance card reader (option)

The insurance card reader allows to read out the patient data stored on the insurance card of the patient so that they are available to the data management in the corpuls3.

The patient data can be completed or changed during the mission by manually entering information. Persons responsible for the device can configure and save permanently which patient data from the

insurance card should be displayed, printed or sent by the corpuls3 (see chapter 7.4.11 Data Protection Settings (Persons responsible for the device), page 193).

1. Insert the insurance card (with the chip oriented towards the front of the monitoring unit) into the insurance card reader on the right-hand side of the monitoring unit.

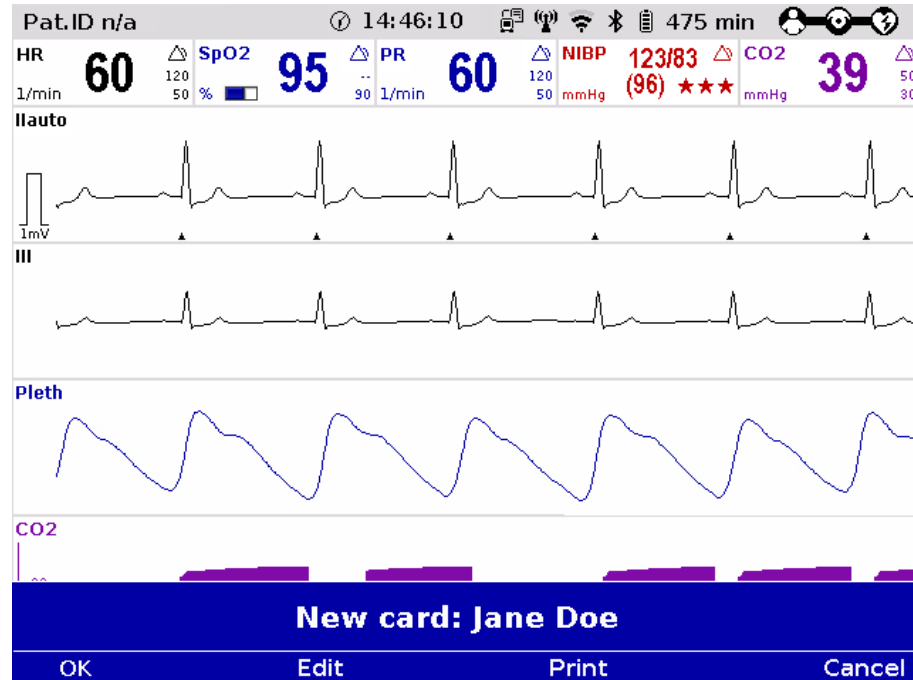


Fig. 8-7 Readout of patient data from insurance card reader

2. With the softkeys [OK] and [Edit] the data set from the insurance card can be accepted or edited.
3. Press the softkey [Print] to print out the data set from the insurance card and save the data set.

Alternatively, patient data that are not greyed out, can also be entered manually. For this, select "Patient" ► "Edit Data" in the main menu.

The data set from the insurance card can be deleted from the corpuls3. For this, select "Patient" ► "Erase data" in the main menu.



**Caution**

Patient and insuree have to be one person, otherwise the results of the ECG analysis can be misinterpreted.

#### Note

The insurance card reader is currently only available for customers in Germany, Austria, Switzerland, Belgium, Estonia, Italy and France. Further countries are available upon request.

**Symbol insurance card reader**



A monitoring unit that is equipped with an insurance card reader (option) can be recognised by the card symbol at the card slot.

## 9 Telemetry 3.0

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### Configuration Telemetry (Option)

Persons responsible for the device can set the following configurations:

- Activation and configuration of data interfaces
  - GSM modem
  - GPRS interface
  - LAN interface
  - WLAN interface
  - Bluetooth interface
- Activation and configuration of telemetry services
  - corpuls.web **LIVE** (Live data, D-ECG upload)
  - D-ECG transmission (Fax)
  - Mission upload to FTP server
- Configuration of W/LAN networks
- Configuration of telemetry connections (phonebook)
- Configuration of Bluetooth connections.

### Offline mode



The corpuls3 has an offline mode. This mode disables all external connection technologies (WLAN, LAN, GSM, Bluetooth) at once. External connection technologies are radio connections for communication with external receivers. Internal connection technologies are the radio connections between the modules of the corpuls3.

To disable all radio connections (internal and external), the device has to be operated in offline modes and as a compact device.

The airplane symbol in the status-/alarm line indicates that the offline mode is active. Apart from the offline mode, it is possible to disable data interfaces individually.

## 9.1 Configuration of Telemetry (Persons Responsible for the Device)

### Configuration of data interfaces

1. Select in the main menu "Telemetry" ► "Settings".  
The configuration dialogue opens.

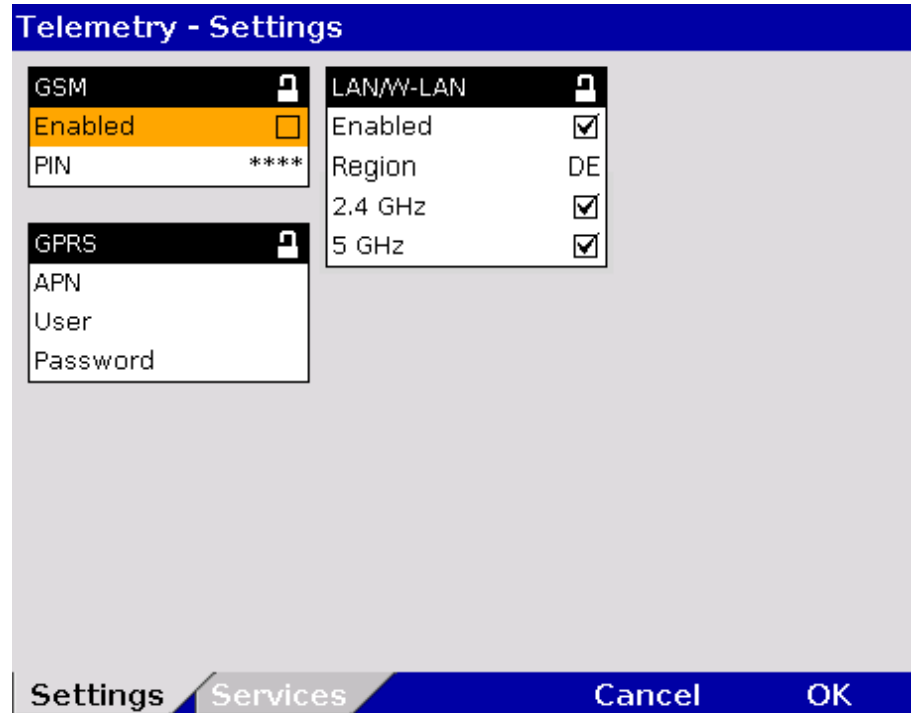


Fig. 9-1 Telemetry settings (Persons responsible for the device)

Table 9-1 shows the possible values:

Group	Field	Setting	Value
GSM	Enabled	Enables or disables aircraft mode	Enabled, disabled
	PIN	Code number	Numbers from 0-9
GPRS	APN	Access point to the data net	Numbers, symbols and letters
	User	User name	Numbers, symbols and letters
	Password	Authentication (user-definable combination)	Numbers, symbols and letters
(W)LAN	Enabled	Activation of the W/LAN interface	Enabled, disabled
	Region	Country codes for W-LAN regional settings	AU, AT, BE, BR, CA, CN, CY, CZ, DK, EE, FI, FR, DE, GR, HK, HU, IS, IN, ID, IE, IL, IT, JP, KR, LV, LT, LU, MY, NL, NZ, NO, PL, PT, SG, SK, ZA, ES, SE, CH, TW, TH, TR, GB, US* * List of countries see appendix D Table A-35, page 319.



Group	Field	Setting	Value
	2.4 GHz	Enabling or disabling the frequency band	Enabled, disabled
	5 GHz	Enabling or disabling the frequency band	Enabled, disabled

Table 9-1 Configuration values, telemetry

- In the group "GSM" the user can enable or disable the GSM interface and enter the PIN of the mobile communications provider (see chapter 9.1.2 Configuration GSM modem, page 211).
- In the group "GPRS" the user can enter the APN and, if intended by the mobile communications provider, enter the user name and password for login to the data net (see chapter 9.1.3 Configuration GPRS connection, page 212).
- In the group "(W)LAN" the user can enable or disable the (W)LAN interface and select the regionally approved frequency bands via country code (list of countries see Appendix D, Table A-35, page 319) or enable/disable individual frequency bands.

**Note** In some countries certain frequency bands are not approved, therefore the user OPERATOR can disable the 2.4 GHz- and the 5 GHz frequency band individually. Operators are responsible for complying with restricted use regulations in their region/country.

### 9.1.1 Installing the SIM Card

For telemetry transmissions you need a SIM card and a PIN number from your mobile network service provider. The SIM card must be inserted in the SIM card slot on the rear side of the monitoring unit (see page 15, Fig. 3-6 Monitoring unit, rear view).

The PIN must be deposited in the telemetry settings in the group "GSM" (see chapter 9.1.2 Configuration GSM modem, page 211).

### 9.1.2 Configuration GSM modem

To configure the GSM modem, proceed as follows:

- Select in the main menu "Telemetry" ► "Settings".
- Enter the 4-digit PIN in the group "GSM" and confirm. The PIN is assigned by your mobile communication provider.
- To confirm the settings and close the configuration dialogue, press the softkey [OK]. To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** If in the group "GSM" the checkbox "Enable" is not selected, the field "PIN" and the group "GPRS" are greyed out and cannot be edited.

**Note** The maximum length of the PIN is four digits. With SIM cards without PIN, the PIN code "0000" has to be entered.

**Note** If a wrong PIN has been entered and transmission has been attempted three times in a row, the SIM card will be locked. Fax transmission is then no longer possible. In that case, the SIM card can only be unlocked by inserting it into an external mobile phone and entering the PUK there.

**Note** Using a double SIM card (depending on your mobile communications provider also called twin SIM card, dual SIM or multi SIM card), is only possible if other user devices with the pertaining SIM cards are off. So it is not possible to operate several SIM cards of one mobile communications contract at the same time. So it is not possible to operate several SIM cards of one mobile communications contract at the

same time. The operator of the device has to make sure beforehand that the operation of the SIM card used in the corpuls3 cannot be interrupted.

**Note** As of software version 3.0, the former import-/export function for phonebook entries (= telemetry connections) via the SIM card is no longer supported. The import and export of telephone entries is only possible via the CF card.

Depending on the selected mobile provider and on the network configuration, there are different ways to enter the internet address or IP address (with or without "www"). Ask your corpuls.web LIVE administrator for help.

### 9.1.3 Configuration GPRS connection

To configure the GPRS connection, proceed as follows:

1. Select in the main menu "Telemetry" ► "Settings".
2. Enter the APN (Access point name) in the group "GPRS" and confirm.
3. For the log-in to the data net via GPRS, enter the user (user name) and confirm.
4. Enter password and confirm.
5. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** If in the group "GSM" the checkbox "Enable" is not selected, the field "PIN" and the group "GPRS" are greyed out and cannot be edited.

**Note** The respective valid APN is assigned by your mobile communications provider.

**Note** The log-in with user name for access to the data service is only designated for a few mobile communication networks. For further information please contact your mobile communications provider.

**Note** In the corpuls3, all characters are in UTF-8 code.

### 9.1.4 WLAN interface configuration

To configure the WLAN interface, proceed as follows:

1. Select in the main menu "Telemetry" ► "Settings".
2. Select in the group "(W)LAN" the corresponding country code (List of countries see Appendix D Table A-35, page 319).
3. If necessary, disable the frequency band that is not approved for current use.
4. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

**Note** In some countries certain frequency bands are not approved, therefore the user OPERATOR can disable the 2.4 GHz- and the 5 GHz frequency band individually. Operators are responsible for complying with restricted use regulations in their region/country.

**Note** If **both** the 2.4 GHz- and the 5 GHz bands are disabled, a WLAN connection is **not** possible.

## 9.1.5 Saving telemetry connections (Phonebook)

**Note** The settings described in the following have to be saved in the system settings in the group "Configuration" in order to be available permanently.

1. Select in the main menu "Telemetry" ► "Connections".  
The configuration dialogue opens.

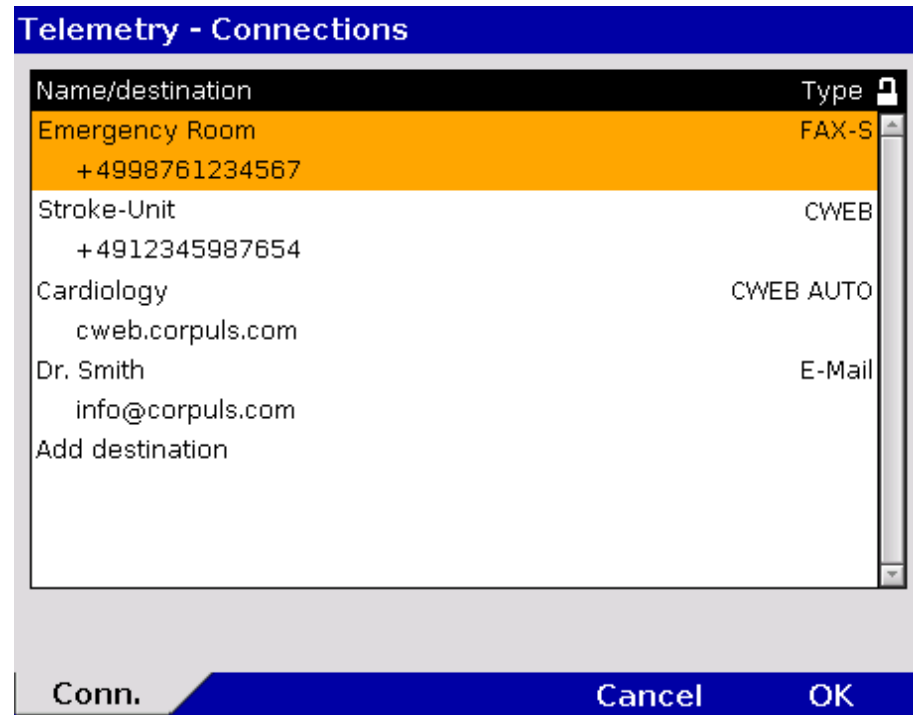


Fig. 9-2 Telemetry connections (Persons responsible for the device)

2. Select "Add destination" by pressing the jog dial.
3. Enter the recipient's name.
4. Enter the recipient type.
5. Enter the recipient's e-mail address, phone number, internet address or IP address.
6. Press softkey [Enter] to confirm.
7. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To retain the previous settings and close the configuration dialogue, press the softkey [Cancel].

There are up to 50 memory locations available for saving telemetry connections.

**Note** If more than 20 new entries are created at once, saving will take longer.

**Note** In the corpuls3, all characters are in UTF-8 code.

There are 4 options for recipient type:

- FAX-S
- CWEB
- CWEB AUTO
- E-mail

**Exporting and importing the phonebook**

The saved phonebook entries (= telemetry connections) are part of the configuration export, but can also be exported/imported separately for backup purposes or transfer to other corpuls3 devices via the CF card (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

**Note**

As of software version 3.0, the former import-/export function for phonebook entries (= telemetry connections) via the SIM card is no longer supported. The import and export of telephone entries is only possible via the CF card.

## 9.2 Configuration of Telemetry Services (Persons Responsible for the Device)

1. Select in the main menu "Telemetry" ► "Services".  
The configuration dialogue opens.

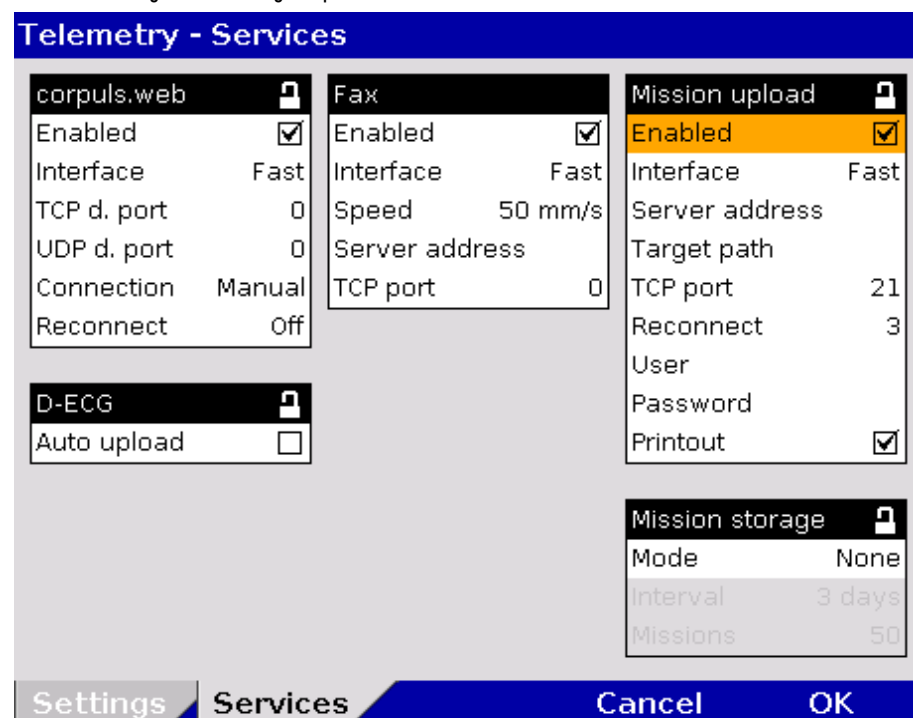


Fig. 9-3 Configuration of Telemetry Services

Table 9-2 shows the possible values:

Group	Field	Setting	Value
corpuls. web	Enabled	Connection with the corpuls.web LIVE server	Enabled, disabled
	Interface	Interface by means of which the connection to the server is established	Fast, GSM, (W)LAN, G,(W)L, (W)L,G
	TCP d. port	Network protocol	Numbers from 0-9
	UDP d. port	Network protocol	Numbers from 0-9
	Connection	Procedure when the connection to the server is initiated	Manual, Startup
	Reconnect	Number of repeated attempts to establish connection	Off; 3; 5; 10; Infinite

Group	Field	Setting	Value
D-ECG	Auto upload	Automated sending of a D-ECG to the CWEB AUTO Address in the phonebook	Enabled, disabled
Fax	Enabled	Sending a D-ECG via fax	Enabled, disabled
	Interface	Interface by means of which the connection to the server is established	Fast, GSM, (W)LAN, G,(W)L, (W)L,G
	Speed	D-ECG speed at fax transmission	25 mm/s, 50 mm/s
	Server address	Network address of the server	Numbers, symbols and letters
	TCP port	Network protocol	Numbers from 0-9
Mission upload	Enabled	Automatic upload of missions from the CF card to a server	Enabled, disabled
	Interface	Interface by means of which the connection to the server is established	Fast, GSM, (W)LAN, G,(W)L, (W)L,G
	Server address	Network address of the server	Numbers, symbols and letters
	Target path	Directory path for uploading	Numbers, symbols and letters
	TCP port	Network protocol	Numbers from 0-9
	Reconnect	Number of repeated attempts to establish connection	Off; 3; 5; 10
	User	User name	Numbers, symbols and letters
	Password	Authentication (user-definable combination)	Numbers, symbols and letters
	Printout	Enabling/disabling of the mission upload protocol printout	Enabled, disabled
Mission storage	Mode	Storing a certain number of missions or for a period of time	None, Count, Time
	Interval	Period of time for which the missions should remain on the CF card	1, 2, 3, 4, 5, 6, 7 days
	Missions	Number of missions that should remain on the CF card	10, 25, 50, 100, 150, 200

Table 9-2 Configuration of Telemetry Services

#### Connection to corpuls.web LIVE server Automatic Upload of D-ECG

In the group "corpuls.web" the connection to the corpuls.web LIVE server can be activated and configured (see chapter 9.2.1 Configuring a connection to corpuls.web LIVE, page 216).

If the checkbox "Auto upload" in the group "D-ECG" is ticked and a connection is established, the recorded D-ECG is automatically sent to a corpuls.web LIVE server by pressing the softkey [Print]. It is not necessary to press the softkey [Send] as well.

#### Note

The option "Auto upload" does only work with connections to corpuls.web LIVE.

#### Fax configuration

In the group "Fax" the sweep speed for the D-ECG and the connection to the fax server can be configured (see chapter 9.4.2 Sending a D-ECG, page 222)

**Note** For information on the network address of the fax server contact your system administrator or fax server administrator.

**Configuration Mission upload** The user OPERATOR can configure that recorded missions are uploaded automatically to an FTP server (e.g. a corpuls.manager **ANALYSE** server) when the device is switched off (see chapter 9.2.3 Configuration of mission upload, page 217).

**Note** The login data (user name and password) for access to the FTP server will be assigned by the respective system administrator.

**Note** For information on the network address of the FTP server contact your system administrator or FTP server administrator.

**Note** In the corpuls3, all characters are in UTF-8 code.

### 9.2.1 Configuring a connection to corpuls.web LIVE

1. Select in the main menu "Telemetry" ► "Services".
2. If necessary, select checkbox "Enable" to activate the service.
3. In the field "Interface" select how the connection to the serve should be established.
  - a) Fast: the interface that has established a connection to the server first will be used.
  - b) GSM: the connection is established via GSM interface.
  - c) (W)LAN: the connection is established via WLAN interface.
  - d) G, (W)L: first the connection is attempted via GSM, then via (W)LAN.
  - e) G, (W)L: first the connection is attempted via (W)LAN, then via GSM.
4. Enter the standard TCP port and confirm.
5. Enter the standard UDP port and confirm.
6. To configure the method of establishing a connection:
  - a) Select "Manual" in the field "Connection", to start the connection manually via the main menu.
  - b) Select "Startup" in the field "Connection" if the connection should be established automatically while the corpuls3 is booting. For this setting, a "CWEB Auto"-phonebook entry has to be created beforehand, in which the IP address of the respective corpuls.web **LIVE** server is entered (see chapter 9.1.5 Saving telemetry connections (Phonebook), page 213).
7. Select the required setting with the jog dial and confirm.
8. In the field "Reconnect" can be determined if and how often the corpuls3 should automatically reconnect if the connection has been broken (e. g. if the GSM network is not available). Select the required setting and confirm.

**Note** For information on the network address of the corpuls.web **LIVE** server contact your system administrator or corpuls.web **LIVE** server administrator.

**Automatic Upload of D-ECG** If the checkbox "Auto upload" in the group "D-ECG" is ticked and a connection is established, the recorded D-ECG is automatically sent to a corpuls.web **LIVE** server by pressing the softkey [Print]. It is not necessary to press the softkey [Send] as well.

**Note** The option "Auto upload" does only work with connections to corpuls.web **LIVE**.

## 9.2.2 Configuration of fax transmission

- Fax configuration** In the group "Fax" the following fields can be configured for the D-ECG and the connection to the fax server:
1. Select the sweep speed for the D-ECG transmission (25 mm/s or 50 mm/s) and confirm. The user DEFAULT can change the speed settings during the mission.
  2. Enter the network address of the server (IP address or domain) and confirm.
  3. Enter the TCP port and confirm.

## 9.2.3 Configuration of mission upload

1. Tick the checkbox "Enabled" in the group "Mission upload".
2. Enter the server address and confirm.
3. Enter the target path and confirm.
4. Enter the TCP port and confirm.
5. In the field "Reconnect" can be determined if and how often the corpuls3 should automatically reconnect if the connection could not be established or has been broken. Select the required setting and confirm.
6. For the log-in to the FTP server enter the assigned login data and confirm.
7. With the checkbox "Printout" the printout of the mission upload protocol can be enabled or disabled. If the checkbox is selected, there is always a printout. If the checkbox is deselected, there is only a printout if the transmission has failed.
8. With the option "Mission storage", the user OPERATOR can configure how long the missions or how many missions should remain on the CF card when the corpuls3 is switched off.

**Note** The login data (user name and password) for access to the FTP server will be assigned by the respective system administrator.

**Note** For information on the network address of the FTP server contact your system administrator or FTP server administrator.

**Note** If too many missions remain on the CF card and the device stores new missions, the CF card may overflow (alarm messages "CF card almost full" or "CF card full").

**Note** In the corpuls3, all characters are in UTF-8 code.

### 9.3 Configuration of (W)LAN networks

#### Configuration of (W)LAN networks

To configure a (W)LAN network, proceed as follows:

1. Select in the main menu "Telemetry" ► "Networks".  
The configuration dialogue opens.

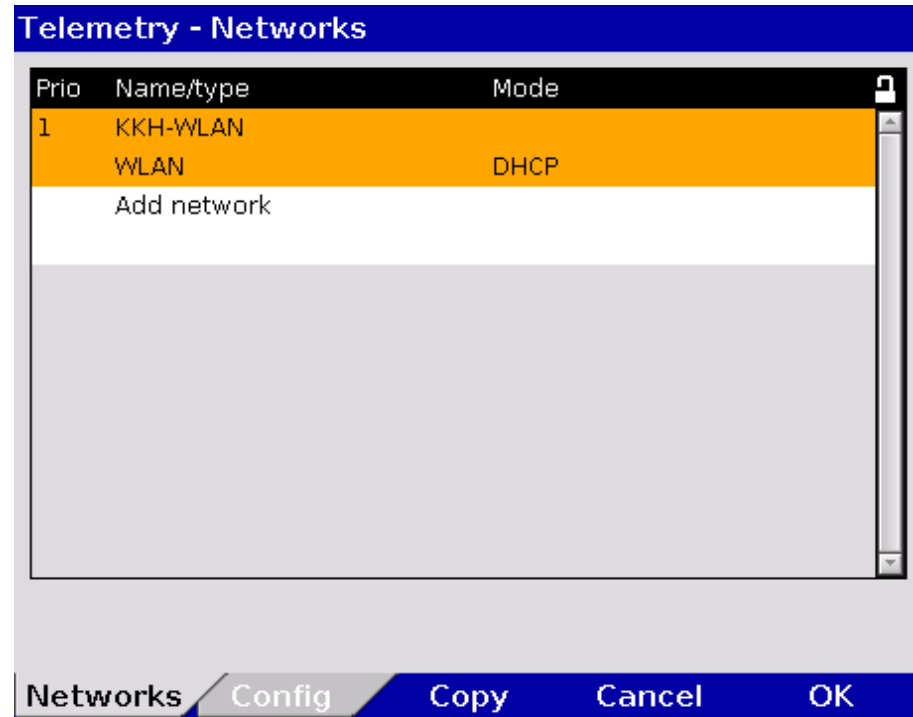


Fig. 9-4 Add network



2. Select "Add network" by pressing the jog dial.  
The configuration dialogue opens.

Telemetry - Network configuration	
Name*	KKH-WLAN
Type	WLAN
Mode	DHCP
IP address	--
Network mask	--
Default gateway	--
DNS server prim.	--
DNS server sec.	--
SSID*	--
Encryption	WPA2 PSK
Password*	***

Networks    Config    Delete    Accept

Fig. 9-5    Configuring a network

3. Enter a name for the network.
4. Select the network type.

**Note** It is possible to configure up to 4 WLAN networks, but only 1 LAN network.

5. Select mode.
  - a) With the option "DHCP", an IP address is assigned automatically to the corpuls3. Proceed with step 6.
  - b) With the option "Manual", the formerly greyed-out fields are now displayed and can be edited (see chapter 9.3.1 Manual network settings, page 220).
6. Enter the SSID\* (Service Set Identifier = in general the name of the router).
7. Select encryption type.
8. Enter password.
9. To save, press softkey [Accept].  
To delete data, press softkey [Delete].

**Note** Already configured WLAN networks can be copied with the softkey [Copy] (see Fig. 9-4) and then adapted to save time with the configuration.

**Note** With the softkey [Prio], a priority can be assigned to the configured WLAN network. The corpuls3 tries first to establish a connection with the priority-1 network, then with the priority-2 network, and so on.

### 9.3.1 Manual network settings

To configure the network manually, proceed as follows:

1. Perform step 1-5b of chapter 9.3.
2. Enter an IP address in the field "IP address" and confirm.
3. Enter an IP address in the field "Network mask" and confirm.
4. Enter an IP address in the field "Default gateway" and confirm.
5. Enter an IP address in the field "DNS server prim" (primary DNS server) and confirm.
6. If available, enter an IP address in the field "DNS server sec." (secondary DNS server) and confirm.

**Note** It is possible to configure up to 4 WLAN networks, but only 1 LAN network.

## 9.4 Data transmission options

The corpuls3 offers the following possibilities for transmitting data via telemetry:

- Live data transmission to corpuls.web **LIVE**
- D-ECG transmission
- Mission upload to an FTP server(see chapter 9.4.3 Manually uploading missions to an FTP server, page 223)
- Data transmission to external systems via Bluetooth® data interface (option)
- Receiving webMessages

**D-ECG transmission** The corpuls3 can send a complete report of a 12-lead ECG recording (diagnostic ECG) to a fax server, an e-mail address or to the corpuls.web **LIVE** server via the optionally available modem or the W/LAN interface.

**Note** The corpuls3 has an offline mode. This mode disables all external connection technologies (WLAN, LAN, GSM, Bluetooth) at once. The airplane symbol indicates that the offline mode is active.

**Live data transmission** Via the modem (option) or the WLAN/LAN interface (option) the corpuls3 can send the following data live, in real time, to a data server:

- Patient- and master data,
- Curves and vital parameters,
- D-ECGs and events,
- Trends.

By means of the software application corpuls.web **LIVE** (option), the server can be accessed from any place via internet and the data can be viewed live.

**Server connection**



If the corpuls3 is connected to a server, the symbol "Server connection" is displayed in the status-/alarm line.

**Bluetooth® connection**



If a connection via the Bluetooth® data interface is established to external systems (as e. g. a Tablet-PC for documentation) the symbol "Bluetooth® connection" is displayed in the status-/alarm line.

Depending on the status there are additional markings of the above described symbols for telemetry connections. A detailed description can be found in Appendix A Symbols, page 289.

**Note** Information regarding data protection can be found in Appendix O Note on Data Protection, page 348.

**Note** Saving changes to the basic configuration permanently is reserved to the person responsible for the device (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176).

The representation of the curves (sweep speed) for fax transmission of the D-ECG can be set in the telemetry services settings at 25 mm/s or 50 mm/s (Only for Fax-G).

### 9.4.1 Live Data Transmission to corpuls.web LIVE

#### Mobile network connection



To carry out a live data transmission, proceed as follows:

1. Check if the symbol "Mobile network connection" is displayed in the status-/alarm line. If not, establish a connection manually (see chapter 9.4.4 Manually Establishing a Connection to the Mobile Network, page 224).

#### WLAN connection



2. If the device is connected via a W/LAN interface instead, check if the symbol "WLAN connection" or "LAN connection (IP address assigned)" is displayed in the status-/alarm line. To configure the W/LAN interface, see chapter 9.1.4 WLAN interface configuration, page 212.

#### LAN connection



#### "Server connection"



3. Check if the data connection between the corpuls.web LIVE server and the corpuls3 is already established and the symbol "Server connection" is displayed permanently.

Now all data shown on the display of the corpuls3 are transferred live.

4. To abort the current live data transmission select "Telemetry" ► "Disconnect" in the main menu. During the live data transmission all therapeutic and monitoring functions of the corpuls3 can be used without limitations. The observer of the live data using corpuls.web LIVE can see the same parameters and curves that are currently displayed on the connected corpuls3.

#### Live transmission of D-ECGs

If the user of the corpuls3 records a D-ECG, it is transferred live to the server and can immediately be reviewed via corpuls.web LIVE. The user of corpuls.web LIVE receives a notification in case of an incoming D-ECG.

#### Transfer of trend data base

The corpuls3 allows to transfer the complete trend data base to corpuls.web LIVE. So, the consulting doctor using corpuls.web LIVE can review the whole development and gain an overview of the patient's status.

If the connection could not be established or if the live data transmission was aborted, this is being signaled via diverse symbols and alarms in the status-/alarm line.

The protocol records status messages of the live data transmission as event. For a list of possible events see chapter 11.3 Notifications Message Line and Information in the Protocol, page 276. In case of malfunctions see also chapter 11.2 Troubleshooting and Corrective Actions, page 265 and Appendix A Symbols, page 289.

**Note** Depending on the settings on the corpuls.web LIVE server, the system time set on the corpuls3 is synchronised by the corpuls.web LIVE server before the transmission of mission data. The time change is logged in the mission protocol of the corpuls3.

**Note** If the connection is interrupted during data transmission, the D-ECG may nevertheless have been transferred completely. The accuracy of the transferred data is guaranteed in this case as well.

**Note** Via the mission browser, D-ECGs from the current mission can be sent again, see chapter 8.5.2 Mission Browser, page 205.

## 9.4.2 Sending a D-ECG

Prerequisite: The CF card is inserted.

1. Activate the preview of the D-ECG in monitoring mode and start recording (see chapter 6.4.3 Recording and Measuring a Diagnostic ECG, page 120).

**Note** Before sending the D-ECG, the patient data should be entered so that the D-ECGs received can be clearly assigned to the patient treated.

2. After the message "D-ECG measured" is displayed, press the softkey [Send].

The phonebook (= telemetry connections) appears.

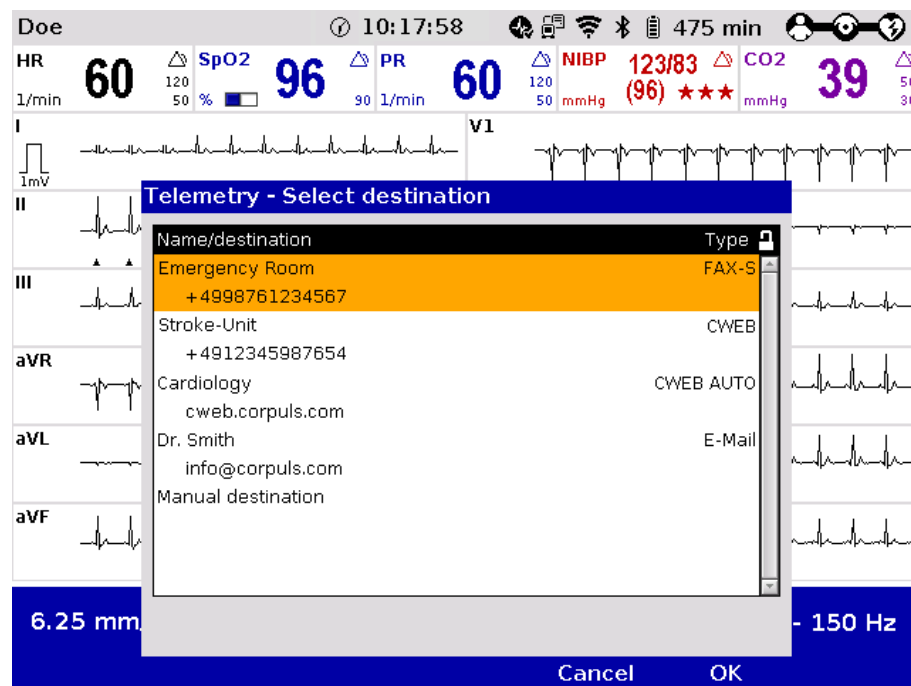


Fig. 9-6 Phonebook (= telemetry connections)

3. The destination can be entered in two ways:
  - a) Select a pre-configured destination with the jog dial and confirm by pressing the jog dial, or
  - a) Select the entry "Manual destination" and enter the data manually with the jog dial and confirm by pressing the softkey [Enter].

**Note** In the corpuls3, all characters are in UTF-8 code.



While the data connection is being established, the symbol "Connect" is flashing.



While the D-ECG transmission is running, the symbol "D-ECG transmission" is flashing in the status-/alarm line.

By pressing the softkey [Cancel] the monitoring mode for patient monitoring can be called up again. The ECG transmission is carried out in the background.



If the ECG transmission has been finished successfully, this is indicated by the confirmation tick on the symbol.



Caution

If a D-ECG recording is started without an inserted CF card or with a full/defective CF card, the alarm message "CF card missing" and the message "CF card currently not available" appear and the softkey [Send] is greyed out. Sending the D-ECG is not possible, because no connection to the server can be established.

D-ECG transmission failed



If the D-ECG transmission is interrupted for technical reasons (e. g. insufficient reception quality or interruption of the radio connection) the alarm message "D-ECG transmission error" is displayed. In case of malfunctions see also chapter 11.2 Troubleshooting and Corrective Actions, page 265, and Appendix A Symbols, page 289.

Note

Via the mission browser, D-ECGs from the current mission can be sent again, see chapter 8.5.2 Mission Browser, page 205.

### 9.4.3 Manually uploading missions to an FTP server

Uploading missions to a server

If feature is configured (see chapter 9.2.3 Configuration of mission upload, page 217), the upload of recorded missions to an FTP server can be started manually:

1. Select in the main menu "Telemetry" ► "Mission upload".  
The confirmation prompt "Upload missions?" appears.



Fig. 9-7 Confirmation prompt for mission upload

2. If the recorded missions are to be uploaded to an FTP server and the current mission finished, press softkey [OK];  
If the current mission should be continued, press softkey [Cancel].
3. The upload screen appears, indicating the progress of the upload, e.g. "Uploading mission [NUMBER] of [NUMBER]" (see also chapter 4.2.2 Switching off, page 49).
4. When all missions have been uploaded successfully, a "MISSION UPLOAD PROTOCOL" is printed, indicating the time and date of the upload, the connection data (FTP Server, TCP port, User, FTP Path), reconnection settings, status of the upload, the termination criteria (if applicable) and the mission numbers of the uploaded missions.
5. With the checkbox "Printout" the printout of the mission upload protocol can be enabled or disabled. If the checkbox is selected, there is always a printout. If the checkbox is deselected, there is only a printout if the transmission has failed.
6. The device switches off.

**Note** Missions that have been uploaded successfully will be deleted from the CF card.

**Note** If the mission upload is interrupted, before all missions are transferred completely, the upload is resumed at a later point in time.

**Note** The exact procedure of the automatic mission upload is described in chapter 4.2.2 Switching off, page 49.

### 9.4.4 Manually Establishing a Connection to the Mobile Network

**Symbol**  
**Mobile network connection**

If the modem has sufficient reception intensity, this is indicated by the symbol "Mobile network connection" in the status-/alarm line of the corpuls3.

**Establishing a connection**



If the telemetry services are not configured to connect automatically when the corpuls3 is switched on (see chapter 9.2.1 Configuring a connection to corpuls.web LIVE, page 216), the connection can be established manually:



1. Select in the main menu "Telemetry" ► "Connect".
2. While the connection is being established, the symbol "Mobile network connection" is flashing in the status line.
3. When the symbol "Mobile network connection" is displayed permanently, the mobile network connection is established.

Depending on which transmission mode is selected, different symbols will appear in the status line next to the symbol "Mobile network connection" (see Appendix A Symbols, page 289).

**Note** The duration of establishing a connection may vary according to network quality.

**Note** Under certain conditions data transmission may be interrupted due to low signal strength of the mobile communications network.

**Note** In areas near national borders the mobile communications networks may overlap, so it may be necessary to enter the international area code as well to be able to contact the recipient. In this case, adapt to your country-specific settings (e.g. "+49 9876 54321" or "0049 9876 54321").

**Note** At locations where radio signals are shadowed for technical reasons (e.g. inside a flat), low signal levels may occur in mobile phone reception. In this case, select a better position for the monitoring unit, e.g. near a window.

## 9.5 Bluetooth

**Bluetooth® data interface (option)**

The corpuls3 can wirelessly import and export data via the optional Bluetooth® data interface (P/N 04211). For example, with the radio module in the patient box process data of a corpuls3 mission can be transferred to external documentation systems (e. g. a tablet PC, ePCR systems) but data also be received from other systems (e. g. a ventilator, corpuls cpr).

**Mode "Discovery"**

To have the the corpuls3 send its identification via Bluetooth, select in the main menu "Bluetooth" ► "Discovery".

### 9.5.1 Configuring a Bluetooth® data interface (Persons Responsible for the Device)

**Bluetooth® data interface**

Persons responsible for the device can set the following configurations:

- Activation of the Bluetooth® data interface (option)
- Configuration of the device PIN (option)
- Configuration of the data protection PIN
- Data management (Transferring/deleting mission data, editing patient- and master data, formatting the CF card)

**Activating the data interface**

To establish a radio connection with external devices, the device PIN has to be configured and the Bluetooth® data interface has to be activated.

**Bluetooth® Settings**

1. In the main menu, select "Bluetooth" ► "Settings".  
The configuration dialogue opens.

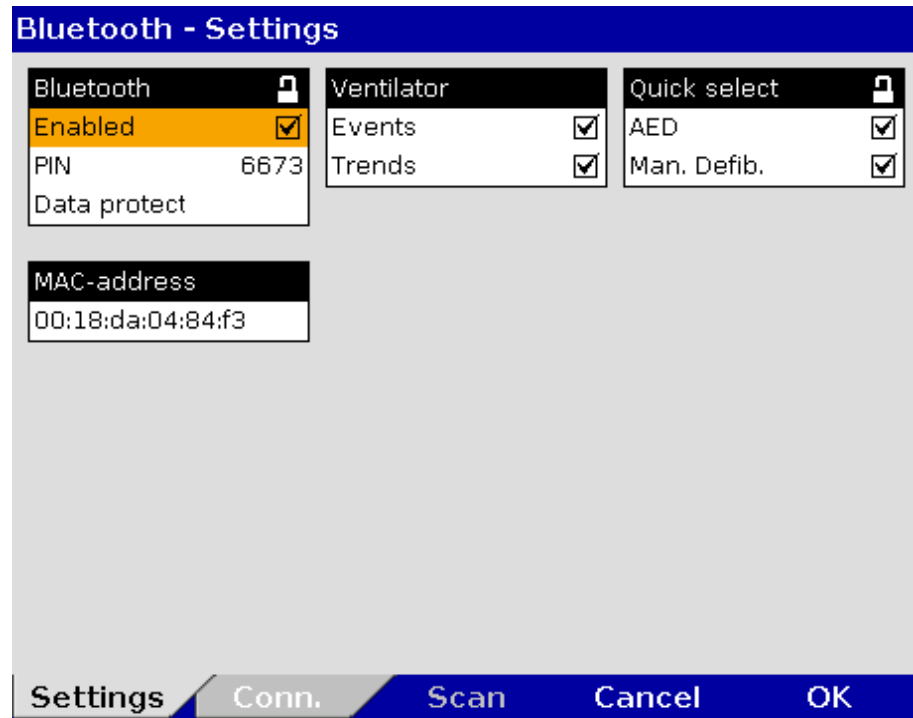


Fig. 9-8 Bluetooth settings (Persons Responsible for the Device)

2. To activate the Bluetooth data interface, select the checkbox "Enable".
3. Configure the device PIN.

**Note** If the default PIN is changed by the user OPERATOR, the new PIN must be made known to the user.

4. To configure the data protection PIN, enter a 4-digit number.

Table 9-3 shows the possible values:

Group	Field	Setting	Values
Bluetooth	Enabled	Enabling or disabling Bluetooth® data interface	Enabled, disabled
	PIN	Device PIN for connections with other Bluetooth® devices.	Numbers from 0-9
	Data protect	Further user-defined PIN that grants access to modify mission data via Bluetooth.	Numbers from 0-9
MAC address	--	The MAC address is the unambiguous identification number of the corpuls3 that has to be used to connect the corpuls3 to other Bluetooth® devices.	Fixed
Ventilator	Events	Data that can be printed out via a Bluetooth connection on the printer of the corpuls3.	Enabled, disabled
	Trends		Enabled, disabled

Group	Field	Setting	Values
Quick select	AED	Allows to enable or disable the softkey [Connect] in defibrillator mode AED or Man. Defib..	Enabled, disabled
	Man. Defib.		Enabled, disabled

Table 9-3 Values for Bluetooth® configuration

**Data protection PIN**

To be granted access to modify mission data on the CF card (see chapter 9.5.4 Data management via Bluetooth®, page 228), another four-digit data protection-PIN has to be configured beforehand by the user OPERATOR.

**MAC address**

The MAC address is the hardware address of the Bluetooth module and serves as identification of the device in a network. The MAC address cannot be changed.

**Ventilator**

In case of a connection to a ventilator (e.g. Weinmann MEDUMAT Transport), the corpuls3 can, according to configuration, print out the events and trends received from the ventilator and save them on the CF card. The stored data can be evaluated with the software corpuls.manager **REVIEW** (see chapter 8.6 Analysis of the Data with corpuls.manager REVIEW, page 207).

**Quick select**

Allows to enable or disable the softkey [Connect] in defibrillator mode AED or Man. Defib.. If the option is disabled, no Bluetooth connection to a corpuls cpr can be established.

**Note**

If a Bluetooth connection to a corpuls cpr already exists, the softkey [Connect] is greyed out.

## 9.5.2 Configuring Bluetooth® connections

**Bluetooth® connections**

1. Select in the main menu "Bluetooth" ► "Connections".  
The configuration dialogue opens.

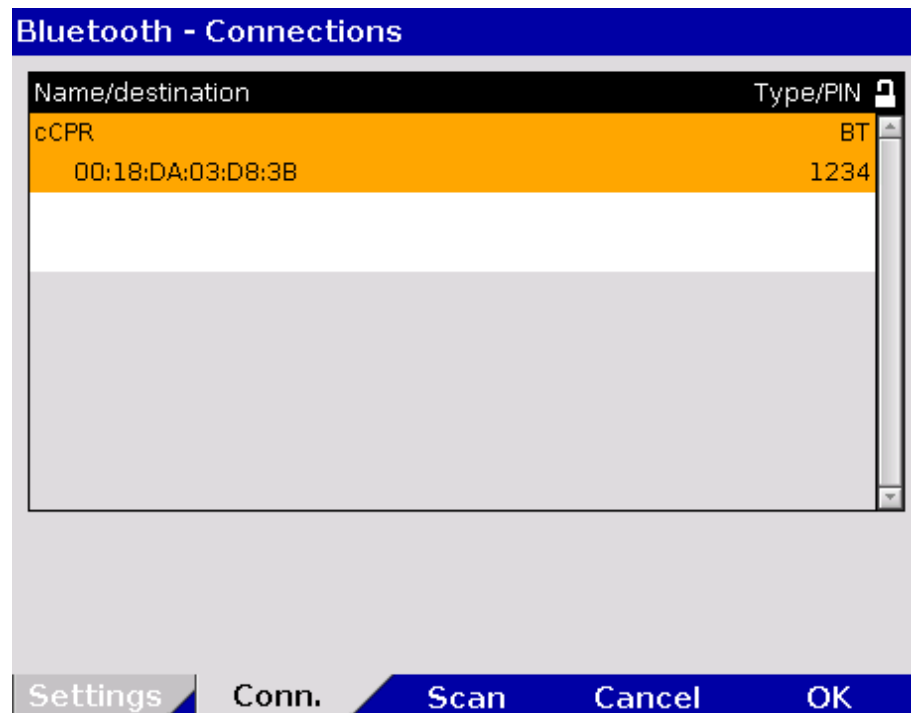


Fig. 9-9 Bluetooth connections (persons responsible for the device)

2. Select "Add destination" by pressing the jog dial.



3. Enter device name.
4. Enter MAC address of the device to be connected (can be requested from the manufacturer).
5. Enter the device PIN of the device to be connected (can be requested from the manufacturer).
6. Press softkey [Enter] to confirm.
7. To confirm the settings and close the configuration dialogue, press the softkey [OK].  
To abort data entry and close the configuration dialogue, press softkey [Cancel].

A maximum of 20 Bluetooth connections can be saved.

#### Connection authorisation (Pairing)

If the Bluetooth® data interface is activated, the corpuls3 can receive automatically an connection authorisation for a connection with an external documentation system, if this system has the same PIN. This procedure is also called "Pairing".

With the softkey [Scan], the user can search for corpuls devices that are in discovery mode.

### 9.5.3 Establishing and interrupting a Bluetooth® connection

#### Establishing a Bluetooth® connection

To establish a Bluetooth® connection, proceed as follows:

1. In the main menu, select "Bluetooth" ► "Connect".  
The overview of pre-configured Bluetooth® connections opens.

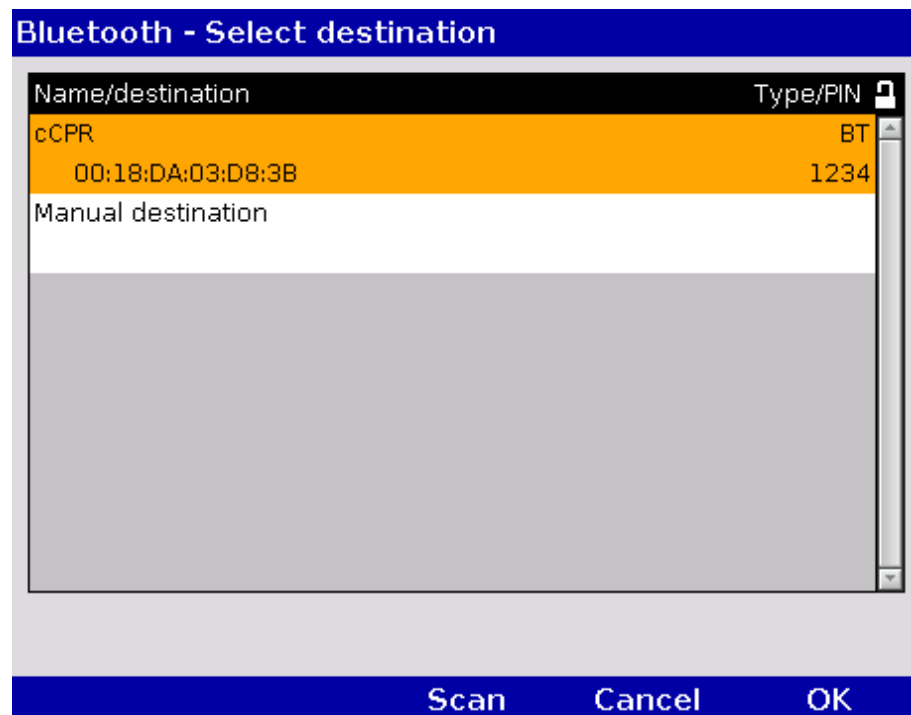


Fig. 9-10 Bluetooth connections

#### Symbol

Bluetooth® Data interface



2. Select the device to be connected with the jog dial and confirm by pressing the jog dial.
3. To search for devices:
  - a) Press softkey [Scan].  
The window shows the message "scanning...". If there are devices in the vicinity in discovery mode, these are listed.

- b) Select the device to be connected with the jog dial and confirm by pressing the jog dial. If the connection cannot be established with the default PIN, the corpuls3 shows an entry dialogue. Proceed with step 6.
4. To enter a manual destination, select with the jog dial "Manual destination".
5. Enter the name and the device ID of the device to be connected (can be requested from the manufacturer or be read out via NFC chip).
6. Enter the device PIN of the device to be connected and confirm.

**Note** A Bluetooth connection to several corpuls cpr devices is not possible.



The message "BT connected: [DEVICE]" appears and the symbol for "Bluetooth® connection" is displayed in the status-/alarm line.

Depending on the status there are additional markings of the above described symbols for telemetry connections. A detailed description can be found in Appendix A Symbols, page 289.

**Bluetooth® connection failed**



If the Bluetooth® connection is interrupted for technical reasons (e. g. insufficient reception quality or interruption of the radio connection) the message "BT connection failed" is displayed. In case of malfunctions see also chapter 11.2 Troubleshooting and Corrective Actions, page 265 and Appendix A Symbols, page 289.

**Interrupting a Bluetooth® connection**

1. To abort the current Bluetooth® connection, select "Bluetooth" ► "Disconnect" with the jog dial in the main menu. If several devices are connected, a configuration dialogue with a list of devices appears. The device that should be disconnected can be selected.
2. The message "BT disconnected: [DEVICE]" is displayed.

The protocol records status messages of the Bluetooth® connection as event. For a list of possible events see chapter 11.3 Notifications Message Line and Information in the Protocol, page 276.

#### 9.5.4 Data management via Bluetooth®

The following actions can be performed via password-protected Bluetooth commands:

- Transferring or deleting mission data from the CF card
- Editing patient- and master data
- Time synchronisation
- Calling up longterm ECGs pertaining to an event
- webMessage function
- Formatting the CF card

For example, to edit the above mentioned data from an ePCR device, the user has to enter the data protection PIN which was configured beforehand (see chapter 9.5.1 Configuring a Bluetooth® data interface (Persons Responsible for the Device), page 224).

**Note** Only the following master data can be edited: Transport type, Radio ID, Location, Callback phone and Medical team.

## 9.5.5 Bluetooth connection with corpuls cpr

The corpuls3 can connect with the corpuls cpr via Bluetooth. So, common missions can be evaluated retrospectively with corpuls.manager **REVIEW**.

To establish a connection with a corpuls cpr manually (see chapter 9.5.3 Establishing and interrupting a Bluetooth® connection, page 227). From the moment of the Bluetooth connection, the mission data of the corpuls cpr are transferred to the corpuls3 and stored on the CF card. The data are uploaded together with the corpuls3 mission at the mission upload. The currently set parameter values can be displayed in the parameter fields of the corpuls3 (see chapter 7.1.2 Configuration, page 157).

With the softkey [Connect] the user can establish the Bluetooth connection directly in defibrillator mode. This feature can be enabled by the operator.

## 9.6 Offline mode

The corpuls3 has an offline mode. This mode disables all external connection technologies (WLAN, LAN, GSM, Bluetooth) at once.

To enable the offline mode, proceed as follows:

1. Select in the main menu "Telemetry" ► "Offline mode".  
The airplane symbol in the status-/alarm line indicates that the offline mode is active.
2. To disable the offline mode, select in the main menu "Telemetry" ► "Offline mode".  
All connection technologies are enabled again.

Apart from the offline mode, it is possible to disable data interfaces individually.

## 9.7 webMessage

The webMessage function allows unidirectional communication between corpuls.web **LIVE** and corpuls3. The user of corpuls.web **LIVE** can send a message to the medical personnel using the corpuls3 (teleconsultation). The corpuls3 can display and print the received messages. The respective status of the message (received/read/printed) is reported back to corpuls.web **LIVE**.

The function webMessage can also be used via Bluetooth interface.

Incoming webMessages are displayed as low-priority alarms in the alarm-/status line. The message **New webMessage No. [NUMBER] received** appears in the message line.

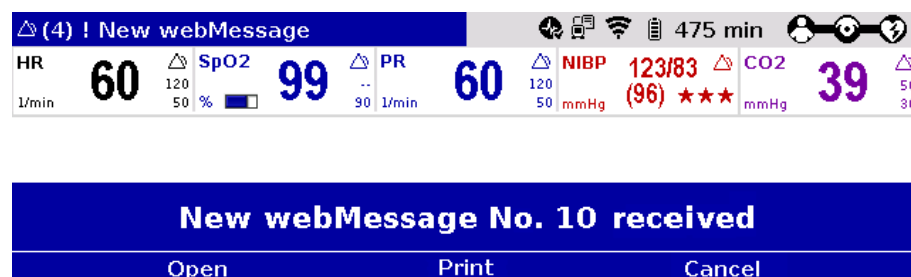


Fig. 9-11 Incoming webMessage

The webMessage can be opened immediately with the softkey [Open] or later via the main menu "Printer" ► "webMessage".

If there are several webMessages in the In-box, these can be paged through with the softkeys [←] or [→].

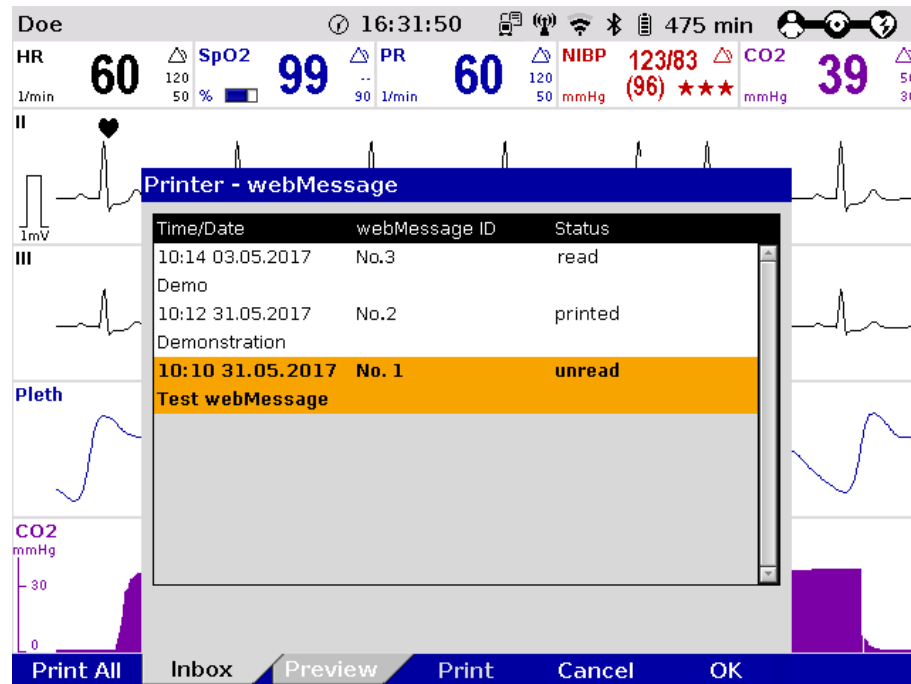


Fig. 9-12 Printing a webMessage

### Printing a webMessage

The received webMessages can be printed out on the integrated printer, either individually with the softkey [Print] or all at once with the softkey [Print All].

For further information on printout configuration see chapter 7.1.3 Printer settings, page 160.

The printout can be stopped with the **Print** key.



**Note**

When starting a new mission (e.g. after restarting the device), all received webMessages of the former mission are deleted.



**Caution**

The display of webMessages can cover other important information on the screen. Users have to make sure that they are always sufficiently informed about the health status of the patient.

## 10 Maintenance and Tests

### 10.1 General Information

Regular maintenance and testing guarantee permanent functional and operational readiness of the corpuls3.

#### Visual and Function Check

Therefore, make sure that the device and the accessories are in good working condition before each mission by performing visual and function checks on the corpuls3 at regular intervals.

This way, electrical and mechanical malfunctions may be either prevented or detected early on and eliminated quickly. If difficulties occur during the visual and function check, see chapter 11 Procedure in Case of Malfunctions, page 250 for specific measures to take. Follow the instructions.



**Warning**

If the malfunction cannot be remedied with these measures, please inform customer service. In extreme cases, it may be necessary to take the corpuls3 out of commission.

For guidance, a checklist for standardised testing of the corpuls3 is included in Appendix B of this user manual.

#### Regular checks

The following schedule for maintenance and tests shows recommended intervals for performing checks. Compliance with legal regulations relating to safety and metrological checks must be guaranteed. Furthermore, it is recommended to schedule regular function checks at the location of the corpuls3 (rescue equipment, location, hospital, etc.) to guarantee full operational readiness at all times.

For further information on maintenance and testing of the corpuls3 that go beyond the contents of this user manual, contact the service technicians of an authorised sales and service partner.

Measure	Daily/ per shift	After use*	As required *	Monthly	Annually	Every 2 years	If faulty
Complete function check		X	X	X			X
Visual check	X	X	X				X
User test/device checklist	X		X				
Cleaning the corpuls3		X	X				
Disinfecting the corpuls3		X	X				
Shock paddles	X		X	X			
Module connection test	X		X				
Technical Safety Check (STK)					X		X
Metrological check (MC)						X	

Table 10-1 Maintenance intervals

\*Manufacturer's recommendation

## 10.2 Function checks

Function checks performed by the user guarantee permanent functional and operational readiness of the corpuls3. It is an important supplement to the automatic self test performed internally in the corpuls3. Depending on the frequency of use of the corpuls3, it is recommended that you perform the function check at least once a day, for example at the beginning of a shift.

The complete function check of the corpuls3 is divided into:

- function check of the corpuls3
- Function check of the power supply
- Function check of the accessories

<b>Function check of the device</b>	Function check of the corpuls3 comprises a visual inspection of the outer housing and a function check of the functionalities/options of the corpuls3.
<b>Function check of the power supply</b>	The function check of the power supply informs the user about the current state of charge of the batteries.
<b>Checking accessories</b>	Function check of the accessories and consumables guarantees the operational readiness of all equipment required during use of the corpuls3. Furthermore the accessories are visually checked for defects and completeness.

If no correct result is achieved on performing the function checks, read the explanations and measures in chapter 11 Procedure in Case of Malfunctions, page 250.

## 10.2.1 Daily Checks of the Device

For a function check of the compact device, all the modules of the corpuls3 must be connected mechanically. The mechanical connections have to be heard to click into place. The following measures must be taken:



### Warning

Before using the testbox (P/N 04310), the testload (P/N 04312) or the corpuls simulator (P/N 04311) the cable has to be checked for damage. If there is damage, the testbox/testload or the corpuls simulator may not be used under any circumstances.

Daily check		
Description	Measures by the user	Correct result
Switching on	Press the <b>On/Off</b> key.	The start logo appears
<b>Internal self test</b>		
The corpuls3 performs a test of the internal functions	None	<ul style="list-style-type: none"> <li>▪ The jog dial briefly illuminates at the beginning.</li> <li>▪ The screen is illuminated.</li> <li>▪ Curve and parameter fields are displayed.</li> <li>▪ The state of charge of the batteries is displayed in percent or in minutes of remaining running time.</li> <li>▪ The device is sufficiently charged.</li> <li>▪ Connection status of the modules is displayed.</li> </ul>
<b>Module connection test</b>		
Communication between modules	<ul style="list-style-type: none"> <li>▪ Separating all modules</li> <li>▪ Re-connecting all modules</li> </ul>	<ul style="list-style-type: none"> <li>▪ In the status-/alarm line the connection status changes from bar symbol to wave symbol.</li> <li>▪ In the status-/alarm line the connection status changes from wave symbol to bar symbol.</li> <li>▪ No error message is issued.</li> </ul>
<b>Shock paddles</b>		
Check function of the shock paddle buttons.	<ul style="list-style-type: none"> <li>▪ Press the shock paddle buttons a few times to ensure perfect functionality.</li> <li>▪ Deliver a shock (see below: Function check of defibrillator/pacer)</li> </ul>	<ul style="list-style-type: none"> <li>▪ By pressing the shock paddle buttons a confirmative tone sounds.</li> <li>▪ Energy is internally discharged via the test contacts.</li> <li>▪ No error message is issued.</li> </ul>
Check the functionality of the shock paddle buttons at the defibrillator/pacer SLIM.	<ul style="list-style-type: none"> <li>▪ Connect the shock paddles to the therapy master cable at the defibrillator/pacer SLIM.</li> <li>▪ Press the shock paddle buttons a few times to ensure perfect functionality.</li> <li>▪ Deliver a shock (see below: Function check of defibrillator/pacer)</li> </ul>	<ul style="list-style-type: none"> <li>▪ By pressing the shock paddle buttons a confirmative tone sounds.</li> <li>▪ No error message is issued.</li> </ul>

Daily check		
Description	Measures by the user	Correct result
<b>Defibrillator/ pacer</b>		
Function check of the defibrillator/ pacer	When using shock paddles: <ul style="list-style-type: none"> <li>▪ Insert shock paddles into the shock paddle holder. The shock paddles must be heard to click into place.</li> <li>▪ Connect the shock paddle cable to the therapy master cable.</li> <li>▪ Select the manual mode of the defibrillator.</li> <li>▪ Select an energy of 200 J.</li> <li>▪ Charge energy.</li> <li>▪ Deliver shock.</li> <li>▪ Also check reserve shock paddles, if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>▪ By pressing the shock paddle buttons a confirmative tone sounds.</li> <li>▪ Energy is internally discharged via the test contacts.</li> <li>▪ No error message is issued.</li> </ul>
	When using corPatch electrodes: <ul style="list-style-type: none"> <li>▪ Insert the plug of the therapy master cable into the test contact socket at the cable base.</li> <li>▪ Select the manual mode of the defibrillator.</li> <li>▪ Select an energy of 200 J.</li> <li>▪ Charge energy.</li> <li>▪ Deliver shock.</li> </ul>	
Function check of the defibrillator/ pacer SLIM	For the function check the testbox (P/N 04310), the testload (P/N 04312) or the corpuls simulator (P/N 04311) is needed: <ul style="list-style-type: none"> <li>▪ Make sure that a 1.5 V battery is inserted in the testbox/corpuls simulator.</li> <li>▪ Switch on testbox/corpuls simulator.</li> <li>▪ Connect testbox/testload/ corpuls simulator to the therapy socket.</li> <li>▪ Confirm the message "<b>Mark mission as test mission?</b>" by pressing the softkey [Yes].</li> <li>▪ Select the manual mode of the defibrillator.</li> <li>▪ For the testload, select an energy of 50 J (max. 100 J). For the testbox/ corpuls simulator, select an energy of 200 J.</li> <li>▪ Charge energy.</li> <li>▪ Deliver shock.</li> <li>▪ On the printout of the shock protocol is the message <b>Test successful</b> or <b>Test failed</b>.</li> <li>▪ After performing the function check, switch off testbox/testload/ corpuls simulator and remove it from the defibrillator/pacer SLIM.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Energy is internally discharged via the testbox/testload/ corpuls simulator.</li> <li>▪ No error message is issued.</li> </ul>



<b>Daily check</b>		
<b>Description</b>	<b>Measures by the user</b>	<b>Correct result</b>
<b>Printer</b>		
Function check of the printer	<ul style="list-style-type: none"> <li>▪ Check if sufficient printer paper is available.</li> <li>▪ Check if the marking indicating the end of the paper roll (red stripe) is visible.</li> <li>▪ Run a test printout, e.g. a screenshot.</li> <li>▪ Check if an replacement roll is present.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A strip of paper is issued.</li> <li>▪ The marking indicating the end of the paper roll is not yet visible. It is recommended to load a new roll of paper as soon as it is visible.</li> <li>▪ The appearance of the type is completely legible and of good quality.</li> <li>▪ A replacement roll is present.</li> </ul>
<b>Power supply</b>		
State of charge check of the batteries of the corpuls3 as compact device	<ul style="list-style-type: none"> <li>▪ Connect all modules of the corpuls3 (compact device).</li> <li>▪ Connect corpuls3 to the mains supply (either via the charging bracket or and external mains charger).</li> <li>▪ Switch on the corpuls3 and check the state of charge of the batteries (percentage) in the status-/alarm line after the booting process.</li> </ul>	<ul style="list-style-type: none"> <li>• State of charge of the battery is greater than 30 %.</li> <li>▪ If the corpuls3 probably will be used at low ambient temperatures (e.g. in the cold season) the state of charge should be more than 50 % (at room temperature).</li> </ul>
Check the remaining running time of the individual modules	<ul style="list-style-type: none"> <li>▪ Separate all corpuls3 modules in the switched-on state.</li> <li>▪ Remove the charging cable of the mains charger or remove the module from its charging bracket.</li> <li>▪ Check the predicted remaining running time of the monitoring unit and patient box in the status-/alarm line.</li> </ul>	<ul style="list-style-type: none"> <li>• The remaining running time of the modules is more than 120 minutes.</li> </ul>

Table 10-2 Daily check of the device

<b>Visual check of the corpuls3 and the accessories</b>		
<b>Presence and serviceability of</b>	<b>Measures by the user</b>	<b>Correct result</b>
corpuls3	Check the complete corpuls3 for alterations	No objections
Batteries	Check if each module of the corpuls3 has a battery inserted.	All modules of corpuls3 have a battery.
corPatch intermediate cable (if available)	Check if the corPatch intermediate cable is present and undamaged.	The corPatch intermediate cable is present and undamaged.
corPatch electrodes (adult and Pediatric )	<ul style="list-style-type: none"> <li>▪ Check if at least two pairs of serviceable corPatch electrodes are present.</li> <li>▪ Check if the packaging of the corPatch electrodes is undamaged.</li> <li>▪ Check if the expiry date of the corPatch electrodes has passed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ At least two pairs of corPatch electrodes are present.</li> <li>▪ The packaging of the corPatch electrodes is undamaged.</li> <li>▪ The expiry date has not passed.</li> </ul>

Visual check of the corpuls3 and the accessories		
Presence and serviceability of	Measures by the user	Correct result
Shock paddles	<ul style="list-style-type: none"> <li>▪ Remove shock paddles.</li> <li>▪ Completely unwind the therapy master cable from the socket.</li> <li>▪ Inspect shock paddles and therapy master cable for damage.</li> <li>▪ Check if replacement shock paddles are present.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shock paddles and therapy master cable are not damaged.</li> <li>▪ Replacement shock paddles are present.</li> <li>▪ All in all, no damage is detectable.</li> </ul>
Baby shock electrodes	<ul style="list-style-type: none"> <li>▪ Check if the baby shock electrodes are present, clean and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Baby shock electrodes are present, clean and undamaged.</li> </ul>
Electrode gel for defibrillation	<ul style="list-style-type: none"> <li>▪ Estimate if the quantity of electrode gel is sufficient for the next mission.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sufficient electrode gel incl. replacement tube is present.</li> </ul>
ECG adhesive electrodes	<ul style="list-style-type: none"> <li>▪ Check if sufficient ECG adhesive electrodes for recording the monitoring and diagnostic ECG are present.</li> <li>▪ Check if the ECG adhesive electrodes are dried out or the expiry date has passed.</li> <li>▪ Store the ECG adhesive electrodes protected from air.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sufficient ECG adhesive electrodes are present for the next mission.</li> <li>▪ The ECG adhesive electrodes are not dried out.</li> <li>▪ The expiry date of the ECG adhesive electrodes has not passed.</li> </ul>
Oximetry inter-mediate cable and sensors	<ul style="list-style-type: none"> <li>▪ Check if the oximetry intermediate cable and the oximetry sensors are present and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Oximetry intermediate cable and oximetry sensors are present and undamaged.</li> </ul>
Disposable CO <sub>2</sub> adapters	<ul style="list-style-type: none"> <li>▪ Check if two of every kind of disposable CO<sub>2</sub> adapters are present and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two of every kind of disposable CO<sub>2</sub> adapters are present and undamaged.</li> </ul>
corPatch CPR sensors	<ul style="list-style-type: none"> <li>▪ Check if at least two pairs of functional corPatch CPR sensors are present.</li> <li>▪ Check if the packages of the corPatch CPR sensors are intact.</li> <li>▪ Check if the expiry date of the corPatch CPR sensors has passed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ At least two pairs of functional corPatch CPR sensors are present.</li> <li>▪ The packages of the corPatch CPR sensors are intact.</li> <li>▪ The expiry date of the corPatch CPR sensors has not passed.</li> </ul>
NIBP cuff and hose	<ul style="list-style-type: none"> <li>▪ Check if the NIBP cuff and -hose are present and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NIBP cuff and -hose are present and undamaged.</li> </ul>
IBP transducers	<ul style="list-style-type: none"> <li>▪ Check if IBP transducers are present and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ IBP transducers are present and undamaged.</li> </ul>
Temperature sensors	<ul style="list-style-type: none"> <li>▪ Check if the temperature sensors are present and undamaged.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Temperature sensors are present and undamaged.</li> </ul>
CompactFlash® card	<ul style="list-style-type: none"> <li>▪ Check if the CompactFlash® card is inserted into the patient box.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The CompactFlash® card is inserted into the patient box.</li> </ul>
Switching off		
On/Off key	<ul style="list-style-type: none"> <li>▪ Press the <b>On/Off</b> key.</li> <li>▪ Confirm the switch-off with the softkey [OK].</li> </ul>	<ul style="list-style-type: none"> <li>▪ "<b>Power OFF?</b>" appears in the message line.</li> <li>▪ The screen shows the shutdown image.</li> <li>▪ The corpuls3 is switched off.</li> </ul>

Table 10-3 Daily visual check of the corpuls3 and the accessories

## 10.2.2 Monthly Functional Test

Monthly functional test (in addition to the daily check)		
Description	Measures by the user	Correct result
<b>ECG monitoring</b>		
Function check of the ECG monitoring cable and the complementary ECG diagnostic cable	<ul style="list-style-type: none"> <li>▪ Connect the ECG cables to the ECG cable tester corpuls3 (P/N 04224), the testbox (P/N 04310), to an ECG simulator or to a volunteer. For optimal results, select an amplification of x0.5.</li> <li>▪ If the heart rate or the ECG are not displayed in a parameter- or curve field, assign the display to a parameter- or curve field.</li> </ul>	The ECG is displayed as expected in the configured curve fields.
<b>Defibrillator/ pacer</b>		
Function check of the defibrillator/ pacer	<ul style="list-style-type: none"> <li>▪ See Daily Checks of the Device, Defibrillator/Pacer</li> <li>▪ If necessary, also test pacer function.</li> </ul>	▪ --
Function check of the defibrillator/ pacer SLIM	<ul style="list-style-type: none"> <li>▪ See Daily Checks of the Device, Defibrillator/Pacer</li> <li>▪ If necessary, also test pacer function.</li> </ul>	▪ --
<b>Oximetry</b>		
Function check of oximetry measurement	<ul style="list-style-type: none"> <li>▪ Attach oximetry sensor with intermediate cable to a finger.</li> <li>▪ If the SpO<sub>2</sub>-, SpCO-, SpHb-, SpMet value, the pulse rate, the perfusion index or the plethysmogram are not displayed in a parameter or curve field, they may be not configured. Select the display in a parameter or curve field.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The oximetry values are displayed in one or more parameter field.</li> <li>▪ The pulse rate is displayed in a parameter field (PR).</li> <li>▪ The plethysmogram is displayed in a curve field.</li> </ul>
<b>Capnometry</b>		
Function check of CO <sub>2</sub> measurement	<ul style="list-style-type: none"> <li>▪ Connect a disinfected airway adapter to the CO<sub>2</sub> sensors and attach the connecting cable to the patient box.</li> <li>▪ Breathe in and out through the adapter several times.</li> <li>▪ If the CO<sub>2</sub> value, respiration rate or the capnogram is not displayed in a parameter or curve field, they may be not configured. Select the display in a parameter or curve field.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The CO<sub>2</sub> value is displayed in a parameter field.</li> <li>▪ The respiration rate (RR) is displayed in a parameter field.</li> <li>▪ The capnogram is displayed in a curve field.</li> </ul>

<b>Monthly functional test (in addition to the daily check)</b>		
<b>Description</b>	<b>Measures by the user</b>	<b>Correct result</b>
<b>Temperature measurement</b>		
Function check of temperature measurement	<ul style="list-style-type: none"> <li>▪ Connect a temperature sensor to the patient box.</li> <li>▪ If the temperature value is not displayed in a parameter field, it may be not configured. Select the parameter field in which the value should be shown.</li> <li>▪ Take the temperature sensor into your hand.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Display of the room temperature.</li> <li>▪ The temperature measuring value increases when the temperature sensor is in your hand.</li> </ul>
<b>Non-invasive blood pressure measurement</b>		
Function check of non-invasive blood pressure monitoring	<ul style="list-style-type: none"> <li>▪ Perform a blood pressure measurement on a volunteer subject with the NIBP cuff.</li> <li>▪ If the non-invasive blood pressure value is not displayed in a parameter field, it may be not configured. Select the parameter field in which the value should be shown.</li> </ul>	The blood pressure is displayed in a parameter field.
<b>Invasive blood pressure measurement</b>		
Ability to calibrate the transducer	<ul style="list-style-type: none"> <li>▪ Test the ability to calibrate the transducer. To do this, expose the transducer to atmospheric pressure.</li> <li>▪ In the main menu, select "IBP" ► "Calib. P {measuring channel}".</li> </ul>	After successful calibration a pressure of 0/0 mmHg is displayed.
Function check of invasive blood pressure measurement	<ul style="list-style-type: none"> <li>▪ Various transducers have equipment for a functional test. Perform the functional test according to the operating instructions for the transducer.</li> <li>▪ If the measured value of invasive blood pressure is not displayed in a parameter or curve field, it may be not configured. Select the display in a parameter or curve field.</li> </ul>	<ul style="list-style-type: none"> <li>▪ An invasive blood pressure is displayed in the parameter or curve field after the functional test is complete.</li> <li>▪ The displayed pressure curve shows scaling.</li> </ul>
<b>CPR Feedback</b>		
Function check of the CPR feedback	<ul style="list-style-type: none"> <li>▪ The selftest performed when selecting "Defib" ► "CPR test" (user level OPERATOR) only checks if the CPR module is functional.</li> <li>▪ To test the CPR function and the CPR sensor, select the manual mode of the defibrillator.</li> <li>▪ Connect the corPatch CPR sensor to the corPatch CPR intermediate cable leading to the patient box.</li> <li>▪ Move the CPR sensor up and down, approx. at compression rate.</li> <li>▪ If the CPR rate or -curve are not displayed in a parameter- or curve field, it is possible that the configuration has not been set. Assign the display to a parameter- or curve field.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The compression rate (CPR rate) is displayed in a parameter field.</li> <li>▪ The CPR curve is displayed in a curve field.</li> <li>▪ Speech- and text messages "Push harder", "Good compressions", and "Fully release" are played.</li> </ul>
<b>Memory card</b>		

<b>Monthly functional test (in addition to the daily check)</b>		
<b>Description</b>	<b>Measures by the user</b>	<b>Correct result</b>
Check the memory space on the Compact-Flash® card.	<ul style="list-style-type: none"> <li>▪ Check in the operation browser whether there is sufficient memory space for further missions.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A free memory space of at least 25% is indicated.</li> </ul>
<b>Alarm function test</b>		
Checking visual and auditory alarm signals.	<ul style="list-style-type: none"> <li>▪ Connects sensors for the parameter to be checked.</li> <li>▪ Change upper or lower alarm limits to provoke an alarm.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Visual and auditory alarm signals are issued.</li> </ul>

Table 10-4      Monthly functional test

## 10.3 Automatic Selftest

**Selftest** The corpuls3 performs a complete system check each time it is switched on. This internal automatic self test checks the system components.



If error messages appear during automatic self-test, these are displayed in the status-/alarm line and listed in the event history. These error messages can be confirmed by pressing the **Alarm** key.

## 10.4 Regular Maintenance Work

### 10.4.1 Technical Safety Check

Pursuant to § 11 MPBetreibV (Medical Device Operators' Ordinance, applicable to the Federal Republic of Germany), operators must ensure that their devices are subject to regular safety checks. Violations of this regulation may have consequences under penal law.

Pursuant to Sec. 11 para. 4 MPBetreibV, the technical safety checks are only considered as performed and consequently valid if performed by the manufacturer or by a specialist company according to the manufacturer's specifications.

The corpuls3 has to be subject to a safety check every 12 months. The scope of this check is based on the corresponding test regulation and checklist.

### 10.4.2 Metrological Check

Pursuant to § 14 MPBetreibV (Medical Device Operators' Ordinance, applicable to the Federal Republic of Germany), it is mandatory to perform metrological checks every 2 years on the non-invasive blood pressure (NIBP) and temperature measurement functions.

For all further measurement functions included in the corpuls3 (ECG, Oximetry, CO<sub>2</sub>, IBP), regular metrological checks are recommended.

If a malfunction is suspected, it is mandatory to perform metrological checks.

In states outside Germany, the national regulations or those based on EC directives concerning the scope and timely performance of metrological checks.



**Caution**

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Metrological checks may only be performed by authorised personnel with calibrated measuring devices, measurement standards and simulators.

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### 10.4.3 Repair and Service

Any inspection-, maintenance- and cleaning tasks other than those listed in chapter 10.2 Function checks, page 232 may only be performed by authorised technicians.



**Warning**

The defibrillator must not be opened. Internal components may carry high voltages. Failure to observe this may result in severe injuries or death.

If a fault is suspected, have the device checked by the authorised sales and service partner and, if necessary, repaired.

Repair and service may only be performed by authorised sales and service partners. If technical repairs are not performed by trained technicians instructed by the manufacturer, this may result in damage to the corpuls3 and loss of any claim under the warranty of GS Elektromedizinische Geräte G. Stemple GmbH.

To avoid transport damage when dispatching devices, care should be taken to ensure they are suitably packed. Ideally, the original packaging should be used. A packaging instruction is available from GS Elektromedizinische Geräte G. Stemple GmbH upon request.

### 10.5 Loading the printer paper

The printer paper has a marking in form of a red stripe at its edge indicating the end of the paper roll. It is recommended to load a new roll of paper as soon as this marking is visible.

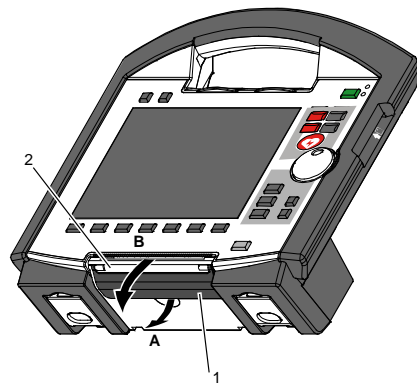


Fig. 10-1 Opening the printer flap

- 1 Locking lever
- 2 Printer flap

**Note**

To avoid damage to the printer flap, the monitoring unit, when disconnected from the defibrillator/pacer, should be placed on a flat surface to load the printer paper.

1. Pull the locking lever (item 1) of the printer flap slightly downwards to unlock (item A) the printer flap (item 2) and open it downwards (item B).

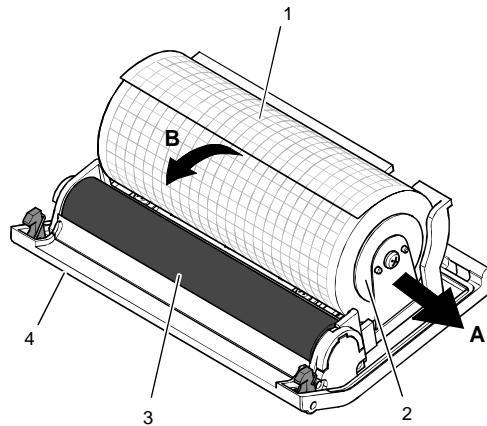


Fig. 10-2 Printer

- |   |                        |
|---|------------------------|
| 1 | Roll of paper          |
| 2 | Paper roll holder (2x) |
| 3 | Transport reel         |
| 4 | Printer flap           |

2. Push the paper roll holder on both sides slightly outwards (item A) to remove the roll of paper.
3. Insert a new roll of paper into the holder (item 2) so that the end of the paper has its printed side facing upwards and forwards.
4. Pull (item B) the paper forwards over the edge of the printer flap (item 4) and hold.
5. Pull the locking lever (item 1) of the printer flap slightly downwards, then swivel the printer flap upward and close the printer compartment.
6. Make sure that the locking hooks at the printer flap are firmly engaged on both sides.

**Note** Always tear off the paper upwards on the cutting edge to avoid paper jams or other printing problems.

**Note** Always close the printer flap with the locking lever pulled, otherwise there may be mechanical damage.



## 10.6 Replace battery

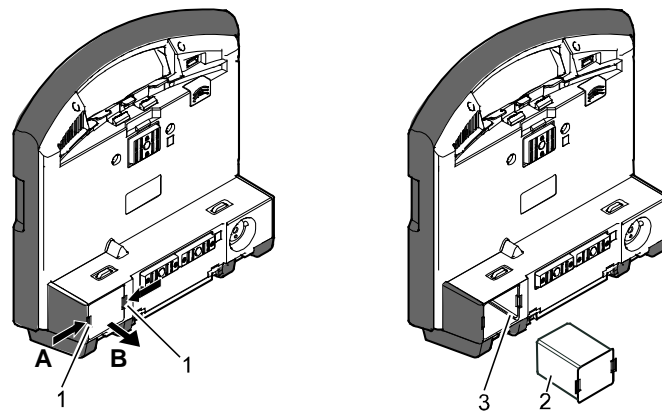


Fig. 10-3 Changing the battery (monitoring unit)

- 1 Locking clip
- 2 Battery
- 3 Connection coding

The battery of the patient box is located at the bottom of the housing.

The battery of the defibrillator/pacer is likewise located at the bottom of the housing. To replace the battery, it must be tilted rearwards as far as possible.

The battery of the defibrillator/pacer SLIM is located at the left side.

At all modules the batteries are replaced as follows:

1. Pinch together (item A) the two locking clips (item 1) on the battery (item 2) and pull out the battery (item B).
2. Insert a new battery in the opening until it is heard to click into place on both sides.
3. Make sure that the locking clips on both sides are firmly engaged.
4. Check if the battery is fully charged.

**Note** Due to a bevelled edge the battery can only be inserted in one way.

**Note** When a (new) battery is inserted in a module, this module can switch on automatically.

If the module cannot be switched on after changing the battery, remove battery and after waiting approx. 20 seconds, insert again.

**Note** For changing the battery on the patient box first switch it off and then change the battery within approx. 30 seconds. Under certain circumstances, the set time/date may be lost.

## 10.7 Cleaning, Disinfection and Sterilisation

After every application or use, all used components must be cleaned and disinfected. The respective accepted standards of hygiene for handling and disinfecting equipment contaminated with bodily fluids must be observed. The locally valid regulations for disposal of infectious waste and material contaminated with bodily fluids must be observed.



Caution

#### Damage caused by wrong cleaning and disinfection!

Can impair the functions of the corpuls3 and the accessories or lead to damage to the material (formation of fissures, material fatigue).

- To remove dirt or stains use clean cloths or soft brushes exclusively.
- Only use cleaning- and disinfecting agents recommended by the manufacturer or other cleaning and disinfecting agents with equivalent substance groups.
- Take notice of possibly deviating application instructions of the manufacturer of the cleaning and disinfecting agents.
- **Never** immerse the modules of the corpuls3 and accessories in cleaning/disinfection liquids, only apply on the surface.
- Do not let fluids penetrate into the plug connections.
- Do not clean/disinfect the modules of the corpuls3 and accessories by machine and do not sterilise them in an autoclave, under pressure or with gas.



Caution

#### Cancellation of the cleaning/disinfection effect

**Never mix** different cleaning-/disinfection agents, because there can be interactions between the substances that can cancel out their cleaning/disinfection effects.

Rinse with clear water between the application of different cleaning or disinfecting liquids.



Caution

#### Damage due to use of wrong disinfection agents!

Can impair the functions of the corpuls3 and the accessories or lead to damage to the material (formation of fissures, material fatigue). Do not use disinfectants based on the following active ingredients:

- Alkyl amine compounds.
- Phenolic compounds.
- Halogen-releasing compounds.
- Strong organic acids.

## 10.7.1 Recommended Cleaning- and Disinfecting Agents

The following disinfectants of PAUL HARTMANN AG (Bode Chemie) have been tested by the manufacturer and are recommended for effectiveness and material compatibility:

Disinfectants	Active ingredients	Maximum concentration (% w/w)
Mikrobac Virucidal Tissues	Benzalkonium chloride aliphatic amines fatty alcohol polyglycoether	0.25 (mixed concentration)
Bacillol 30 Foam	Propanol Alkylamine propylglycine Ethanol Propan-2-ol	$\geq 3$ - $< 10$ $\geq 0.25$ - $< 1$ $\geq 10$ - $< 20$ $\geq 10$ - $\leq 20$
Dismozon plus	Peroxides (Oxygen based)	3.2 (Mixed concentration)
Kohrsolin FF	Alcohols Ammonium chlorides Polyglycol ether	3 (Mixed concentration)
Microbac Forte	Amines	4 (Mixed concentration)

Table 10-5 Disinfectants, active ingredients with concentration

**Note** When using other disinfectants, make sure those belong to the same group of active substances.

## 10.7.2 Monitoring Unit, Patient Box and Defibrillator/Pacer



### Warning

#### Cleaning/ disinfecting the corpuls3

#### Risk of electrical shock

Switch off the modules and disconnect from power supply before cleaning.

1. Separate the compact device into the three modules.
2. Unplug all the cables on the patient box.
3. Remove the patient box from the accessory bag.
4. Disconnect the shock paddles from the therapy master cable and remove from the defibrillator holders.
5. Cleaning the corpuls3:  
Wipe off visible and coarse dirt from the outer surfaces of the three modules with a moist disposable tissue.  
Disinfecting the corpuls3:  
Clean all surfaces with a disposable tissue soaked in disinfection agent.  
Disinfect all surfaces with an appropriate disinfectant.  
Comply with the contact time of the disinfection agent as indicated by the manufacturer and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.
6. Wipe the infrared interfaces of the monitoring unit with a cloth (see Fig. 10-4, item 1 and item 2).

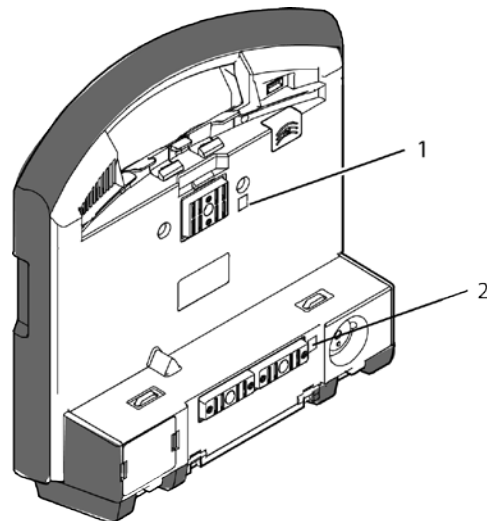


Fig. 10-4 Monitoring unit, infrared interfaces

- 1 Infrared interface
- 2 Infrared interface

7. Wipe the infrared interface of the patient box with a cloth (see Fig. 10-5, item 1).

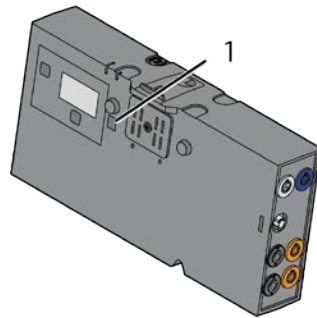


Fig. 10-5 Patient box, infrared interface

1 Infrared interface

8. Wipe the infrared interface of the defibrillator/pacer with a cloth (see Fig. 10-6, item 1).

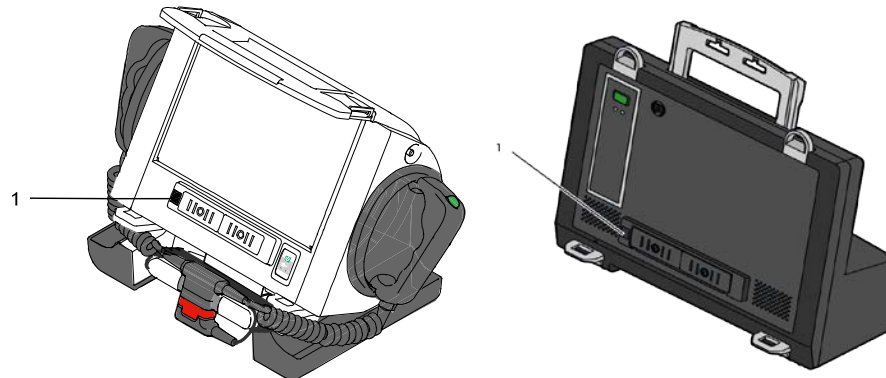


Fig. 10-6 Defibrillator/Pacer, infrared interface

1 Infrared interface

### 10.7.3 Shock paddles

#### Cleaning

1. Clean the cable, shock paddle handles and the electrode surface with soap solution.

Make sure that

- no residual electrode gel remains on the electrode plates or between the electrode plates and the paddle handles;
  - the electrode surface is not scratched;
  - no moisture penetrates into the plug interfaces.
2. Dry the plug connection thoroughly.

#### Disinfection

Disinfect the electrode plates of the shock paddles with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.



**Warning**

Do not immerse the shock paddles in liquid.

## 10.7.4 Baby shock electrodes

**Cleaning** 1. Clean the cable and the electrode surface with soap solution.

Make sure that

- no residual electrode gel remains;
  - the electrode surface is not scratched;
  - no moisture penetrates into the plug interfaces.
2. Dry the plug connection thoroughly.
  3. keep contact springs clean.

**Disinfection** Disinfect the electrode plates of the shock paddles with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.



**Warning**

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Do not immerse the baby shock electrodes in liquid.

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## 10.7.5 Therapy master cable

**Cleaning** 1. Clean the therapy master cable with soap solution.

Prevent moisture entering the plug connector.

2. Dry the plug connection thoroughly.

**Disinfection** Disinfect the therapy master cable with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.

## 10.7.6 Cable for monitoring functions

**Cleaning** 1. Clean the following cables with soap solution:

- ECG monitoring cable
- Complementary ECG diagnostic cable
- corPatch CPR intermediate cable
- CO<sub>2</sub> intermediate cable
- Oximetry intermediate cable

2. Prevent moisture entering the plug connectors.

3. Dry the plug connections thoroughly.

**Disinfection** Disinfect the indicated cables with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.

### 10.7.7 Oximetry sensor



**Caution**

Do not immerse oximetry sensors and cables in liquids.

No liquid must enter the sensor components or plugs.

#### Cleaning

Read and follow the operating instructions from the Masimo company enclosed with the oximetry sensors.

#### Disinfection

1. Disinfect the oximetry sensors and oximetry cables with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely.
2. Let dry the oximetry sensors and oximetry cables thoroughly. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.

### 10.7.8 CO<sub>2</sub> sensor



**Caution**

**Never** apply liquid directly to the sensors.

#### Cleaning

1. Moisten a soft cloth with an alcohol-based cleaning solution.
2. Wipe the surface with the cloth.

#### Note

Avoid scratches on the surface of the CO<sub>2</sub> sensors. Measurement can be impaired and/or rendered impossible by a scratched surface.

### 10.7.9 NIBP Cuffs and connecting hose

#### Cleaning

Clean the connecting hose and NIBP cuff with soap solution.

#### Disinfection

Disinfect the NIBP cuffs with a disposable wipe soaked in disinfectant. Disinfect all surfaces with an appropriate disinfectant. Observe the application time of the disinfectant in accordance with the manufacturer's instructions and let dry completely. To remove any disinfectant residues, wipe with a soft cloth soaked in clean water and then allow to dry.



**Caution**

Make sure no (disinfecting) liquid from the connecting hose reaches the NIBP socket at the patient box.

### 10.7.10 IBP transducer cable

#### Cleaning Disinfection Sterilisation

Read and follow the manufacturer's operating instructions enclosed with the IBP transducer.

### 10.7.11 Temperature sensor

**Cleaning  
Disinfection  
Sterilisation**

Read and follow the operating instructions from the YSI company enclosed with the temperature sensor.

### 10.7.12 Accessory Bag, Carrying Strap and Backpack Carrying Strap

**Cleaning and  
Disinfection**

Clean the accessory bag, carrying strap or backpack carrying strap with a medium brush and soap or tarpaulin cleaner. Put in a disinfectant solution. Subsequently wash the accessory bag, carrying strap or backpack carrying strap in the washing machine (30 °C) using a laundry net and (liquid) detergent for delicates. Do not use the spin cycle. If possible, allow to air dry completely. Treat with impregnating spray. If necessary, treat the zippers with dry-film lubricant (silicone spray).

### 10.7.13 Charging brackets and MagCode connectors

**Cleaning**

If the two metal contacts in the contact field are oxidised (black), the device can no longer be charged. Clean the contact fields of the MagCode connectors (at the charging brackets, the AC adapter cable or at the DC connector cable) with a glass fibre brush.

## 10.8 Approved Accessories, Spare Parts and Consumables

The current list can be found at [www.corpuls.world/en/service/approved-accessories.html](http://www.corpuls.world/en/service/approved-accessories.html). For further information, consultancy and sales, please contact your authorised sales and service partner.



**Warning**

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Defibrillation protection for patients, user and third parties **cannot** be guaranteed, if accessories other than those authorised by the manufacturer are used.

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**Caution**

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Using accessories that are not approved by the manufacturer can result in increased electromagnetic emissions or reduced electromagnetic immunity of the device and lead to faulty operation.

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## 11 Procedure in Case of Malfunctions

### 11.1 Device alarms

The following table lists all alarms of the device with their priority and describes the cause of the malfunction as well as how to eliminate it. If these remedies should, against expectations, not be effective the device may be defective. Contact authorised sales and service partners.

Alarm message	Priority	Explanation/Measure
[X] sensor loose T[X] sensor loose	Technical patient alarm Medium priority	"X" stands for a temperature channel from 1 to 2. The sensor indicated has come loose from the measuring site at the body or from the intermediate cable. Check the sensor and reconnect if necessary. Measured temperatures of below 12°C may also trigger this alarm.
Abnormal ECG	Technical patient alarm High priority	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects the presence of the Wolff-Parkinson-White (WPW) syndrome, of intraventricular excitation propagation disorders, of an implanted pacer, of QRS intervals longer than 120 ms or of a left bundle branch block in the ECG.
Battery low Battery low	System alarm High priority	The state of charge of the battery is less than 20 % of the total charge of the module. Connect the respective module to a power supply as soon as possible.
Battery temperature high Battery temp. high	System alarm Medium priority	The battery charging process lead to a great increase of temperature inside the battery (> 60°C). The corpuls3 or the respective module was possibly exposed to high temperatures. See appendix E Technical Specifications, page 308. Interrupt charging process by disconnecting the corpuls3 from the mains power or from charger. If necessary, let the corpuls3 cool down or bring device to a cooler environment. Contact authorised sales and service partners, if necessary.
Bluetooth connect. failed BT conn. fail.	System alarm Medium priority	The connection attempt to another device via Bluetooth interface failed.
CF card almost full CF almost full	System alarm Low priority	The current capacity of the memory card (CompactFlash® card) amounts to less than 20% of the memory capacity or the number of missions is more than 999. Remove the memory card (CompactFlash® card) and save the contents on another storage medium (e. g. PC). Delete the data at regular intervals once they are no longer required. If the CF card is full, the mission data are no longer recorded.



Alarm message	Priority	Explanation/Measure
CF card error CF card error	System alarm Low priority	The memory card (CompactFlash® card) is not correctly formatted. Remove the memory card and back up the contents on other storage media (e. g. PC). Format according to chapter 8.3 Handling Data, page 200. The memory card (CompactFlash® card) is faulty. The mission data of the current or of future missions are no longer recorded.
CF card full CF card full	System alarm Low priority	Remove the memory card (CompactFlash® card) and save the contents on another storage medium (e. g. PC). Delete the data at regular intervals once they are no longer required. The mission data of the current or of future missions are no longer recorded.
CF card missing CF card missing	System alarm Low priority	The memory card (CompactFlash® card) is not correctly inserted in the drawer of the patient box. The memory card (CompactFlash® card) is missing. The mission data of the current or of future missions are no longer recorded.
Check 4-pole ECG cable Check 4-pole cable	System alarm Medium priority	The 4-pole ECG monitoring cable is not connected correctly or the cable is defective. Check the respective cable and reconnect if necessary.
Check 6-pole ECG cable Check 6-pole cable	System alarm Medium priority	The 6-pole ECG cable is not connected correctly or the cable is defective. Check the respective cable and reconnect if necessary.
Check battery Check battery	System alarm Medium priority	The battery has to be checked as soon as possible and replaced, if necessary. Contact authorised sales and service partners.
Check corpuls cpr	System alarm Medium priority	The corpuls3 has sent a command to the corpuls cpr and not received an answer via Bluetooth from the corpuls cpr after 3 s. The locking lever at the corpuls cpr is still open. Close the locking lever so the therapy can be started. General device check.
Check pacer	System alarm High priority	The pacer is stimulating, but there is no connection between the monitoring unit and the defibrillator/pacer. The wireless communication between the patient box and the monitoring unit/defibrillator has been interrupted or could not be established: Make sure that the distance between the modules is not more than 10 m and that no barriers are compromising the radio connection. Use corpuls3 as a compact device if necessary. Communication in the connected state between the patient box and monitoring unit/defibrillator is cut off or could not be established: Check if one of the two infrared interfaces is covered or dirty. If necessary, use corpuls3 with radio connection. If necessary, contact your authorised sales and service partner.

Alarm message	Priority	Explanation/Measure
Check plug therapy cable	System alarm High priority	The connectors of the therapy master cable and the therapy electrodes have been connected while turned the wrong way by 180 degrees and have to be checked for damage. If no damage is visible, connect the electrode plug again to the therapy master cable, oriented correctly. If the alarm message persists or damage is visible, the corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
Check printer paper	System alarm Medium priority	Open the paper flap. Check if the roll of paper in the printer is used up (marking is visible) and insert a new roll of paper. If there is a paper jam, pull the paper wound around the paper roller carefully off the roller with both hands. Close the paper flap and tear off the paper upwards on the cutting edge.
CO <sub>2</sub> < [NUMBER] mmHg CO <sub>2</sub> > [NUMBER] mmHg CO <sub>2</sub> < [NUMBER] kPa CO <sub>2</sub> > [NUMBER] kPa	Physiological patient alarm Medium priority	The measured carbon dioxide level exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
CO <sub>2</sub> apnoea CO <sub>2</sub> apnoea	Technical patient alarm High priority	An apnoea has been detected. Check respiration.
CO <sub>2</sub> cable loose CO <sub>2</sub> cable loose	System alarm Medium priority	The cable indicated is not connected to the patient box. Check the respective cable and reconnect if necessary.
CO <sub>2</sub> sensor loose CO <sub>2</sub> sensor loose	System alarm High priority	The sensor indicated is not correctly connected or has come loose from the endotracheal tube adapter or its holder. Check the respective sensor and secure again if necessary.
Connect therapy electr.	System alarm High priority	Connect the corPatch electrodes or shock paddles to the therapy master cable of the corpuls3. If the alarm message persists, connect immediately the reserve corPatch electrodes.
Covert mode	High priority	This alarm message indicates that the device is in covert mode for stealth operations and that all acoustic and visual alarm signals have been disabled.
CPR cable loose CPR cable loose	System alarm Medium priority	The cable indicated is not connected to the patient box. Check the respective cable and reconnect if necessary.
CPR sensor activ. CPR sen. activ.	System alarm Medium priority	The sensor has been activated.
CPR sensor expired CPR sen. exp.	System alarm Medium priority	The sensor is expired and has to be exchanged with a new one.
CPR sensor loose CPR sensor loose	System alarm Medium priority	The sensor indicated has come loose from the intermediate cable. Check the sensor and reconnect if necessary.
CPR sensor not activ. CPR n. activ.	System alarm Medium priority	The sensor has not been activated. For correct use, the sensor has to be activated.

Alarm message	Priority	Explanation/Measure
CPR sensor-NOT F. PAT. USE CPR-NO PAT. USE	System alarm Medium priority	Using this sensor on a patient is prohibited. Contact authorised sales and service partners.
D-ECG transmission error	System alarm Low priority	The device is already sending a D-ECG to the server. The transmission of another D-ECG to the server has failed. corpuls.web LIVE cannot forward the D-ECG (no forwarding rule configured).
Def. Oxi adhes. sensor Def. Oxi adh. sen.	System alarm Medium priority	The adhesive sensor is defective or has expired. The sensor LED's have to be aligned directly over each other at the measuring site.
Defect. Oxi sensor Defect. Oxi sensor	System alarm Medium priority	The sensor is defect or not connected correctly. Disconnect sensor and connect again. If the sensor LED does not flash, the sensor has to be exchanged.
Defective IBP cable Defect. IBP cable	System alarm Medium priority	The IBP cable is not connected correctly or the cable is defective. Check the respective cable and reconnect if necessary.
Defective Oxi cable Defect. Oxi cable	System alarm Medium priority	The intermediate cable is defective or not connected correctly. Disconnect intermediate cable and connect again. If the sensor LED does not flash, the intermediate cable has to be exchanged.
Defib temperature high [X]	System alarm High priority	"X" stands for a failure number from 1 to 2. The defibrillator was very frequently charged within a short period. Avoid too frequent internal discharges.
Defibrillator alarm	System alarm High priority	The corpuls3 still functions correctly, but should however be checked by a service technician as soon as possible. Contact authorised sales and service partners.
Defibrillator failure (3)	System alarm High priority	Internal error. The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Defibrillator failure [X]	System alarm High priority	"X" stands for a failure number from 1 to 7. The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
ECG cable (4-pole) loose 4-pole cable loose	System alarm Medium priority	Check if the 4-pole ECG monitoring cable is connected correctly to the patient box.
ECG cable (6-pole) loose 6-pole cable loose	System alarm Medium priority	Check if the complementary 6-pole ECG diagnostic cable is connected correctly to the patient box.
ECG electrode [X] loose Electr. [X] loose	Technical patient alarm Medium priority	„X“ stands for a an electrode L/LA, F/LL, R/RA or N/RL. Connect the clip of the 4 pole ECG monitoring cable to the loose ECG electrode (see chapter 6.4.2 Preparing the Patient for a D-ECG, page 117). Check ECG electrodes. Make sure that all clips are correctly connected to the contacts and/or the ECG electrodes are perfectly placed on the patient's skin.

Alarm message	Priority	Explanation/Measure
ECG electrode [X] loose Electr. [X] loose	Technical patient alarm Medium priority	"X" stands for a an electrode number from V1 to V6. Connect the clip of the 6 pole ECG monitoring cable to the loose ECG electrode (see chapter 6.4.2 Preparing the Patient for a D-ECG, page 117). Check ECG electrodes. Make sure that all clips are correctly connected to the contacts and/or the ECG electrodes are perfectly placed on the patient's skin.
ECG electrodes loose ECG electr. loose	Technical patient alarm Medium priority	More than one ECG electrode are not connected to the patient. Check ECG electrodes.
ECG failure (x) ECG failure [X]	System alarm High priority	"X" stands for a failure number from 2 to 5. The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Error CO2 module Error CO2 module	System alarm High priority	Check the CO <sub>2</sub> sensor. Measures according to need: attach CO <sub>2</sub> sensor to patient, attach CO <sub>2</sub> sensor to CO <sub>2</sub> adapter or put CO <sub>2</sub> sensor into its holder in the accessory bag. Remove foreign body on the surface of the CO <sub>2</sub> sensor if necessary. If the alarm message persists, the measuring option mentioned is faulty. Contact authorised sales and service partners.
Error CPR sensor Error CPR sen.	System alarm Medium priority	The sensor mentioned is faulty and has to be replaced. If necessary, contact your authorised sales and service partner.
Error CPR sensor/module Error CPR sen./mod.	System alarm Medium priority	Check the CPR sensor and the CPR intermediate cable and replace, if necessary. If the alarm message persists, the measuring option mentioned is faulty. Contact authorised sales and service partners.
Error ECG module Error ECG module	System alarm High priority	The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Error GSM module	System alarm Low priority	The GSM module is faulty. Contact authorised sales and service partners.
Error IBP module Error IBP module	System alarm Medium priority	The measuring option mentioned is faulty. Contact authorised sales and service partners.
Error insurance card	System alarm Low priority	The insurance card was not recognised/ could not be read. Take the insurance card out of the corpuls3 and check if it was inserted with the chip oriented towards the front. Only German, Austrian, Swiss and insurance cards and Belgian ID-cards are supported. The reading process may take up to 10 seconds.
Error NIBP hardware NIBP HW error	System alarm Medium priority	Wait up to 20 seconds. to start measurement. The softkeys are greyed out as long as the selection is not available. If the patient is not in a critical condition, restart the corpuls3. Check if the patient as a palpable pulse.
Error NIBP module Error NIBP module	System alarm Medium priority	If the patient is not in a critical condition, restart the corpuls3. Check if the patient as a palpable pulse. Perform manual measurement.

Alarm message	Priority	Explanation/Measure
Error T[X] Error T[X]	System alarm Medium priority	"X" stands for a temperature channel from 1 to 2. The measuring channel mentioned is defect. Contact authorised sales and service partners.
Error temperature module Error temp module	System alarm Medium priority	The measuring option mentioned is faulty. Contact authorised sales and service partners.
Failure HES data transmiss.	Low priority	Transmission of HES data has failed.
Fax connect. not possible	System alarm Low priority	Possibly a wrong fax number has been dialled. Repeat dialing.
Fax connection busy	System alarm Low priority	The fax machine of the recipient is busy. Try to repeat fax transmission at a later time.
Fax transmission failed	System alarm Low priority	Fax transmission was not successful. Repeat procedure. Contact authorised sales and service partners, if necessary.
GPRS authorisation failed	System alarm Low priority	No GPRS service available for this SIM card. Wrong APN configured or connection with the GSM network aborted. Repeat attempt to establish connection.
GPRS link error	System alarm Low priority	The APN is not configured or has not been saved. Configure APN anew and save configuration. Contact your mobile communications provider for the respective current APN.
GSM network not avail.	System alarm Low priority	The reception quality is too low. No connection to the mobile communications network can be established. If possible, select a location with better reception. If necessary, repeat procedure at a later time.
HR < [NUMBER]/min HR > [NUMBER]/min	Physiological patient alarm High priority	The measured heart rate exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
HW conflict [MODULE]	System alarm Low priority	"MODULE" stands for either the monitoring unit, patient box or defibrillator/pacer. The radio connection authorisation (Pairing) has failed. Due to different hardware versions the modules used can only be used as compact device with an ad-hoc connection. If necessary, contact your authorised sales and service partner.
IBP calibration error IBP calibr. error	System alarm Medium priority	The calibration of the invasive pressure channel has failed. Repeat calibration.
IBP P[X] cable loose [X] cable loose	System alarm Medium priority	"X" stands for an IBP sensor P1 to P4. The cable indicated is not connected to the patient box while the device tries to calibrate the respective pressure channel. Check the respective cable and reconnect if necessary.

Alarm message	Priority	Explanation/Measure
IBP P[X] sensor loose [X] sensor loose	Technical patient alarm Medium priority	"X" stands for an IBP sensor P1 to P4. The sensor indicated is not correctly connected to the transducer system or intermediate cable. The sensor is being calibrated. Check the respective sensor and secure again if necessary.
Insurance card reader n. a.	System alarm Low priority	The insurance card reader could not be initialised. If the patient's condition is not critical, re-start the corpuls3. If the alarm message persists, contact authorised sales and service partners.
Invalid Oxi adhes. sensor Inv. Oxi adh. sen.	System alarm Medium priority	A wrong adhesive sensor is used or the adhesive sensor is defective or has expired. The sensor has to be replaced by a correct one. The sensor LED's have to be aligned directly over each other at the measuring site.
Invalid Oxi cable Invalid Oxi cable	System alarm Medium priority	A wrong intermediate cable is used or the intermediate cable is defective or has expired. The intermediate cable has to be replaced by a correct one or a new one.
Invalid Oxi sensor Inval. Oxi sensor	System alarm Medium priority	A wrong sensor is used or the sensor is defective or has expired. The sensor has to be replaced by a correct one.
Invalid user settings Inval. settings	System alarm Medium priority	The loaded settings do not correspond to the imported settings. The corpuls3 uses factory settings.
Low confidence [X] Low conf. [X]	Technical patient alarm Low priority	"X" stands for the vital parameters PI, PR, SpCO, SpHb, SpMet or SpO <sub>2</sub> . PI measurement is not possible. Make sure that the correct sensor is used. Check if the sensor is functional. If necessary, replace sensor.
Low perfusion [X] Low perf. [X]	Technical patient alarm Low priority	"X" stands for the vital parameters SpCO, SpHb or SpMet. The measured signal is too weak. Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Select another measurement site.
Module restarts Module restarts	System alarm High priority	Alarm message shown on the screen of the monitoring unit or patient box. The respective module restarts due to a software error.
New webMessage	System alarm Low priority	Message for the user that a webMessage concerning the current mission has been arrived (see chapter 9.6, page 229).
NIBP automeas. failed Auto-NIBP fail.	System alarm Medium priority	Perform manual measurement. If the error persists, contact sales and service partner.
NIBP cuff overpressure NIBP cuff overpr.	System alarm Medium priority	Make sure that the patient does not lie on the hose or on the cuff. Make sure that the correct cuff size is used. Make sure that the hose is not bent or pinched. Make sure that the cuff is attached correctly.

Alarm message	Priority	Explanation/Measure
NIBP dia < [NUMBER] mmHg NIBP dia > [NUMBER] mmHg	Physiological patient alarm Medium priority	The measured diastolic blood pressure exceeds or falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
NIBP inflating impossible NIBP no inflation	System alarm Medium priority	Make sure that the hose is not bent or pinched. Make sure that the patient does not lie on the hose or on the cuff. Make sure that the cuff is attached correctly.
NIBP measurem. aborted NIBP meas abort.	System alarm Medium priority	Wait up to 20 secs. to start measurement. The softkeys are greyed out as long as the selection is not available. If the patient is not in a critical condition, restart the corpuls3. Check if the patient as a palpable pulse.
NIBP measurement failed NIBP meas failed	System alarm Medium priority	Check if the cuff hose is properly connected, the cuff hose is not bent, artefacts have occurred during measurement, the NIBP cuff was properly applied or another application error is present. Repeat measurement.
NIBP no signal NIBP no signal	Technical patient alarm Medium priority	Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Make sure that the cuff is attached correctly. Make sure that the correct cuff size is used. Apply the cuff directly at the arm.
NIBP noisy/erratic signal NIBP noisy sig.	Technical patient alarm Medium priority	Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Make sure that the cuff is attached correctly. Make sure that the correct cuff size is used. Apply the cuff directly at the arm.
NIBP not calibrated NIBP not calibr.	System alarm Medium priority	The measuring option mentioned is not calibrated. Contact authorised sales and service partners.
NIBP out of range NIBP out of range	Technical patient alarm Medium priority	The measured pressure cannot be displayed because it is beyond the range of the device.
NIBP pneumatic blockage NIBP pneum block	System alarm Medium priority	Make sure that the patient does not lie on the hose or on the cuff. Make sure that the correct cuff size is used. Make sure that the hose is not bent or pinched. Make sure that the cuff is attached correctly.
NIBP safety off NIBP safety off	System alarm Medium priority	Check the status of the patient. Try measurement again. Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Make sure that the cuff is attached correctly.

Alarm message	Priority	Explanation/Measure
NIBP sys < [NUMBER] mmHg NIBP sys > [NUMBER] mmHg	Physiological patient alarm Medium priority	The measured systolic blood pressure exceeds or falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
NIBP weak signal NIBP weak signal	Technical patient alarm Medium priority	Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Make sure that the cuff is attached correctly. Make sure that the correct cuff size is used. Apply the cuff directly at the arm.
No APN entered	System alarm Low priority	The APN is not configured or has not been saved. Configure APN anew and save configuration. Contact your mobile communications provider for the respective current APN.
No battery inserted No batt. inserted	System alarm High priority	The battery in the respective module is missing. Insert a battery and/or connect the modules together to be able to call on the energy reserves of the other modules if the corpuls3 is to be operated as a mobile device.
No conn. to Defib Defibrillator N/A	System alarm High priority	Check if the module is switched on. Wireless communication between the defibrillator and monitoring unit/patient box is cut off or could not be established. Make sure that the distance between the modules does not exceed 10 m and that no obstacles impair the connection. Use corpuls3 as a compact device if necessary. Communication in the connected state between the defibrillator and monitoring unit/patient box is cut off or could not be established. Check if one of the two infrared interfaces is covered or heavily soiled. If necessary, use corpuls3 with radio connection. If necessary, contact your authorised sales and service partner.
No conn. to Monitor Monitor N/A	System alarm High priority	Check if the module is switched on. Wireless communication between the defibrillator and monitoring unit/patient box is cut off or could not be established. Make sure that the distance between the modules does not exceed 10 m and that no obstacles impair the connection. Use corpuls3 as a compact device if necessary. Communication in the connected state between the defibrillator and monitoring unit/patient box is cut off or could not be established. Check if one of the two infrared interfaces is covered or heavily soiled.



Alarm message	Priority	Explanation/Measure
No conn. to P-Box	System alarm High priority	<p>Check if the module is switched on.</p> <p>Wireless communication between the defibrillator and monitoring unit/patient box is cut off or could not be established.</p> <p>Make sure that the distance between the modules does not exceed 10 m and that no obstacles impair the connection. Use corpuls3 as a compact device if necessary.</p> <p>Communication in the connected state between the defibrillator and monitoring unit/patient box is cut off or could not be established.</p> <p>Check if one of the two infrared interfaces is covered or heavily soiled.</p>
No connection [to DEVICE] BT conn. lost	System alarm Medium priority	<p>The connection to a Bluetooth device has been lost.</p> <p>"DEVICE" stands for an external device like e.g a ventilator, blood gas analysis device, corpuls1, corpuls cpr or any other device that can communicate with the corpuls3.</p> <p>Try to establish the connection again.</p>
No ECG cable	System alarm High priority	<p>The corpuls3 is in AED mode with the shock paddles connected and the 4 pole ECG monitoring cable is not connected to the patient box.</p> <p>Connect the 4-pole ECG monitoring cable.</p>
No ECG cable (Pacer)	System alarm High priority	<p>The pacer is stimulating in DEMAND mode, but there is no 4-pole ECG cable connected or individual ECG electrodes are loose.</p> <p>Check if the 4-pole ECG monitoring cable is connected correctly to the patient box.</p> <p>Check ECG electrodes.</p> <p>Make sure that all clips are correctly connected to the contacts and/or the ECG electrodes are perfectly placed on the patient's skin.</p>
No GSM PIN configured	System alarm Low priority	<p>The PIN belonging to the SIM card has not been configured.</p> <p>Configure the PIN.</p>
No Oxi adhesive sensor No Oxi adh. sen.	System alarm Medium priority	<p>The cable of the adhesive sensor is not connected or not connected correctly.</p> <p>The sensor LED's have to be aligned directly over each other at the measuring site.</p>
No Oxi sensor No Oxi sensor	System alarm Medium priority	<p>The sensor cable is not connected or not connected correctly.</p> <p>Disconnect sensor cable and connect again.</p> <p>If the sensor LED does not flash, the sensor has to be exchanged.</p>
No Oxi sensor	System alarm Low priority	<p>The SIM card is missing.</p> <p>The SIM card is not correctly inserted in the drawer of the monitoring unit.</p> <p>Insert the SIM card in the drawer in the monitoring unit.</p>
NSTEMI	Technical patient alarm High priority	<p>Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a "NSTEMI" in the ECG.</p> <p>Check the therapy suggestion printed on the D-ECG.</p>
NSTEMI possible	Technical patient alarm High priority	<p>Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a possible "NSTEMI" in the ECG.</p> <p>Check the therapy suggestion printed on the D-ECG.</p>
ONLY FOR TEST ONLY FOR TESTS	System alarm High priority	<p>The software of the module has been released only for test purposes. Using this module on a patient is prohibited.</p> <p>Contact authorised sales and service partners.</p>

Alarm message	Priority	Explanation/Measure
Oxi adhes. sensor expired Oxi adh. sen. exp.	System alarm Medium priority	The adhesive sensor is defective or expired and has to be exchanged with a new one. The sensor LED's have to be aligned directly over each other at the measuring site.
Oxi cable expired Oxi cable exp.	System alarm Medium priority	The intermediate cable is expired and has to be exchanged with a new one.
Oxi cable loose Oxi cable loose	System alarm Medium priority	The cable indicated is not connected to the patient box. Check the respective cable and reconnect if necessary.
Oxi failure (X) Oxi failure (X)	Technical patient alarm Medium priority	"X" stands for a failure number from 1 to 10. The measuring option mentioned is faulty. In this case contact your authorised sales and service partner.
Oxi sensor expired Oxi sensor exp.	System alarm Medium priority	The sensor is expired and has to be exchanged with a new one.
Oxi sensor loose Oxi sensor loose	Technical patient alarm Medium priority	The sensor indicated has come loose from the measuring site at the body or from the intermediate cable. Check the respective sensor and reconnect if necessary.
Oxi: Calibrating Oxi: Calibrating	System alarm Low priority	After attaching the sensor, the oximeter calibrates automatically. This process, indicated by an hourglass symbol in the upper right corner of the parameter field, can take up to 120 s for SpCO-, SpHb- and SpMet measurement.
Oxi: Check conn. to P-box Oxi: Check conn.	System alarm Medium priority	The sensor- or intermediate cable is not connected or not connected correctly. Disconnect sensor- or intermediate cable and connect again. If the sensor LED does not flash, the intermediate cable has to be exchanged.
Oxi: Demo tool Oxi: Demo tool	System alarm Medium priority	For demonstration purposes, a demo sensor has been connected. For measurement of patient data, the sensor has to be exchanged for a real sensor.
Oxi: Interference Oxi: Interference	Technical patient alarm Medium priority	Too strong ambient light on the patient (sensor). The light source has to be removed or reduced. Protect sensor from light. Attach sensor at another site.
Oxi: Low perfusion Oxi: Low perfusion	Technical patient alarm Medium priority	The measured signal is too weak. Make sure that the patient lies calmly during the measurement and that there is no commotion caused by the vehicle. Select another measurement site.
Oxi: SpO2 only mode Oxi: SpO2 only	System alarm Medium priority	If the calibration of the parameters SpCO, SpMet and SpHb is not possible, the corpuls3 switches to SpO <sub>2</sub> -only mode. By disconnecting and re-connecting the sensor at the measuring site, calibration is started anew.
P(X) < [NUMBER] mmHg P(X) > [NUMBER] mmHg	Physiological patient alarm High priority	"X" stands for the invasive pressure channel 1-4. The measured pressure exceeds or falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.

Alarm message	Priority	Explanation/Measure
Pacer circuit open	System alarm High priority	Make sure that all cables and connecting plugs are connected correctly. Make sure that the corPatch electrodes are placed correctly.
Pacer failure	System alarm High priority	The pacing therapy must be checked immediately. The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Pacer high impedance	Technical patient alarm High priority	The electrical resistance of the patient (impedance) is too high for the selected settings. An intensity for stimulation has been selected that cannot be reached with the impedance present. Make sure that the corPatch electrodes are tightly and completely attached to the patient's skin. In case of excessive hair on the patient, shave the required area on the skin. If necessary, use new corPatch electrodes. To perform a pacer therapy adequate for the patient, a higher stimulation intensity must be selected. Perform medical measures as needed.
Pacer short circuit	System alarm High priority	The corPatch electrodes must be placed at a sufficient distance to allow pacing. Make sure that the corPatch electrodes do <b>not</b> touch each other. Make sure that there is no conductive connection between the corPatch electrodes (e. g. wetness).
Pacing not possible	System alarm High priority	The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Pairing failed	System alarm Low priority	The connection authorisation (Pairing) has failed. For further information see chapter 3.2.1 Pairing (Connection Authorisation), page 12). Contact your authorised sales and service partner.
Phonebook update failed	System alarm Low priority	The memory location of the phonebook cannot be written on. If the memory location is the SIM card, check the SIM card. Older SIM cards that only support less than 20 phonebook entries should be replaced with newer ones. If the memory location is the corpuls3, contact your authorised sales and service partners.
Phonebook upload failed	System alarm Low priority	The phonebook source cannot be read. If the phone book source is the SIM card, check the SIM card. Older SIM cards that only support less than 20 phonebook entries should be replaced with newer ones. If the phonebook source is the corpuls3, contact your authorised sales and service partners.
PR < [NUMBER]/min PR > [NUMBER]/min	Physiological patient alarm High priority	The measured pulse rate exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.

Alarm message	Priority	Explanation/Measure
Printer paper jammed	System alarm Medium priority	The paper has become jammed during the printing process. Open the paper flap and remove the paper jam. To do this, pull the paper slowly and carefully forwards, close the paper flap and tear the paper off on the cutting edge. The printer speed is configured to 6.25 mm/sec and the marking indicating the end of the paper roll is visible.
Printer temp. too high Printer temp. high	System alarm Medium priority	The printing head is currently too hot and printing is not possible. Leave monitoring unit to cool down, if possible.
Printer voltage too low Printer volt. low	System alarm Medium priority	Alarm message shown on the screen of the monitoring unit and patient box. The battery charge of the monitoring unit is too low or the battery is missing, so that printing is currently not possible. Charge monitoring unit or insert into a charging bracket.
Printout aborted	System alarm Medium priority	The connection between monitoring unit and patient box was interrupted during the printing process. Reduce the distance between the modules or Connect modules mechanically.
Radio conn. N/A Radio conn. N/A	System alarm Low priority	A radio module is faulty. The corpuls3 can only be used as a compact device with an ad-hoc connection. Contact authorised sales and service partners.
Replace battery Replace battery	System alarm High priority	The battery has to be checked immediately and replaced, if necessary. The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Risk of overheating [X]	System alarm High priority	"X" stands for a failure number from 1 to 2. Defibrillation was performed on the test contacts (1= in the shock paddle holder) (2= in the cable socket) too frequently in succession. Avoid further defibrillations on the test contacts.
RR < [NUMBER]/min RR > [NUMBER]/min	Physiological patient alarm High priority	The measured respiration rate exceeds or falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
Selftest failed	System alarm High priority	The corpuls3 is possibly not functioning correctly and must not be used. Contact sales and service partners.
Server access denied	System alarm Low priority	The corpuls3 does not have the necessary license to connect to the server. User name and/or password are wrong or not known to the server.. Contact authorised sales and service partners.
Server connection error	System alarm Low priority	The connection to the server has been interrupted. The server cannot be reached. The server has refused the connection. The server has not responded in time to device request. The device has not responded in time to server request. The server is not able to receive D-ECG data. The server is not able to forward the D-ECG. Internal server error.

Alarm message	Priority	Explanation/Measure
Shock aborted	System alarm High priority	The shock could not be delivered. Check correct position of therapy electrode. Repeat shock delivery if necessary. The event is documented in the protocol. If the message persists, contact your authorised sales and service partners, there could be a hardware defect. In this case, the device has to be taken out of commission.
SIM card error	System alarm Low priority	The corpuls3 does not recognise the SIM card. Make sure that the SIM card is correctly inserted and not dirty.
SIM card locked	System alarm Low priority	If data transfer is repeated several times in spite of a wrong PIN, the SIM card will be locked. Data transfer will now no longer be possible even after entry of the correct PIN on corpuls3. Remove the SIM card from corpuls3 and replace with a clear card. A locked card can be unlocked in a mobile telephone by entering the PIN2/PUK/PUK2 ("super PIN") (PIN: Personal Identification Number; PUK: Personal Unblocking Key) If the SIM card cannot be unlocked, first contact your mobile communications provider and then, if necessary, your authorised sales and service partner.
SpCO < [NUMBER] % SpCO > [NUMBER] %	Physiological patient alarm Medium priority	The measured carbonmonoxide level exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
SpHb < [NUMBER] g/dl SpHb > [NUMBER] g/dl SpHb < [NUMBER] mmol/l SpHb > [NUMBER] mmol/l	Physiological patient alarm Medium priority	The measured haemoglobin level exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
SpMet < [NUMBER] % SpMet > [NUMBER] %	Physiological patient alarm Medium priority	The measured methaemoglobin level exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
SpO2 < [NUMBER] % SpO2 > [NUMBER] %	Physiological patient alarm Medium priority	The measured oxygen saturation exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
β-SW-NOT FOR PAT. USE β SW-NO PAT. USE	System alarm High priority	The software of the module is a beta version. Using this module on a patient is prohibited. This beta software has been released only for testing purposes, as the functions are implemented, but have not been tested completely. Contact authorised sales and service partners.
STEMI	Technical patient alarm High priority	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a "STEMI" in the ECG. Check the therapy suggestion printed on the D-ECG.
STEMI possible	Technical patient alarm High priority	<ul style="list-style-type: none"> <li>▪ Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a possible "STEMI" in the ECG.</li> <li>▪ Check the therapy suggestion printed on the D-ECG.</li> </ul>

Alarm message	Priority	Explanation/Measure
SW conflict [MODULE]	System alarm High priority	"MODULE" stands for either the monitoring unit, patient box or defibrillator/pacer. The connection authorisation (Pairing) has failed. Due to different software versions the modules cannot be connected. For further information see chapter 3.2.1 Pairing (Connection Authorisation), page 12). Contact authorised sales and service partners.
SYND CLK error SYND CLK error	System alarm High priority	The automatic synchronisation in manual defibrillation mode does not work. No shock can be released. Contact authorised sales and service partners.
SYND TEST error SYND TEST error	System alarm High priority	A hardware fault exists in the defibrillator. The corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
T(X) < [NUMBER] °C T(X) > [NUMBER] °C	Physiological patient alarm Medium priority	"X" stands for a temperature channel from 1 to 2. The measured temperature exceeds/falls below the upper/lower alarm limit. Check the patient's vital signs. Check alarm limit settings.
Ther. electr. detect. error	System alarm High priority	The therapy electrodes are not connected correctly to the therapy master cable. Check the connection of the plugs and adjust if necessary. Use replacement therapy electrodes (see also chapter 5.1.1 Types of Therapy Electrodes, page 68) If the message persists, contact authorised sales and service partners.
Therapy electrodes loose	Technical patient alarm High priority	Check all connections of the corPatch electrodes. Connect corPatch electrodes to the patient. Check contact of corPatch electrodes with skin. If necessary, re-connect all connections of the corPatch electrodes. If the alarm message persists, connect immediately the reserve corPatch electrodes.
Time/Date invalid Time/Date inv.	System alarm Low priority	The set time or the set date are invalid. Set the correct time/date.
VT/VF possible	Technical patient alarm High priority	There is possibly an arrhythmia in form of a ventricular tachycardia (VT) or a ventricular fibrillation (VF). Analyse the ECG or perform an ECG interpretation in the AED mode.
Wrong GSM PIN	System alarm Low priority	The PIN belonging to the SIM card is unknown to the corpuls3. The SIM card in the corpuls3 was possibly replaced. Data transmission must not be repeated, to avoid that the SIM card is locked. Contact the persons responsible for the device.
Wrong therapy electrodes	System alarm High priority	In AED mode, non-suitable therapy electrodes are connected to the therapy master cable. The corpuls3 is in pacer mode and the shock paddles are connected. Connect corPatch electrodes

Table 11-1 Alarm messages, alphabetical

## 11.2 Troubleshooting and Corrective Actions

The following table lists possible malfunctions and describes the cause of the malfunction as well as how to eliminate it. If these remedies should, against expectations, not be effective the device may be defective. Contact authorised sales and service partners.

Malfunction	Possible cause	Explanation/corrective action
The loudspeaker of the monitoring unit is too faint or inaudible.	The loudspeaker volume has been selected too low.	Set the volume to a readily audible value (see chapter 7.3 Alarm Configuration, page 172).
	The opening of the loudspeaker is dirty.	Clean the opening of the loudspeaker
The loudspeaker of the monitoring unit is buzzing in modular or semi-modular use.	The disconnection signal of the defibrillator/pacer unit is activated.	For information on the disconnection signal see chapter 7.4.4 Configuration of the Defibrillation Function (Persons Responsible for the Device), page 181.
The acoustic signal transmitter of the patient box is too faint or inaudible.	The acoustic signal transmitter volume has been selected too low.	Set the volume to a readily audible value (see chapter 7.3 Alarm Configuration, page 172).
	The opening of the acoustic signal transmitter is dirty.	Clean the opening of the acoustic signal transmitter.
The time is incorrectly displayed.	The time is not correctly set.	<ul style="list-style-type: none"> <li>▪ Set the time correctly (see chapter 7.1.1 General System Settings (User DEFAULT), page 155).</li> <li>▪ The permanent setting can only be made by user OPERATOR.</li> </ul>
The date is incorrectly displayed.	The date is not correctly set.	<ul style="list-style-type: none"> <li>▪ Correctly set the date (see chapter 7.1.1 General System Settings (User DEFAULT), page 155).</li> </ul>
Time/date invalid	A date before the release of the current software was entered.	<ul style="list-style-type: none"> <li>▪ Enter the date correctly (see chapter 7.4.2 General System Settings (Person responsible for the device), page 176)</li> </ul>
Functions such as D-ECG, LT-ECG and NIBP not available (greyed softkeys).	Internal error.	<ul style="list-style-type: none"> <li>▪ Switch off the corpuls3 and restart.</li> <li>▪ If the problem persists, contact your authorised sales and service partners.</li> </ul>
	Patient box and/or defibrillator/pacer are/is switched off.	<ul style="list-style-type: none"> <li>▪ Switch on patient box and/or defibrillator/pacer.</li> </ul>
LT-ECG not available	No CompactFlash® card is inserted.	Insert CompactFlash® card correctly.
	No original CompactFlash® card inserted.	Only use original corpuls3-CompactFlash® cards.
	The CompactFlash® card is full.	Delete the data on the CompactFlash® card and re-insert.
corpuls3 starts with a black screen and the headline "corpuls3 Software Update Mode"	The jog dial was pressed during switching on or is blocked.	<ul style="list-style-type: none"> <li>▪ Make sure that the jog dial can be turned and is not blocked.</li> <li>▪ Switch off the corpuls3 by pressing the <b>On/Off</b> key for at least 8 s and restart.</li> </ul>
Configuration export failed	The configuration was not saved.	<ul style="list-style-type: none"> <li>▪ The configuration has to be saved before exporting.</li> </ul>
Configuration import failed	The configuration file has been written with a different software version.	<ul style="list-style-type: none"> <li>▪ Contact sales and service partners.</li> </ul>

Table 11-2 General malfunctions

Malfunction	Possible cause	Explanation/corrective action
Error message "No connection to Defibrillator Unit "	The defibrillator/pacer is outside the radio range.	<ul style="list-style-type: none"> <li>▪ Check if the defibrillator module is switched on.</li> <li>▪ Reduce the distance between the modules or</li> <li>▪ Connect modules mechanically.</li> </ul>
	Foreign body in front of the infrared interface.	<ul style="list-style-type: none"> <li>▪ Check if foreign bodies are located in front of infrared interfaces on individual modules.</li> <li>▪ Remove foreign bodies.</li> <li>▪ If necessary, clean the infrared interfaces.</li> </ul>
The monitoring unit cannot be switched on (operation as a compact device).	Malfunction in the network connection. The <b>On/Off</b> key on the monitoring unit has been held down for longer than 8 s.	<ul style="list-style-type: none"> <li>▪ Disconnect the monitoring unit from the defibrillator/pacer and the patient box.</li> <li>▪ Check if the defibrillator/pacer and patient box are switched on.</li> <li>▪ Switch on the monitoring unit again by pressing the <b>On/Off</b> key.</li> </ul>
Modules cannot connect (operation as compact unit).	Foreign body in front of the infrared interface.	<ul style="list-style-type: none"> <li>▪ Check if foreign bodies are located in front of infrared interfaces on individual modules.</li> <li>▪ Remove foreign bodies.</li> <li>▪ If necessary, clean the infrared interfaces.</li> <li>▪ If necessary, use the corpuls3 with radio connection.</li> <li>▪ Contact sales and service partners.</li> </ul>
	Connection authorisation (Pairing) does not take place (message text "Pairing failed - Retry?")	<ul style="list-style-type: none"> <li>▪ Check if all modules are switched on.</li> <li>▪ Repeat pairing.</li> <li>▪ If the problem persists, contact your authorised sales and service partners.</li> </ul>
Radio connection range low. Operation of disconnected modules only possible at short range.	The radio unit in the patient box is shadowed by metallic or metallised objects, by people or body parts of the patient.	<ul style="list-style-type: none"> <li>▪ The antenna of the radio unit in the patient box is located at the top. If possible, choose a position that allows unimpeded view to the other modules.</li> <li>▪ Put patient box to an upright position or use appropriate bracket.</li> <li>▪ Remove metallic or metallised objects.</li> </ul>
	Possibly a technical defect.	<ul style="list-style-type: none"> <li>▪ Connect modules mechanically.</li> <li>▪ Contact sales and service partners.</li> </ul>

Table 11-3 Network malfunctions

Malfunction	Possible cause	Explanation/corrective action
No shock is triggered in spite of pressing the shock buttons on the shock paddles.	The shock paddle buttons were pressed too briefly.	<ul style="list-style-type: none"> <li>▪ Deliver shock again.</li> <li>▪ Hold the shock paddle buttons down for at least 1 second in manual defibrillation mode.</li> </ul>
	The shock paddles are faulty.	<ul style="list-style-type: none"> <li>▪ Replace the shock paddles, use corPatch electrodes in the meantime.</li> <li>▪ Contact sales and service partners.</li> </ul>
Charging the defibrillator takes too long.	State of charge of the battery is low.	<ul style="list-style-type: none"> <li>▪ Connect the defibrillator to an external power supply if possible.</li> <li>▪ Connect the defibrillator with the other modules to be able to access their energy reserve.</li> </ul>



Malfunction	Possible cause	Explanation/corrective action
Charging the defibrillator is not possible.	The surrounding temperature is too low (< -10 °C) and the conditions "battery charge > 70%" and "operation as compact device" are not met.	<ul style="list-style-type: none"> <li>▪ Keep the device sufficiently charged.</li> <li>▪ At low temperatures, use the therapeutic functions only when operated as compact device.</li> </ul>
It is not possible to trigger the shock via corPatch clip electrodes.	The corPatch clip electrodes are not properly connected.	Check the cable and plug interfaces.

Table 11-4 Malfunctions during defibrillation

Malfunction	Possible cause	Explanation/corrective action
Pacing via corPatch clip electrodes is not possible.	The corPatch clip electrodes are not properly connected.	Check the cable and plug interfaces.

Table 11-5 Malfunctions during stimulation (pacer)

Malfunction	Possible cause	Explanation/corrective action
The ECG recorded via the ECG electrodes is of poor quality.	The ECG electrodes used have passed the expiry date.	Only use ECG electrodes whose expiry date printed on the packaging has not passed.
	ECG electrodes from different manufacturers are used.	Only use ECG electrodes from the same manufacturer.
	The ECG electrodes are dried out.	<ul style="list-style-type: none"> <li>▪ Do not use ECG electrodes stored outside the packaging for a prolonged period or with the packaging open.</li> <li>▪ Do not use ECG electrodes exposed to the sun or excessive ambient temperatures for a prolonged period.</li> <li>▪ Read and follow the instructions for storage on the electrode packaging.</li> </ul>
	The contact between the ECG electrodes and the patient's skin is poor.	<ul style="list-style-type: none"> <li>▪ Check the contact of the electrodes on the patient's skin. In particular the green and the black electrode of the 4 pole ECG monitoring cable.</li> <li>▪ Remove excessive hair from the patient's skin.</li> <li>▪ Clean the sites for attaching the ECG electrodes to the skin with a substance containing alcohol.</li> <li>▪ Use new ECG electrodes.</li> </ul>
	The clip of the 4 pole ECG monitoring cable is not connected properly to the ECG electrodes.	Check the clip of the ECG cable connected to the ECG electrodes. In particular the green and the black electrode of the 4 pole ECG monitoring cable.
	In the environment are sources of electrical interference.	If possible, remove or switch off sources of electrical interference.
	ECG filter settings or mains filter not correct.	<p>Check the ECG filter setting for monitoring and diagnostic.</p> <p>Check the mains filter settings.</p>

Malfunction	Possible cause	Explanation/corrective action
The selected or more ECG curves are not displayed.	The contact between the ECG electrodes and the patient's skin is poor.	Check the contact of the electrodes on the patient's skin. Check in particular the ECG electrode of the curve affected.
	The clip of the ECG cable is not correctly connected to the ECG electrodes.	Connect the clip of the ECG cable to the ECG electrodes. Check in particular the ECG electrode of the curve affected.
	The ECG cable is not connected.	Plug the ECG cable into the appropriate socket (ECG-M or ECG-D).
	No signal data is received. The connection to the patient box is possibly cut off.	Check the connection status and reduce the distance between the monitoring unit and patient box or connect the modules mechanically, if necessary.
Only one single ECG curve is displayed.	The contact between the red/yellow ECG electrodes and the patient's skin is poor.	Check the contact of the electrodes on the patient's skin, in particular of the electrodes connected to the red and yellow clip of the ECG cable.
	The clip of the ECG cable is not connected properly to the red/yellow ECG electrodes.	Connect the clip of the ECG cable to the ECG electrodes. Check in particular the red and yellow clip of the ECG cable.
D-ECG printout is not legible	ECG recording impossible due to external interferences	Record the D-ECG again
HES analysis issues an error code	See Table 6-2, page 125	Record the D-ECG again
The QRS-/pulse tone is inaudible.	Acoustic reproduction of the QRS-/pulse tone is not enabled.	Press the left softkey [QRS] in monitoring mode.
	The loudspeaker of the monitoring unit is not enabled.	Activate the loudspeaker of the monitoring unit (see chapter 7.2.1 ECG Monitoring, page 166).
	The loudspeaker volume has been selected too low.	Set the volume to a readily audible value (see chapter 7.2.1 ECG Monitoring, page 166).
	The opening of the loudspeaker is dirty.	Clean the opening of the loudspeaker

Table 11-6 Malfunctions during ECG monitoring

Malfunction	Possible cause	Explanation/corrective action
<ul style="list-style-type: none"> <li>▪ The oximetry value is not displayed.</li> <li>▪ The pleth curve is not displayed.</li> <li>▪ The PR value is not displayed.</li> <li>▪ The oximetry values are imprecise.</li> <li>▪ The oximetry values appear implausible.</li> </ul>	The oximetry sensor is not correctly placed on the patient's body.	Position the oximetry sensor according to the indications in the operating instructions of the sensor manufacturer.
	The appropriate oximetry sensor is not used.	Use an oximetry sensor suitable for the patient's age and weight.
	The oximetry sensor is dirty.	Clean the oximetry sensor (see chapter 10.7.7 Oximetry sensor, page 248.).
	The measurement site on the patient is dirty or disturbed by other influences (fungal infection/nail polish).	<ul style="list-style-type: none"> <li>▪ Rotate the finger sensor by 90°.</li> <li>▪ Clean the measurement site (e. g. remove nail polish)</li> <li>▪ Choose another measurement site.</li> </ul>
	The oximetry intermediate cable is not connected to the patient box.	Make sure that the oximetry intermediate cable is connected to the "Oximetry" socket on the patient box.

Malfunction	Possible cause	Explanation/corrective action
	The oximetry sensor is not connected to the oximetry intermediate cable.	Make sure that the oximetry sensor is connected to the oximetry intermediate cable.
	M-LNCS needs a 15-pole intermediate cable.	Make sure that the oximetry sensor is compatible with the oximetry intermediate cable.
	No signal data is received. The connection to the patient box is possibly cut off.	Reduce the distance between the monitoring unit and the patient box.
	Strong ambient light disturbs the measurement (e. g. in case of strong sunshine, operating theatre lights with xenon light sources, in case of photodynamic therapy with bilirubin lamps, etc.)	Protect the oximetry sensor by using opaque material against ambient light.
	Physical movements by the patient interfere with the measurement.	Secure the oximetry sensor. Eliminate the cause on the patient's part if possible.
	Perfusion at the selected measurement site is poor.	Select another measurement site.
	The oximetry sensor is attached too tightly.	Loosen the oximetry sensor.
	Electromagnetic interferences interfere with the measurement (e. g. electrosurgical devices).	Operate the sensor at a distance from cables of electrosurgical devices if possible.
	The patient has dysfunctional haemoglobin.	Take measures according to medical indication.
	Intravascular pigments in the patient's blood interfere with the measurement (e. g. methylene blue).	Take measures according to medical indication.
	Venous pulsations interfere with the measurement.	Select another measurement site.
	The sensor is positioned on an extremity on which an inflated blood pressure cuff, an arterial catheter or an intravenous access is located.	<ul style="list-style-type: none"> <li>▪ Position the sensor on another extremity.</li> <li>▪ Select another measurement site.</li> </ul>
	The patient has hypotension, severe anaemia or hypothermia.	Take measures according to medical indication.
	The patient has a cardiac arrest or is in shock.	Take measures according to medical indication.

Table 11-7 Malfunctions during oximetry monitoring

Malfunction	Possible cause	Explanation/corrective action
NIBP monitoring cannot be started.	The connection to the patient box is possibly cut off.	<ul style="list-style-type: none"> <li>▪ Check, if the patient box is switched on.</li> <li>▪ Check the connection status of the modules and reduce the distance between the monitoring unit and the patient box if necessary.</li> <li>▪ When operating as compact device, check the infrared interfaces.</li> </ul>
	The NIBP cuff and/or the hose are possibly not correctly connected.	Check if the NIBP cuff and/or the hose are correctly connected. Apply the countermeasures required if necessary.
NIBP monitoring keeps being interrupted.	The NIBP cuff is possibly trapped and cannot be inflated.	Free the extremity involved, completely remove clothing and restart monitoring.
	Excessive movement at the extremity monitored leads to artefacts in the measurement.	Make sure that the extremity involved is in the resting position during monitoring.
The NIBP measurement values do not seem plausible.	Too large/too small NIBP cuffs are being used.	Use the correct NIBP cuff size.
The NIBP cuff cannot be completely inflated.	The NIBP cuff or the hose system are possibly damaged.	Use a new NIBP cuff.
	The connection between the NIBP cuff and the patient box is possibly cut off.	<ul style="list-style-type: none"> <li>▪ Check the connecting hose between the NIBP cuff and the patient box.</li> <li>▪ Replace the hose if necessary.</li> </ul>
The connecting hose of the NIBP cuff becomes loose from the patient box	The closure of the plug has not been closed properly	<ul style="list-style-type: none"> <li>▪ Check the plug closure</li> <li>▪ Exchange the plug if defective. Use a new connecting hose.</li> </ul>
	The closure opens when the connecting hose is moved	<ul style="list-style-type: none"> <li>▪ For those cases, a fixing ring is available as spare part. Contact your authorised sales and service partner.</li> </ul>

Table 11-8 Malfunctions during NIBP monitoring

Malfunction	Possible cause	Explanation/corrective action
<ul style="list-style-type: none"> <li>▪ The CO<sub>2</sub> value is not displayed.</li> <li>▪ The CO<sub>2</sub> curve is not displayed.</li> <li>▪ The RR value is not displayed.</li> </ul>	The CO <sub>2</sub> sensor is not correctly positioned on the airway adapter.	Position the CO <sub>2</sub> sensor according to the indications in the operating instructions of the manufacturer of the sensor and airway adapter.
	The CO <sub>2</sub> sensor and/or airway adapter is dirty.	Clean the CO <sub>2</sub> sensor and airway adapter (see chapter 10.7.8 CO <sub>2</sub> sensor, page 248).
	The CO <sub>2</sub> intermediate cable is not connected to the patient box.	Make sure that the CO <sub>2</sub> intermediate cable is connected to the "CO <sub>2</sub> " socket on the patient box.
	The CO <sub>2</sub> sensor is not connected to the CO <sub>2</sub> intermediate cable.	Make sure that the CO <sub>2</sub> sensor is connected to the CO <sub>2</sub> intermediate cable.
	No signal data is received. The connection to the patient box is possibly cut off.	<ul style="list-style-type: none"> <li>▪ Check, if the patient box is switched on.</li> <li>▪ Check the connection status and reduce the distance between the monitoring unit and the patient box if necessary.</li> <li>▪ When operating as compact device, check the infrared interfaces.</li> </ul>

Malfunction	Possible cause	Explanation/corrective action
The CO <sub>2</sub> curve is interrupted sporadically for a short time by a dashed line.	Self calibration of the CO <sub>2</sub> module	<ul style="list-style-type: none"> <li>▪ The CO<sub>2</sub> module performs a calibration. No measures necessary.</li> </ul>
The CO <sub>2</sub> curve appears to be cut off at the top.	The CO <sub>2</sub> value is greater than the configured scaling.	<ul style="list-style-type: none"> <li>▪ Set a wider scaling range.</li> </ul>
Expiratory CO <sub>2</sub> cannot be detected.	Nasal tube of the nasal adapter is obstructed.	<ul style="list-style-type: none"> <li>▪ When the nasal tube is obstructed with secretions, the sensor cannot detect the expiratory CO<sub>2</sub>.</li> <li>▪ Replace the nasal adapter with a new one.</li> </ul>
	Nasal tube is removed or not properly inserted in the nostril.	<ul style="list-style-type: none"> <li>▪ When the nasal tube is not properly inserted in the nostril, the sensor cannot detect the expiratory CO<sub>2</sub>.</li> <li>▪ Reattach the nasal adapter correctly.</li> </ul>
	A nasal adapter is used for a patient exhibiting oral breathing.	<ul style="list-style-type: none"> <li>▪ The nasal adapter cannot detect the orally expiratory CO<sub>2</sub>.</li> <li>▪ Use an other adapter.</li> </ul>
	The ambient light is too bright, thereby making measurement impossible.	<ul style="list-style-type: none"> <li>▪ Protect the CO<sub>2</sub> sensor against ambient light by using opaque material.</li> </ul>
Measured ETCO <sub>2</sub> value is inaccurate or unstable.	The sensor has just been attached to the patient.	<ul style="list-style-type: none"> <li>▪ Immediately after the attachment, the photo detector drifts due to the patient body temperature.</li> <li>▪ Wait for several minutes until the photo detector temperature stabilises.</li> </ul>
	Long time measurement in an extremely high humidity environment, such as humidified respiratory gas or simultaneous use of a nebuliser.	<ul style="list-style-type: none"> <li>▪ In an extremely high humidity environment, the transparent membranes inside the nasal adapter are exposed to water droplets in which the moisture of the respiratory gas has condensed. The transparent membranes may get damaged and lose its anti-fogging performance because of the water droplets. This may cause unstable and/or inaccurate measurement.</li> <li>▪ Periodically check the condition of the nasal adapter, and if necessary, replace the nasal adapter with a new one.</li> <li>▪ Be aware that the nasal adapter cannot be used for more than 24 hours.</li> </ul>
	Blood or mucus adheres to the transparent membranes of the nasal adapter.	<ul style="list-style-type: none"> <li>▪ Not enough infrared light is transmitted through the nasal adapter airway.</li> <li>▪ Replace the nasal adapter with a new one.</li> </ul>
	Window of the photo detector and light emitter are dirty.	<ul style="list-style-type: none"> <li>▪ Not enough infrared light is transmitted through the nasal adapter airway.</li> <li>▪ Clean the sensor according to the operator's manual (see chapter 10.7.8 CO<sub>2</sub> sensor, page 248).</li> </ul>
	Environmental temperature changes rapidly.	<ul style="list-style-type: none"> <li>▪ The output of the photo detector drifts due to the rapid temperature change.</li> <li>▪ Wait until the photo detector temperature stabilises.</li> </ul>
Measured ETCO <sub>2</sub> value is lower than the true value	Patient breathing is very rapid and/or irregular.	The measured value may be inaccurate because the patient respiration rate is beyond the sensor performance.

Malfunction	Possible cause	Explanation/corrective action																		
	CO <sub>2</sub> is mixed with the inspiration (e. g. when simultaneously using hyperventilation masks).	capONE measurement is based on the assumption of no CO <sub>2</sub> gas in inspiration (semi-quantitative method). Therefore, when CO <sub>2</sub> gas mixes in the inspiration, the measured value will be lower than the true value. If the inspiration contains e. g. 1 mmHg of CO <sub>2</sub> gas, the measured ETCO <sub>2</sub> value will be 10% less than the true value.																		
	Patient's ventilatory volume is extremely low.	<ul style="list-style-type: none"> <li>▪ Due to the dead space (1.2 ml), CO<sub>2</sub> may mix in the inspired air of patients with low ventilatory volume.</li> <li>▪ capONE measurement is based on the assumption of no CO<sub>2</sub> gas in inspiration (semi-quantitative method). Therefore, when CO<sub>2</sub> gas mixes in the inspiration, the measured value will be lower than the true value.</li> </ul>																		
	Measurement is performed in a low pressure environment without pressure compensation (e. g. at high altitude).	cap-ONE is affected by atmospheric pressure. For every 15 hPa decrease in pressure, the measured value is 1 mmHg lower than the true value.																		
Measured ETCO <sub>2</sub> value is higher than the true value.	Simultaneous use of an anaesthesia measuring instrument with volatile anaesthetic agents.	capONE is affected by volatile anaesthetic agents and produces a higher value than true value. The difference from the true value is as follows: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Gas</th> <th>Concentration</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>Halothane</td> <td>4%</td> <td>+1 mmHg</td> </tr> <tr> <td>Enflurane</td> <td>5%</td> <td>+1 mmHg</td> </tr> <tr> <td>Isoflurane</td> <td>5%</td> <td>+2 mmHg</td> </tr> <tr> <td>Sevoflurane</td> <td>6%</td> <td>+3 mmHg</td> </tr> <tr> <td>Desflurane</td> <td>24%</td> <td>+7 mmHg</td> </tr> </tbody> </table> Dry mixed gas with 5% (38 mmHg) CO <sub>2</sub> - and N <sub>2</sub> -balance, under 1 kPA	Gas	Concentration	Difference	Halothane	4%	+1 mmHg	Enflurane	5%	+1 mmHg	Isoflurane	5%	+2 mmHg	Sevoflurane	6%	+3 mmHg	Desflurane	24%	+7 mmHg
	Gas	Concentration	Difference																	
Halothane	4%	+1 mmHg																		
Enflurane	5%	+1 mmHg																		
Isoflurane	5%	+2 mmHg																		
Sevoflurane	6%	+3 mmHg																		
Desflurane	24%	+7 mmHg																		
N <sub>2</sub> O anaesthesia is used.	capONE is affected by N <sub>2</sub> O gas and produces a higher value than the true value.																			
Oral expiratory CO <sub>2</sub> is low or not detected even though the YG-121T or YG-122T nasal adapter is attached	Oral breath collector is too far from the lip.	<ul style="list-style-type: none"> <li>▪ The expiratory CO<sub>2</sub> cannot be effectively detected when the oral breath collector is too far from the patient's lip.</li> <li>▪ Adjust the angle of the oral breath collector and keep the oral breath collector no less than 1 cm from the lower lip.</li> </ul>																		
	cap-ONE is attached to a patient who has a deformed mouth and exhales CO <sub>2</sub> from the corner of the mouth.	The oral breath collector cannot accumulate sufficient expiratory CO <sub>2</sub> so the expiratory CO <sub>2</sub> may be low or not detected.																		
Sensor comes off easily with body movement.	Sensor is not properly attached to the patient as shown in the operator's manual.	<ul style="list-style-type: none"> <li>• Hook the sensor cables over both ears and slide the adjustment ring towards the patient's chin.</li> <li>• Attach the nasal adapter to the nose with the provided surgical tape.</li> </ul>																		
	Sensor cable cannot be hooked over the ears.	Attach the sensor cables to both cheeks (if possible, on the cheek bones) with the provided surgical tape.																		

Malfunction	Possible cause	Explanation/corrective action
	Surgical tape for fixing the nasal adapter cannot be attached on the nose.	Wrap the surgical tape around both sides of the cable near the nose, and attach the cable on the cheek bone with the surgical tape.
Distorted capnogram when using a nasal oxygen cannula.	Nasal oxygen cannula is inserted into the patient's nostrils.	Oxygen is directly administered into the patient's nostrils and expiratory CO <sub>2</sub> accumulates in the nasal tube which may distort the capnogram. Attach the nasal oxygen cannula as shown in the operator's manual.
	Oxygen flow rate is too high.	If the oxygen flow is too high it affects the expiratory CO <sub>2</sub> and distorts the capnogram, especially at the end of expiration at which the expired volume decreases. Set the oxygen flow rate lower than 5 l/min. if there is no contraindication from a medical point of view.
	Patient's ventilatory volume is extremely low.	The expiratory CO <sub>2</sub> is easily affected by oxygen and the capnogram may become inaccurate.
	A nasal oxygen cannula not authorised by Nihon-Kohden is used.	If oxygen is administered from an undesirable direction via a non-authorized O <sub>2</sub> cannula it may affect the expiratory CO <sub>2</sub> . Use an authorised nasal oxygen cannula (e. g. oxygen cannula "V923", Nihon-Kohden, P/N MKD-O <sub>2</sub> -capONE). ▪ For further authorised oxygen cannulae contact the manufacturer Nihon-Kohden ( <a href="http://www.nihonkohden.com">www.nihonkohden.com</a> ) or an corpuls sales and service partner.
Nasal oxygen cannula comes off easily	Nasal oxygen cannula is not attached to the patient.	The oxygen cannula must be attached with surgical tape for stable measurement.
	<ul style="list-style-type: none"> <li>▪ A nasal oxygen cannula not authorised by Nihon-Kohden is used.</li> <li>▪ The nasal oxygen cannula might not be firmly attached to the nasal adapter.</li> </ul>	Use an authorised nasal oxygen cannula (e. g. oxygen cannula "V923", Nihon-Kohden, P/N MKD-O <sub>2</sub> -capONE). For further authorised oxygen cannulae contact the manufacturer Nihon-Kohden ( <a href="http://www.nihonkohden.com">www.nihonkohden.com</a> ) or an corpuls sales and service partner.

Table 11-9 Malfunctions during CO<sub>2</sub> monitoring

Malfunction	Possible cause	Explanation/corrective action
The temperature value is not displayed.	The temperature sensor is not connected to the patient box.	Make sure that the plug of the temperature sensor is connected to one of the two sockets "Temp-1" or "Temp-2".
	No signal data is received. The connection to the patient box is possibly cut off.	Check the connection status and reduce the distance between the monitoring unit and the patient box if necessary. If this error occurs when operating as compact device, check the infrared interfaces. Contact authorised sales and service partners, if necessary.
The temperature value appears implausible.	The temperature sensor is faulty.	Replace the temperature sensor with a new one.

Table 11-10 Malfunctions during temperature monitoring

Malfunction	Possible cause	Explanation/corrective action
The invasive pressure values are not displayed. The invasive pressure curve is not displayed.	The pressure recorder (transducer) cable is not connected to the patient box.	Make sure that the cable of the pressure recorder is connected to one of the two sockets "P1 P2" or "P3 P4".
	No signal data is received. The connection to the patient box is possibly cut off.	Check the connection status and reduce the distance between the monitoring unit and the patient box if necessary.
	The pressure channel is not calibrated.	Calibrate the pressure channel.

Table 11-11 Malfunctions during IBP monitoring

Malfunction	Possible cause	Explanation/corrective action
No printout follows in spite of pressing the <b>Print</b> key.	The roll of paper in the printer is used up.	Insert a new roll.
	The paper has become jammed during the printing process.	Open the paper flap and pull the paper wound around the paper roller carefully off the roller with both hands. Close the paper flap and tear off the paper upwards on the cutting edge.
	The paper has become wound around the printer roller.	Open the paper flap and pull the paper wound around the paper roller carefully off the roller with both hands. Close the paper flap and tear off the paper upwards on the cutting edge.
	The paper is not correctly inserted.	Insert the paper correctly (see chapter 10.5, Fig. 10-2, page 242).
The printout is of poor quality.	The printing head is possibly dirty.	Clean the printing head carefully with an alcohol-impregnated cloth.
	The printer flap is not fully locked.	Firmly lock the printer flap on both sides (see chapter 10.5 Loading the printer paper, page 241).
	Other than original corpuls3 printer paper has been used.	To guarantee problem free functionality, only use original corpuls3 printer paper.
	The temperature of the surroundings is beyond the specified limits for the device (+5 °C to 50 °C)	The corpuls3 should not be exposed to extremely low or high temperatures for too long.
No event ECG is available on printing the protocol.	No CompactFlash® card is inserted.	Insert CompactFlash® card correctly. Only use original corpuls3-CompactFlash® cards.
	The CompactFlash® card is full.	Save the data on another data carrier and then delete the data on the CompactFlash® card and reinsert it.
	The CompactFlash® card cannot be read.	The CompactFlash® card is not formatted correctly or no original corpuls3 CompactFlash® card was used. Use a correctly formatted original corpuls3 CompactFlash® card.
	No original corpuls3 CompactFlash® card was used.	It is essential to use the original corpuls3 CompactFlash® cards for safety reasons.



Malfunction	Possible cause	Explanation/corrective action
When printing out the protocol, instead of parameter values there are question marks.	There are no minute mean values yet.	Print the protocol at a later point of time, if possible.
The printout contains 6 ECG curves of the DE-recording with a dashed line or dashed test signal.	The booting process of the corpuls3 is not yet finished.	Wait until the corpuls3 has booted completely.
The printer dispenses paper in an uncontrolled way.	The corpuls3 falsely assumes a paper jam.	Press the <b>Print</b> key again. If the paper dispensal cannot be stopped, open the printer flap or switch the device off and on again.
The printer flap has come loose from its lock.	Excessive use of strength when opening the printer flap.	Check if there is visible damage to the printer flap, printer roll or the hinges.
	The corpuls3 has been dropped with the printer flap open.	If there is no visible damage, position the corpuls3 on its side and let the printer flap click into place in its guide rails carefully. If the problem persists, contact your authorised sales and service partners.

Table 11-12 Printer malfunctions

Malfunction	Possible cause	Explanation/corrective action
corpuls3 cannot be switched on.	There is no connection to the power supply.	Connect the mains charger. For operation as compact device insert at least one charged battery.
	The patient box or defibrillator is already switched on.	Separate corpuls3 into its three modules and check whether the patient box or the defibrillator are switched on (see Status LEDs, page 36). If this is not the case, switch on the remaining devices individually.
The defibrillator/ pacer, monitoring unit, patient box cannot be switched on.	There is no connection to the power supply.	Connect the mains charger.
	No batteries are inserted or the batteries are flat.	For operation as compact device insert at least one charged battery.
Charging is not possible in spite of mechanical connection of the magnetic clip.	A foreign body is present on the magnetic contact surface (e. g. a paperclip).	Remove the foreign bodies from the contact surfaces.
The battery discharges very rapidly.	The battery shows signs of wear.	Replace the battery if necessary. If the module cannot be switched on after changing the battery, remove battery and after waiting approx. 20 seconds, insert again.

Table 11-13 Malfunctions in energy management

## 11.3 Notifications Message Line and Information in the Protocol

The notifications marked by '-' do not require further explanation, as they are self-explanatory. The measure to be taken is to follow the instruction given in the notification. The following notification texts can be shown on the display and/or are printed out in the protocol (in alphabetical order\*):

Notification in the message line and information in the protocol	Explanation/Measure
(W)LAN got IP [NUMBER]	Event in the protocol indicating that an IP address has been assigned to the connection.
... in progress ...	Message in the message line indicating that formatting the CF card or import or export of device configurations currently running.
[MODULE] powered on	Event in the protocol, recording the switching on of the patient box, the monitoring unit or the defibrillator/pacer.
[TEXT] marked as ([TEXT])	--
[TEXT] marker removed	--
[TEXT] user is forbidden in Demo mode	Message in the message line indicating that in demo-mode can only be run when the user is logged in at "OPERATOR" level. To log in as "DEFAULT" user when the demo-mode is running, the device has to be switched off and rebooted.
[TEXT]: Checking files	"TEXT" stands for the Mission ID
[VITAL PARAMETER] --	Event in the protocol, recording that for the vital parameter no value has yet been measured.
[VITAL PARAMETER] ?	Event in the protocol, recording that the vital parameters could not be documented.
[VITAL PARAMETER] [NUMBER] !	Event in the protocol, recording that the issued vital parameter has exceeded or fallen below an alarm limit.
[VITAL PARAMETER] [NUMBER] ?	Event in the protocol, recording that the issued vital parameter is not reliable.
[VITAL PARAMETER] [NUMBER] ?!	Event in the protocol, recording that the issued vital parameter is not reliable but also has exceeded or fallen below an alarm limit.
Abnormal ECG	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects the presence of the Wolff-Parkinson-White (WPW) syndrome, of intraventricular excitation propagation disorders, of an implanted pacer, of QRS intervals longer than 120 ms or of a left bundle branch block in the ECG.
Ad-hoc connection [MODULE]	The Ad-hoc connection with the patient box or the defibrillator/pacer has been established.
Ad-hoc mode -Upload not possible	Message in the message line indicating that the mission(s) recorded on the CF card cannot be uploaded, because the modules of the corpuls3 have no connection authorisation (Pairing).
Alarm end;([TEXT])	Event in the protocol, recording that the alarm mentioned has ended.
Alarm suspension activated	--
Alarm suspension deactiv.	--
All locked	Indicates that the touchscreen and the keys are locked.
All unlocked	Indicates that the touchscreen and the keys are unlocked.
Already in phone book	--
Analysing heart rhythm	--

Notification in the message line and information in the protocol	Explanation/Measure
Assess heart rhythm	Spoken instruction and message in the message line after one resuscitation cycle.
BT connected: [DEVICE]	Message in the message line after the connection to another Bluetooth® device has been interrupted. "DEVICE" stands for a ventilator (e. g. Weinmann Medumat Transport) or another input device (e. g. a tablet PC).
BT connected: [DEVICE]	Message in the message line after the connection to another Bluetooth® device has been established. "DEVICE" stands for a ventilator (e. g. Weinmann Medumat Transport) or another input device (e. g. a tablet PC).
BT connection failed	Message in the message line after the connection to another Bluetooth® device has failed. Check the Bluetooth® connections.
BT connection not possible	Spoken instruction and message in the message line indicating that there is already a Bluetooth connection to a corpuls cpr. To connect to a different corpuls cpr, disconnect the existing connection and establish a new connection.
Calibration P[NUMBER] in progress	Message in the message line indicating that the indicated IBP channel is being calibrated.
Calibration P[NUMBER] successful	Message in the message line indicating that the calibration of the indicated IBP channel has been successful.
Cancel Last	Last entry in the event list. If this event is selected and confirmed with the jog dial, a time stamp is saved and the event "Event recorded" appears in the mission protocol.
Can't read data...	Message in the curve area in Trend mode indicating that data cannot be read.
CF card currently not available	Currently no data can be saved on or read from the CompactFlash® card. Check if a CompactFlash® card is inserted. In modular operation: reduce the distance between the monitoring unit and the patient box, if necessary. Connect the modules, if necessary.
Charging	Message in the message line that the defibrillator is being charged. Wait until the charging process is finished and the defibrillator signals readiness to shock by issuing the ready-signal.
Charging not possible	A technical error occurred. The temperature of the charging generator has exceeded a limit value due to several discharges. Leave the corpuls3 to cool down. If the problem persists, contact your authorised sales and service partners.
Check defibrillator settings	--
Check energy settings of defibrillator	--

Notification in the message line and information in the protocol	Explanation/Measure
Check modules	<p>If there is no connection between the monitoring unit and the patient box and/or the defibrillator/pacer at the time of switch-off or if there is a timing problem between the modules, this is communicated to the user by a message on the display.</p> <p>In this case, separate the modules and check whether all modules have been shut down. If this is not so, switch off the still running modules via the respective <b>On/Off</b> key (hold down for 3 seconds).</p>
Check/change therapy electrodes and cable	<p>The therapy electrodes are not connected correctly to the therapy master cable.</p> <p>Check the connection of the plugs and adjust if necessary.</p> <p>Use replacement therapy electrodes (see also chapter 5.1.1 Types of Therapy Electrodes, page 68)</p> <p>If the message persists, contact your authorised sales and service partners.</p>
Circuit open - Check pacer electrodes	<p>The corPatch electrodes are not connected correctly to the patient or they have a too high resistance to the patient's skin. Stimulation is not possible.</p> <p>Check the expiry date of the electrodes, if they are dried out and if they are placed correctly on the patient.</p>
Code changed	Confirmation that the access code has been successfully changed.
Code invalid - Retry?	--
Code mismatch - Retry?	<p>The verification of the new access code did not match the earlier entry.</p> <p>To repeat the process, confirm the prompt and enter the access code again.</p>
Configuration loaded	--
Configuration reset	--
Configuration stored	--
Confirm alarms	Message in the status-/alarm line that the alarm messages contained in the following alarm list can be confirmed after the user has acknowledged them and has taken the resulting measures on the patient.
Connect defibrillator and monitoring unit	<p>Message in the message line of the monitoring unit.</p> <p>The wireless communication between the defibrillator and the monitoring unit/patient box has been interrupted or could not be established:</p> <p>Make sure that the distance between the modules is not more than 10 m and that no barriers are compromising the radio connection. Use corpuls3 as a compact device if necessary.</p>
Connect ECG cable	--
Connect pacer cable	User prompt to connect the therapy master cable to the therapy electrodes.
Connect therapy electrodes	<p>Connect the corPatch electrodes or shock paddles to the therapy master cable of the corpuls3.</p> <p>If the alarm message persists, connect immediately the reserve corPatch electrodes.</p>
Connected to corpuls cpr	--
Connecting to server	Status message during mission upload.
Connection error	Status message during mission upload.
Continue pacing?	User prompt to confirm the continuation of stimulation (pacer therapy).
Copy entry?	Confirmation prompt if the selected network configuration should be copied.
CPR depth [NUMBER]-[NUMBER] cm	The user changed the alarm limits of the CPR depth in centimetres.

Notification in the message line and information in the protocol	Explanation/Measure
CPR depth [NUMBER]-[NUMBER] in	The user changed the alarm limits of the CPR depth in inches.
CPR test failed	Message in the message line indicating that the self test of the CPR module has failed. Check the connections of the sensor and intermediate cable and adjust if necessary. Use replacement corPatch CPR sensor If the message persists, contact your authorised sales and service partners.
CPR test successful	Message in the message line indicating that the self test of the CPR sensor has been successful.
CPR unit cm	Event in the protocol indicating that the user has changed the displayed CPR unit to centimetres.
CPR unit in	Event in the protocol indicating that the user has changed the displayed CPR unit to inches.
D-ECG ([NUMBER]) not saved ([NUMBER])	The recorded D-ECG could not be saved because the CF card is possibly full, the CF card is possibly not inserted correctly the CF card is possibly faulty or the writing process onto the CF card has failed. After deleting or exchanging the CF card, repeat the process. If the problem persists, contact your authorised sales and service partners.
D-ECG ([NUMBER]) saved	Event in the protocol that a D-ECG has been saved. The number of the D-ECG is shown in brackets.
D-ECG fax sent	Confirmation that the fax has been successfully sent.
D-ECG printout	Event in the protocol, recording that a D-ECG has been printed out.
D-ECG transmission finished	Event in the protocol, recording that a D-ECG has been successfully sent to the server.
D-ECG transmission started	Event in the protocol indicating that the transmission of the D-ECG has started.
Defibrillation only possible in manual mode	User prompt to switch from AED mode to manual defibrillation mode. The therapy electrodes used are not authorised for use in AED mode.
Defibrillator activated (AED)	Event in the protocol that the defibrillator has been activated in AED mode.
Defibrillator activated (Man.)	Event in the protocol that the defibrillator has been activated in manual defibrillation mode.
Defibrillator deactivated	Event in the protocol, recording the leaving the defibrillator mode.
Delete entry?	Confirmation prompt if the selected network configuration should be deleted.
Deleted missions:	--
Demo mode off	The DEMO mode has been switched off.
Demo mode on	The DEMO mode has been switched on. Check if curves and parameters are displayed.
Device is performing preShock CPR	--

Notification in the message line and information in the protocol	Explanation/Measure
Disconnect defibrillator and monitoring unit	Message in the message line of the monitoring unit. Communication in the connected state between the patient box and monitoring unit/defibrillator is cut off or could not be established: Check if one of the two infrared interfaces is covered or dirty.
Do not touch patient	The ECG analysis is being performed. Do not touch or move patient. Follow the instructions on the display.
Do not touch patient - Analysing heart rhythm	Spoken instruction and message in the message line indicating that analysis is running.
ECG analysis result;>>> %sShock not recommended ECG analysis result;>>> %sShock recommended	Event in the protocol, recording the result of the ECG analysis.
ECG analysis started	Event in the protocol, recording that an ECG analysis has been performed in AED mode.
ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED	Notice on the ECG printout that a filter was used and that the printout is not suitable for diagnosis.
Electrode	Entry in the shock protocol indicating which type of electrode was used for the shock: Shock paddles, corPatch electrodes, shock spoons, unknown electrodes, etc.
Energy delivered	Entry in the shock protocol indicating the energy level actually delivered in Joule.
Energy selected	Entry in the shock protocol indicating the energy level selected for the shock in Joule.
Energy selection [NUMBER] J	Event in the protocol, recording the energy selected.
Enter Bluetooth PIN: [NUMBER] [NUMBER] [NUMBER] [NUMBER]	--
Enter code: [NUMBER] [NUMBER] [NUMBER] [NUMBER]	User prompt to enter the access code.
Enter new code: [NUMBER] [NUMBER] [NUMBER] [NUMBER]	User prompt to enter a new access code.
Error GSM module	--
Error in device (BIM)	The corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
Error in device (DEFI)	The corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
Error in device (MAN-BIM)	The corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
Event [TEXT] recorded	Event in the protocol indicating that a pre-configured manual event (e. g. intubation, etc.) has been recorded.
Event recorded	--
Export failed	Message in the message line indicating that the export of the configuration has failed.
Export successful	Message in the message line indicating that the export of the configuration has been successful.

Notification in the message line and information in the protocol	Explanation/Measure
Fax connect. not possible	Possibly a wrong fax number has been dialled. Repeat dialing.
Fax transmission aborted	Status indication during fax transmission
Formatting CF card (State:[NUMBER])	Event in the protocol indicating that the CF card has been formatted. "NUMBER" indicates that the formatting has been successful (1) or has failed (2). This message is only shown in monitoring mode.
Formatting CF card failed	Message in the message line indicating that the formatting of the CF card has failed. This message is only shown in monitoring mode.
Formatting CF card successful	Message in the message line indicating that the formatting of the CF card has been successful. This message is only shown in monitoring mode.
Fully release	Spoken instruction and message in the message line indicating that the thorax of the patient has to be released fully at regular intervals in between the thorax compressions.
Generic	First entry in the event list, marked by default. If this event is selected and confirmed with the jog dial, a time stamp is saved and the event "Event recorded" appears in the mission protocol.
Good compressions	Spoken instruction and message in the message line indicating that the recommended depth of the thorax compressions has been reached or exceeded.
GPRS authorisation failed	--
GPRS link error	--
GSM disconnecting	Event in the protocol indicating the GSM connection is being terminated.
GSM got IP connection	--
GSM initiation successful	--
GSM link detected	Event in the protocol indicating that a GSM connection has been established.
GSM modem at [NUMBER] baud is a [TEXT]	Event in the protocol indicating that a modem of a certain type with a data transmission rate of x baud has been detected.
GSM modem disabled	--
GSM modem IP connecting:;PLMN [NUMBER], LAC [NUMBER], cell ID [NUMBER], RSSI [NUMBER]	Event in the protocol indicating that a GSM connection has been established and with which parameters.
GSM network not avail.	--
Hardware conflict [MODULE] - Pairing impossible	The connection authorisation (Pairing) has failed. Due to different hardware versions the modules cannot communicate via radio connection. To start an ad-hoc connection, connect the modules mechanically and do <b>not</b> confirm the message <code>Perform pairing?</code> . The modules can now communicate via the infrared interface. If the problem persists, contact authorised sales and service partners.

Notification in the message line and information in the protocol	Explanation/Measure
High impedance	<p>The electrical resistance of the patient (impedance) is too high for the selected settings. An intensity for stimulation has been selected that cannot be reached with the impedance present.</p> <p>Make sure that the corPatch electrodes are tightly and completely attached to the patient's skin.</p> <p>In case of excessive hair on the patient, shave the required area on the skin. If necessary, use new corPatch electrodes.</p> <p>To perform a pacemaker therapy adequate for the patient, a higher stimulation intensity must be selected.</p> <p>Perform medical measures as needed.</p>
Hyperbaric pressure %.1f bar	Event in the protocol indicating that the hyperbaric compensation has been changed.
Impedance	Entry in the shock protocol indicating the impedance measured in Ohm.
Import failed	Message in the message line indicating that the import of the configuration has failed.
Import successful - Please reboot	<p>Message in the message line indicating that the import of the configuration has been successful.</p> <p>The corPuls3 has to be switched off and rebooted.</p>
Impulse duration	Entry in the shock protocol indicating the duration of the shock in milliseconds.
Input device locked - Hold down HOME key to unlock	Indicates that the touchscreen and/or the keys are locked.
Keyboard locked	Keyboard lock has been engaged.
Keyboard locked - Hold down HOME key to unlock	--
Keyboard unlocked	Keyboard lock has been disengaged.
Last event deleted	Event in the protocol indicating that the last manual event has been deleted.
Leave Demo mode - Power off?	Message in the message line indicating that for leaving the Demo mode the corPuls3 has to be switched off.
Lock input device? Lock keyboard?	User prompt to confirm the locking of the keyboard/touchscreen.
Mark mission as test mission?	User prompt to confirm or prevent that the current mission is marked as a test mission.
Max. current	Entry in the shock protocol indicating the maximum current delivered in Ampere.
Mean current	Entry in the shock protocol indicating the average current delivered in Ampere.
Metronome adult [TEXT] Metronome child [TEXT]	Event in the protocol, recording the switching on, switching off and the mode of the metronome.
Mission ended	Event in the protocol indicating the ending time of the device mission.
Mission started	Event in the protocol indicating the starting time of the device mission.
Mission upload aborted	Status message during mission upload.
Mission upload finished	Status message during mission upload.
Mode	Entry in the shock protocol indicating the defibrillation mode used for the shock: manual or AED.
New card	An insurance card has been recognised.



Notification in the message line and information in the protocol	Explanation/Measure
New code invalid - Retry?	User prompt to re-enter the new access code, if the repetition was wrong.
NIBP result: [NUMBER]/[NUMBER] ([NUMBER]) mmHg	Result of the NIBP measurement in the protocol.
NIBP R-wave gating switched off	Event in the protocol indicating that the option R-wave Motion Tolerance (R-wave gating) has been disabled.
NIBP R-wave gating switched on	Event in the protocol indicating that the option R-wave Motion Tolerance (R-wave gating) has been enabled.
No APN entered	--
No CF card - Upload not possible	Message in the message line indicating that no CF card is inserted from where missions could be uploaded.
No connection to defibrillator unit	<p>Message in the message line of the monitoring unit.</p> <p>The wireless communication between the defibrillator and the monitoring unit/patient box has been interrupted or could not be established: Make sure that the distance between the modules is not more than 10 m and that no barriers are compromising the radio connection. Use corpuls3 as a compact device if necessary.</p> <p>Communication in the connected state between the patient box and monitoring unit/defibrillator is cut off or could not be established: Check if one of the two infrared interfaces is covered or dirty.</p>
No connection to patient box	<p>Message in the message line of the monitoring unit.</p> <p>The wireless communication between the patient box and the monitoring unit/defibrillator has been interrupted or could not be established: Make sure that the distance between the modules is not more than 10 m and that no barriers are compromising the radio connection. Use corpuls3 as a compact device if necessary.</p> <p>Communication in the connected state between the patient box and monitoring unit/defibrillator is cut off or could not be established: Check if one of the two infrared interfaces is covered or dirty.</p>
No ECG cable in DEMAND mode	For operating the pacer in DEMAND mode the 4-pole ECG monitoring cable has to be connected to the patient and to the corpuls3.
No shock [NUMBER] J ([NUMBER] J), [NUMBER] Ohm ([TEXT])	Event in the protocol indicating that a shock could not be delivered completely. "NUMBER" indicates, respectively, the selected energy, the actually delivered energy (in brackets) and the impedance of the patient. "TEXT" (in brackets) indicates the selected defibrillation mode: AED or manual.
NSTEMI	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a "NSTEMI" in the ECG. Check the therapy suggestion printed on the D-ECG.
NSTEMI possible	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a possible "NSTEMI" in the ECG. Check the therapy suggestion printed on the D-ECG.
Pacer active - D-ECG not available	The pacer of the corpuls3 is activated and the selected intensity is more than 0 mA. A D-ECG cannot be performed under these circumstances.

Notification in the message line and information in the protocol	Explanation/Measure
Pacer error - Pacing off	An error occurred during pacer therapy. The pacer is switched off. Stimulation is interrupted. Treat patient and take measures as needed. Contact authorised sales and service partners.
Pacer frequency [NUMBER]/min selected	Event in the protocol, recording the pacer frequency selected.
Pacer intensity [NUMBER] mA selected	Event in the protocol, recording the pacer intensity selected.
Pacer mode [TEXT] selected	Event in the protocol, recording the switch between the pacer modes FIX and DEMAND. (No alarm!)
Pacer mode activated	The pacer menu has been called up.
Pacer mode deactivated	The pacer menu has been closed.
Pacer off	Confirmation that the pacer has been switched off and is not stimulating.
Pacer pause [NUMBER]	Event in the protocol, recording how long the pacer therapy has been interrupted.
Pacing	Message in the message line that the pacer is running.
Pacing not possible	The corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Pairing failed - Retry?	The connection between the modules could not be established. Connection authorisation (Pairing) has failed. Pairing has to be performed again so that the modules can be used together. It is necessary to confirm the question if the pairing should be performed again. Confirm in order to repeat pairing. For further information see chapter 3.2.1 Pairing (Connection Authorisation), page 12). If pairing fails repeatedly, the corpuls3 is possibly not functioning correctly and must not be used. Contact authorised sales and service partners.
Pairing in progress...	The connection authorisation is being established.
Pairing successful	The connection authorisation has been issued successfully. The modules can be used together.
Patient data accepted	The insurance card data have been accepted.
Patient data changed [TEXT]	The insurance card data have been changed. The changes have been performed manually (man.), via the insurance card reader (Card), via the Bluetooth interface (BT) or via corpuls.web LIVE (cweb).
Patient data erased	The insurance card data have been erased.
Patient data not accepted	The insurance card data have not been accepted.
Pause	Message in the message line that the pacer therapy has been interrupted. Continue pacer therapy if necessary.
Pause pacing?	User prompt to confirm the pausing of stimulation (pacer therapy).
Perform CPR	Perform cardio-pulmonary resuscitation (CPR). Follow the instructions on the screen.

Notification in the message line and information in the protocol	Explanation/Measure
Perform pairing?	Two modules have been connected that do not have a connection authorisation (Pairing). Start if these modules are to receive a connection authorisation and the existing connection authorisation should be deleted.
Power off?	User prompt to confirm the switching off of the corpuls3.
Press Analyse	--
Press shock paddle buttons again	Press shock paddle buttons again, up to 5 times. Use replacement therapy electrodes (see also chapter 5.1.1 Types of Therapy Electrodes, page 68) If the message persists, contact your authorised sales and service partners.
Protocol printout	Event in the protocol, recording that a protocol has been printed out.
Push harder	Spoken instruction and message in the message line indicating that the recommended depth of the thorax compressions has not been reached.
Reading data...	Message in the curve area in Trend mode indicating that data are being read.
Reconnect therapy electrode cable	The corpuls3 is not functioning correctly and must not be used. Contact authorised sales and service partners.
Recording failed - Check CF card	Data recording is not possible. Check if the CompactFlash® card is inserted correctly.
Re-enter new code: [NUMBER] [NUMBER] [NUMBER] [NUMBER]	User prompt to re-enter the new access code.
Reset code?	Confirmation prompt asking if the access code of the user level should be reset to factory settings.
Scan failed	--
Scanning...	--
Select energy	--
Select energy / Charge energy	Message in the message line that the user should select another energy level or start the charging of the set energy level by pressing the <b>Charge</b> key.
Select frequency	--
Select intensity	To begin pacer therapy, select intensity.
Select intensity/frequency	To begin pacer therapy, select intensity and frequency.
Select mode	Message in the message line in pacer mode after pressing the softkey [Mode]. Select the operating mode of the pacer.
Server connection request	The user has sent data/an D-ECG to the server. The selected phonebook entry, the IP address and type of connection (Fax-S, E-Mail, CWEB, CWEB AUTO) are added to the event in the protocol.
Server disconnected	Event in the protocol indicating that the connection to the server has been terminated.
Server not found	Event in the protocol indicating that the connection to the server has been lost or could not be established.
Shock [NUMBER] J ([NUMBER] J), [NUMBER] Ohm ([TEXT])	Time stamp and status indication of a performed defibrillation in the protocol. The selected energy, the effectively released energy (in brackets) and the impedance in Ohm are indicated. Indication of the defibrillation mode used.

Notification in the message line and information in the protocol	Explanation/Measure
Shock [NUMBER] J ([NUMBER] J), [NUMBER] Ohm ([TEXT]); sync mode selected: [TEXT], applied:[TEXT]	Event in the protocol indicating that a shock has been delivered. "NUMBER" indicates, respectively, the selected energy, the actually delivered energy (in brackets) and the impedance of the patient. "TEXT1" (in brackets) indicates the selected defibrillation mode: AED or manual. "TEXT2" (in brackets) indicates the selected and applied sync mode: Sync, Async or Auto.
Shock aborted	The shock could not be delivered. Repeat shock delivery if necessary. The event is documented in the protocol. If the message persists, contact your authorised sales and service partners, there could be a hardware defect. In this case, the device has to be taken out of commission.
Shock aborted - Perform CPR	--
Shock not recommended	The result of the ECG analysis is that a shock is not recommended. Perform medical measures as needed. If necessary, continue with cardio-pulmonary resuscitation.
Shock performed	Defibrillation energy has been released. Check vital signs and continue cardio-pulmonary resuscitation if necessary.
Shock performed - Perform CPR	--
Shock protocol printout	A shock protocol has been printed out.
Short circuit - Check electrodes	The therapy electrodes have an electric connection (short circuit). Make sure that the therapy electrodes do not touch.
SIM card error	--
Software conflict [MODULE] - Separate modules	The connection authorisation (Pairing) has failed. Due to different software versions, the modules cannot be connected and have to be separated from each other. For further information see chapter 3.2.1 Pairing (Connection Authorisation), page 12). Contact authorised sales and service partners.
Start ECG	Starting time of the recorded ECG in the protocol.
STEMI	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a "STEMI" in the ECG. Check the therapy suggestion printed on the D-ECG.
STEMI possible	Configurable warning in case the ECG measurement/interpretation algorithm "corpuls ACS" detects a possible "NSTEMI" in the ECG. Check the therapy suggestion printed on the D-ECG.
Stop ECG	--
Storing failed	--
Storing successful	--
Switch off pacer?	Confirmation prompt asking if the stimulation should be interrupted and the corpuls3 should switch to manual or AED defibrillation mode.
Switch off pacer? - Power off?	Confirmation prompt asking if the stimulation should be ended and the corpuls3 should be switched off.
Switch off pacer? - Upload missions?	User prompt to confirm switching off the pacer, uploading the missions and switching off the device.

Notification in the message line and information in the protocol	Explanation/Measure
Sync mode applied	Entry in the shock protocol indicating the sync mode (sync, async or auto) actually used for the shock.
Sync mode selected	Entry in the shock protocol indicating the sync mode (sync, async or auto) selected for the shock.
Synd setting: [TEXT]	The synd setting has been changed in manual mode to Async, Auto or Sync.
System clock was adjusted;([NUMBER] -> [NUMBER])	--
System Power-down in [NUMBER] sec	Count-down indicating the remaining time until the corpuls3 shuts down.
Test failed	Entry in the shock protocol.
Test successful	Entry in the shock protocol.
Therapy electrodes loose	Check all connections of the corPatch electrodes. Connect corPatch electrodes to the patient. Check contact of corPatch electrodes with skin. If necessary, re-connect all connections of the corPatch electrodes. If the alarm message persists, connect immediately the reserve corPatch electrodes.
Time	Entry in the shock protocol indicating the time at which the shock was released.
To shut down device press On/Off key	--
Touch display locked	Indicates that the touchscreen is locked.
Touch display unlocked	Indicates that the touchscreen is unlocked.
Transferred missions:	--
Twisted paddle plug	The connectors of the therapy master cable and the therapy electrodes have been connected while turned the wrong way by 180 degrees and have to be checked for damage.
Unlock input device? Unlock keyboard?	Confirmation prompt asking if the keyboard lock should be disengaged.
Upload missions?	User prompt to confirm or abort the uploading of missions.
Uploading mission [NUMBER] of [NUMBER]	Status message during mission upload.
User [TEXT] logged in successfully	Message in message line and event in the protocol, at which user level the user has logged in.
UTC offset;([NUMBER] -> [NUMBER])	Event in the protocol, recording that the time zone settings have been changed.
VT/VF alarm OFF	--
VT/VF alarm ON	--
webMessage opened No. [NUMBER]	--
webMessage opened No. [NUMBER];[TEXT]	--

Notification in the message line and information in the protocol	Explanation/Measure
webMessage printout No. [NUMBER]	--
webMessage printout No. [NUMBER];[TEXT]	--
webMessage received No. [NUMBER]	--
webMessage received No. [NUMBER];[TEXT]	--
Which therapy electrodes are used on the patient?	Warning that the type of therapy electrode cannot be determined. The user has to confirm the type of electrode that is connected to the device (shock paddles, shock spoons, corPatch easy Adult or corPatch easy Pediatric ) by pressing the corresponding softkey. If the wrong electrode type was chosen accidentally, disconnect the therapy electrode and then connect again. The selection of the therapy electrode appears again.
WLAN connected;[NUMBER] dB SNR, [NUMBER]	Event in the protocol indicating that a connection has been established with a WLAN module, indicating the signal-to-noise ratio in dB and the SSID of the WLAN network.
WLAN disconnected	--
WLAN module detected	Event in the protocol indicating that a WLAN module has been detected.
WLAN searching for networks	--
Wrong GSM PIN	--

Table 11-14 Notifications in the message line and information in the protocol

## Appendix

### A Symbols



Read and follow the instructions in the user manual



Read and follow the instructions in the user manual



Read the additional instructions in the user manual



USB port (in preparation)



BF (body floating, defibrillation-proof)

An insulated application component of this type is authorised for external and internal use on the patient



CF (cardiac floating, defibrillation-proof)

An insulated application component of this type is authorised for use directly on or in the patient's heart



Equipotential bonding



Protection class IP55



APEX

Marking for positioning the shock paddles on the patient and on corpuls3



STERNUM

Marking for positioning the shock paddles on the patient and on corpuls3



LED: corpuls3 or module is charging on external power supply



On/Off key



**On/Off** key (patient box and defibrillator/pacer)



**Home** key/Input lock



**Back** key



**Print** key



**Event** key



**Alarm** key



**Multifunction** key (patient box)



Display in parameter field: alarm enabled

Display in status-/alarm line: alarm message



Display in status-/alarm line: Alarm disabled (Covert mode)



Display in parameter field: physiological alarm disabled



Display in parameter field: Alarm suspended

Clock symbol:



- In the NIBP parameter field: indicates that the NIBP interval measurement is active and an automatic measurement will be performed soon.
- In the message line: Marks the time of day (displayed alternating with the current mission time).
- As symbol in parameter field Time.




Symbol in parameter field Stopwatch.

Hourglass symbol



- In parameter field: Oximetry sensor is calibrated.
- In the message line: Marks the current mission time (displayed alternating with the time of day).



	In the oximetry parameter field: The question mark symbol is displayed instead of the alarm symbol, if the confidence of the measured value is low.
	Display in the upper curve field: flashes in step with the QRS complex rhythm (also in blue colour for PR)
	Display in the upper curve field: flashes in step with the rhythm of an internal pacer
	Monitoring Unit
	Patient Box
	Defibrillator/Pacer
	Battery
	QRS tone off
	QRS-/pulse tone, volume 4
	QRS-/pulse tone, volume 6
	QRS-/pulse tone, volume 8
	QRS-/pulse tone, volume 10
	Jog dial
	Jog dial, field highlighted
	Function selected (configuration dialogue)
	Lower alarm limit (configuration dialogue)
	Upper alarm limit (configuration dialogue)
	Field which can only be edited with special user authorisation (configuration dialogue). In this case: editing not possible.



Field which can only be edited with special user authorisation (configuration dialogue). In this case: editing possible.



Antenna symbol shows the site of the radio transmitter in the patient box on the accessory bag



Symbol for 2nd generation of radio module (hardware)



Symbol for a 3rd generation module which is incompatible with 2nd or 1st generation modules due to hardware modifications.



Status of the battery. Battery fully charged.



Status of the battery. The number of bars shows the state of charge of the battery.



Status of the battery. The number of bars shows the state of charge of the battery.



Status of the battery. The number of bars shows the state of charge of the battery.



Status of the battery. Battery is empty.



Mains operation, battery is being charged



Mains operation, battery is fully charged.



The airplane symbol indicates that the offline mode is active.



Flashing: the GPRS connection is being established.

Permanent: GSM/GPRS connection is established.



GSM/GPRS connection not possible. Error in GSM module (e. g. wrong PIN, no PIN configured, etc.)



GSM/GPRS connection has been disconnected by user.








































Flashing: the LAN connection is being established.

Permanent: LAN connection is established.



LAN connection not possible.

	LAN connection has been disconnected by user.
	Flashing: the WLAN connection is being established.
	Permanent: WLAN connection is established. Number of bars indicates the quality of the connection.
	WLAN connection is established. Number of bars indicates the quality of the connection.
	WLAN connection is established. Number of bars indicates the quality of the connection.
	WLAN connection is established. Number of bars indicates the quality of the connection.
	WLAN connection not possible.
	WLAN connection has been disconnected by user.
	Flashing: Connection to corpuls.web <b>LIVE</b> server is being established.
	Permanent: Connection to corpuls.web <b>LIVE</b> server is established.
	Connection to corpuls.web <b>LIVE</b> server failed
	Permanent: Connection to corpuls.web <b>LIVE</b> server has been disconnected by user.
	Flashing: the Bluetooth® connection is being established.
	Permanent: Bluetooth® connection is established (Data connection to external systems)
	Bluetooth® connection not possible.
	Bluetooth® connection has been disconnected by user.
	D-ECG transmission is running.
	D-ECG transmission was successful.
	D-ECG transmission failed.
	D-ECG transmission has been cancelled by user.

	Monitoring unit with insurance card reader (option)	
	Approved for operation in a hyperbaric chamber for hyperbaric oxygen therapy (HBO) (option)	
	MagCode connector is <b>NOT</b> approved for operation in a hyperbaric chamber for hyperbaric oxygen therapy (HBO).	
	The WEEE symbol (Waste Electrical and Electronic Equipment) indicates that the device should be returned to the manufacturer for proper disposal and recycling.	
	CE symbol; the number indicates the competent notified body.	
	Antenna symbol; indicates that the device is emitting non-ionising radiation.	
	The RCM (Regulatory Compliance Mark) indicates a device's compliance with applicable ACMA (Australian Communications and Media Authority) technical standards for telecommunications, radiocommunications or broadcasting equipment.	
	Indicates that the mission contains D-ECG data.	
	Indicates that the mission contains CPR data.	
	Indicates that the mission contains defibrillation data.	
	Indicates the quality of the NIBP measurement: The quality indicator consists of 3 star symbols which indicate good measurement quality when filled, poor quality when displayed as an outline.	
	M-LNCS needs a 15-pole intermediate cable. Make sure that the oximetry sensor is compatible with the oximetry intermediate cable.	
	Symbol for connected corpuls cpr.	
	Symbol for shock in defibrillation modes: number of shocks or time since last shock (last)	
	Symbol for time since defibrillation mode was launched.	
	Medical product	Indicates that the item is a medical device.
	Repackaging	To identify that a modification to the original medical device packaging configuration has occurred.



Importer

Indicates the entity importing the medical device into the locale.



Distributor

Indicates the entity distributing the medical device into the locale.



Unique Device Identifier

Indicates a carrier that contains Unique Device Identifier information.

Table A-1 Symbols

## B List of Abbreviations

ACS	<u>A</u> cute <u>C</u> oronary <u>S</u> yndrome
AMI	<u>A</u> nterior <u>M</u> yocardial <u>I</u> nfarction
APN	Access Point Name
cWEB	corpuls.web LIVE server
DHCP	Dynamic Host Configuration Protocol
DNS	Domain Name System
ePCR	Electronic Patient Care Record
ESC	<u>E</u> uropean <u>S</u> ociety of <u>C</u> ardiology
GSM	Global System for Mobile Communications
GPRS	General Packet Radio Service
HES®	<u>H</u> annover <u>E</u> CG <u>S</u> ystem
IMI	<u>I</u> nterior <u>M</u> yocardial <u>I</u> nfarction
IP	Internet Protocol
LAC	Location Area Code
LAN	Local Area Network
mCPR	Mechanical thorax compressions
NSTEMI	<u>N</u> on- <u>S</u> T- <u>E</u> levation <u>M</u> yocardial <u>I</u> nfarction
PCI	<u>P</u> ercutaneous <u>C</u> oronary <u>I</u> ntervention
PIN	Personal Identification Number
PLMN	Public Land Mobile Network
PUK	Personal Unblocking Key
RSSI	Received Signal Strength Indication
RMT	R-wave Motion Tolerance
RTD	Realtime data, recording of vital parameter signals
SIM	Subscriber Identity Module
SSID	Service Set Identifier
STEMI	<u>S</u> T- <u>E</u> levation <u>M</u> yocardial <u>I</u> nfarction
TCP	Transmission Control Protocol
UDP	User Datagram Protocol

Table A-2 List of Abbreviations

## C Checklist Functional Check

A function check of the corpuls3 must be performed each time you start duty. The function check guarantees unrestricted function and readiness for use of the corpuls3 and is an important addition to the automatic self tests performed internally in the corpuls3 (see also chapter 10.2 Function checks, page 232).

The following checklist serves as a suggestion for complementation of local documents.

1. Perform the function check as described in chapter 10 Maintenance and Tests, page 231.  
Tick completed checks on the checklist.

corpuls3 function checklist		
Date:	Performed by:	
Shift:	Device name or serial number:	
Location or department:		
Rescue vehicle:		
Automatic selftest		
Visual check of the device parts and accessories.		
ECG cables (4-pole and 6-pole)	ECG electrodes	
corPatch electrodes (present and not expired)	CPR feedback sensor and intermediate cable present	
CO <sub>2</sub> sensor and 2 adapters	NIBP cuff and hose	
Oximetry sensor and intermediate cable	IBP transducers present	
Temperature sensor	Disposable razor	
Shock paddles (in reserve)	Intermediate cable	
Baby shock electrodes	Electrode gel	
Printer paper present in printer compartment	Spare roll of printer paper	
Function check of the device		
Charging bracket (charging active)	Printout of a screenshot	
Defibrillator (Testbox/Testload, corpuls simulator)	State of charge of modules	
Communication between modules	Telemetry (Check network connection)	
Space for comments		

Table A-3 Function checklist (sample)

## D Factory Settings

The corpuls3 is delivered with a factory configuration to which the device can be reset at any time by the person responsible for the device.

The factory settings include general system settings, as well as pre-set views and alarm limits.

### General settings

Field	Value/Setting
<b>System</b>	
<b>Language</b>	
Selection	English
<b>Time/Date</b>	
Autom. DST	Disabled
<b>Screen</b>	
Brightness	7
Dim mode	3
AutoDim	5 min
Colours	Default
<b>Manual event</b>	
Audio recording	Disabled
Screenshot	Disabled
<b>Access codes</b>	
Export	Disabled
<b>Authorisation</b>	
Man. Defib.	Disabled
Pacer	Disabled
<b>Mains filter</b>	
Frequency	50 Hz
<b>Signals - Curves</b>	
DE	Disabled
I	Disabled
II	Disabled
II/DE	Enabled
III	Enabled
aVR	Disabled
aVL	Disabled
aVF	Disabled



Field	Value/Setting
-aVR	Disabled
V1	Disabled
V2	Disabled
V3	Disabled
V4	Disabled
V5	Disabled
V6	Disabled
Pleth	Enabled
CO <sub>2</sub>	Enabled
CPR	Disabled
P1	Disabled
P2	Disabled
P3	Disabled
P4	Disabled
Lines	4
<b>Signals - Parameters</b>	
HR	Enabled
SpO <sub>2</sub>	Enabled
PR	Enabled
PI	Disabled
SpCO/SpHb	Disabled
SpMet	Disabled
CO <sub>2</sub>	Enabled
CPR rate	Disabled
RR	Disabled
NIBP	Enabled
NIBP sys	Disabled
NIBP MAP	Disabled
NIBP dia	Disabled
P1	Disabled
P1 sys	Disabled
P1 MAP	Disabled
P1 dia	Disabled
P2	Disabled
P3	Disabled
P4	Disabled
T1	Disabled

Field	Value/Setting
T2	Disabled
Time	Disabled
Stopwatch	Disabled
mCPR rate	Disabled
mCPR depth	Disabled
mCPR mode	Disabled
mCPR batt.	Disabled
<b>Settings</b>	
Mode	Horizontal
<b>Signals - Views</b>	
View 1	Enabled
<b>Printer - Curves</b>	
<b>Settings</b>	
Speed	25 mm/s
AutoOff	Off
Same as screen	Enabled
<b>Printer - Trend</b>	
<b>Protocol</b>	
Trend table	Enabled
Trend curve	Enabled
<b>Trends</b>	
Same as screen	Enabled
Interval	5 min
Average	60 s
<b>Printer - D-ECG</b>	
<b>Format</b>	
12-lead ECG	Enabled
Rep. cycle	Enabled
Global info	Enabled
Speed	50 mm/s
ECG Format	2x6
Duration	5 s
Order	classic
Add. copy	Disabled
<b>HES® Pro</b>	
Meas. table	Enabled

Field	Value/Setting
Suggestion	Enabled
<b>Telemetry - Settings</b>	
<b>GSM</b>	
Enabled	Disabled
PIN	--
<b>GPRS</b>	
APN	--
User	--
Password	--
<b>LAN/W-LAN</b>	
Enabled	Enabled
Region	DE
2.4 GHz	Enabled
5 GHz	Enabled
<b>Telemetry - Services</b>	
<b>corpuls.web</b>	
Enabled	Enabled
Interface	Fast
TCP d. port	10
UDP d. port	0
Connection	Manual
Reconnect	Off
<b>D-ECG</b>	
Auto upload	Disabled
<b>Fax</b>	
Enabled	Enabled
Interface	Fast
Speed	50 mm/s
Server address	--
TCP port	0
<b>Mission upload</b>	
Enabled	Disabled
Interface	Fast
Server address	--
Target path	--
TCP port	21
Reconnect	3

Field	Value/Setting
User	--
Password	--
Printout	Enabled
<b>Mission storage</b>	
Mode	None
Interval	3 days
Missions	50
<b>Bluetooth - Settings</b>	
<b>Bluetooth</b>	
Enabled	Enabled
PIN	6673
Data protect	--
<b>Ventilator</b>	
Events	Enabled
Trends	Enabled
<b>Quick select</b>	
AED	Enabled
Man. Defib.	Enabled
<b>ECG - Settings</b>	
<b>Screen</b>	
Speed	25 mm/s
Amplitude	x1
QRS marker	Enabled
Auto curve	Disabled
<b>QRS/Pulse tone</b>	
Enabled	Enabled
Dynamic	Disabled
Volume	4
QRS tone	Tone 2
<b>Monitoring</b>	
Low pass	25 Hz
High pass	0.5 Hz
<b>20 Hz filter</b>	
Enabled	Disabled
<b>Diagnostic</b>	
Low pass	150 Hz
<b>D-ECG preview</b>	

Field	Value/Setting
10s preview	Enabled
<b>Therapy</b>	
Algo.	corpuls ACS
<b>corpuls S</b>	
AMI	600 $\mu$ V
IMI	400 $\mu$ V
<b>corpuls ACS</b>	
NSTEMI	Disabled
<b>ACS alarms</b>	
STEMI	Disabled
STEMI possible	Disabled
Abnormal ECG	Disabled
NSTEMI	Disabled
NSTEMI possible	Disabled
<b>Oximetry - Settings</b>	
<b>Curve</b>	
Speed	25 mm/s
Auto curve	Enabled
<b>QRS/Pulse tone</b>	
Enabled	Enabled
Dynamic	Disabled
Volume	4
Pulse tone	Tone 4
<b>Mode</b>	
FastSat	Disabled
Averaging	8s
Sensitivity	Normal
<b>SpHb</b>	
Unit	g/dl
<b>CO<sub>2</sub> - Settings</b>	
<b>Curve</b>	
Speed	6.25 mm/s
Scale	0 - 60
Auto curve	Enabled
<b>Current unit</b>	
Unit	mmHg

Field	Value/Setting
<b>NIBP - Settings</b>	
<b>Automatic</b>	
Interval	5 min
Enabled	Disabled
<b>Initial mode</b>	
Patient	Adult
<b>Initial pressure</b>	
Adult	180 mmHg
Child	120 mmHg
Neonate	90 mmHg
<b>RMT</b>	
Enabled	Enabled
<b>IBP - Settings</b>	
<b>General</b>	
Speed	12.5 mm/s
<b>P1 - P4 curve</b>	
Scale	Auto
Auto curve	Enabled
<b>Defib - Settings</b>	
<b>Auto energy man.</b>	
Adult	200 J
Child	50 J
Reminder Man.	
Analyse	Enabled
<b>Auto energy AED</b>	
Adult	200 J
Child	50 J
Locked	Enabled
<b>preShock CPR</b>	
Compress.	none
Metronome	Disabled
<b>Recording</b>	
AED	Disabled
Man. Defib.	Disabled
<b>Analyse AED</b>	
Autostart	Disabled

Field	Value/Setting
<b>Shock Protocol</b>	
Enabled	Enabled
<b>Disconn.-signal</b>	
Enabled	Off
Volume	7
Tone	Tone 1
<b>Charging tone</b>	
AED	Disabled
Man. Defib.	Disabled
<b>Defib – CPR Feedback</b>	
<b>Adult</b>	
Compress.	100 /min
Vent. 30:2	4 s
<b>Child</b>	
Compress.	100 /min
Vent. 15:2	4 s
Vent. 30:2	4 s
<b>Algorithm</b>	
Interval	2 min
CPR cycle	Enabled
<b>CPR depth</b>	
Unit	cm
Release	Enabled
<b>CPR summary</b>	
Printout	Enabled
<b>Application note</b>	
Show note	Disabled
<b>Audio AAM</b>	
AED	Enabled
CPR Feed. Monitor	Enabled
CPR Feed. AED	Enabled
CPR Feed. Man.	Enabled
Volume	10
<b>Audio metronome</b>	
Compress. tone	10
Vent. tone	10
<b>Autostart metr.</b>	
AED	Off

Field	Value/Setting
Man. Defib	Off
<b>Patient - Settings</b>	
<b>Screen/Printout/Telemetry</b>	
Name, last name	Enabled
Address	Enabled
Date of birth	Enabled
Status	Enabled
Insuree number	Enabled
Insurance	Enabled
Insurance No.	Enabled
Card Number	Enabled
<b>Race</b>	
Enabled	Disabled
Default	--

Table A-4 General Settings

### General alarm settings

Field	Value/Setting
<b>Alarming</b>	
Alarm OFF	120 s
Create event	Enabled
Reminder signal	Enabled
Volume (minimum and maximum for the respective alarm priority)	3 – 10: - High priority (62 dB – 86 dB) - Medium priority (55 dB – 81 dB) - Low priority (50 dB – 75 dB)
Min. volume	
<b>Alarm system</b>	
Covert mode	Disabled
Clinic mode	Disabled
<b>VT/VF</b>	
Alarm	Enabled

Table A-5 General alarm settings



### Pre-set Alarm Limits



Measurement value		
HR 1/min	50	120
SpO <sub>2</sub> %	90	-
PR 1/min	50	120
SpCO %	-	10
SpHb g/dl	10	17
SpHb mmol/l	6.2	10.6
SpMet %	-	3
CO <sub>2</sub> mmHg	30	50
RR 1/min	8	18
NIBP mmHg	sys 80 dia 40	sys 200 dia 100
P1 - P4 mmHg	sys 80 dia 50	sys 180 dia 100
T1 °C	34.0	39.0
T2 °C	34.0	39.0

Table A-6 Pre-set alarm limits

### Pre-set Views

A selection of 6 different configured views is available:

View 1:	<b>Curves:</b> ECG leads II/DE, III; Pleth; CO <sub>2</sub> <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation)
View 2:	<b>Curves:</b> ECG leads II/DE, III; Pleth; CO <sub>2</sub> <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation) T1, T2 (vertical presentation)
View 3:	<b>Curves:</b> ECG leads II/DE, III, aVR, aVL; Pleth; CO <sub>2</sub> <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation)
View 4-6:	<b>Curves:</b> ECG leads II/DE, III; Pleth; CO <sub>2</sub> <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation)
Defibrillator	<b>Curves:</b> ECG leads II/DE, III <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation)
Pacer:	<b>Curves:</b> ECG leads II/DE, CO <sub>2</sub> <b>Parameters:</b> HR, SpO <sub>2</sub> , PR, NIBP, CO <sub>2</sub> (horizontal presentation)

Table A-7 Pre-set views

## E Technical Specifications

### General Technical Specifications

Dimensions (without accessory bag, H x W x D in cm)		
Monitoring Unit	29.5 x 30.5 x 12	[11.6 x 12.0 x 4.7 inches]
Patient Box	13.5 x 26.5 x 5.5	[5.3 x 10.4 x 2.1 inches]
Defibrillator/pacer	29 x 30 x 19	[11.4 x 11.8 x 7.5 inches]
Defibrillator/Pacer SLIM	22 x 28 x 12	[8.7 x 11 x 4.7 inches]
Compact device	36 x 30.5 x 23	[14.1 x 12.0 x 9.0 inches]
Compact device SLIM	29.6 x 30.5 x 19.5	[11.6 x 12.0 x 7.7 inches]
Charging bracket Compact device and Defibrillator/pacer	20 x 26.5 x 8	[7.9 x 10.4 x 3.1 inches]
(Charging) bracket monitoring unit	21 x 23 x 11.5	[8.2 x 9.0 x 4.5 inches]
(Charging) bracket patient box	6.5 x 10 x 17.5	[2.5 x 3.9 x 6.9 inches]

Table A-8 Dimensions

Weight (incl. battery, without accessories in kg)	
Monitoring Unit	2.7
Monitoring unit corpuls3T	2.79
Patient Box	1.0 - 1.3
Defibrillator/pacer	3.7 (without shock paddles)
Defibrillator/Pacer SLIM	2.3
Compact device	7.4 (basic configuration)
Compact device SLIM	6.0 (basic configuration)

Table A-9 Weight

Environmental requirements		
Operating temperature	Defibrillator	
	-10 °C to +55 °C:	Without limitations
	-20 °C to -10 °C:	Prerequisite: battery charged more than 70% and used as compact device)
	-20 °C to +55 °C:	Pacer, ECG monitor, display
	0 °C to +55 °C:	Oximetry, NIBP, temperature, IBP
Battery	0 °C to +45 °C:	CO <sub>2</sub>
	-20°C to +55°C	Temperature at discharge
	+5°C to +55°C	Temperature at charge

Environmental requirements		
Storage temperature	Device	-40°C to +70°C
	Battery	+10°C to +30°C
Transient temperature	-20°C – 55°C	
Warm-up time	1 h 50 min (storage temperature -40°C, ambient temperature 20°C)	
Cool-down time	1 min (storage temperature +70°C, ambient temperature 20°C)	
Relative humidity	Up to 95% (without condensation)	
Protection class	IP55 (dust- and splash proof)(charging bracket excepted)	
Range of ambient pressure	Compact device	576 - 1060 hPa
	Capnometer	700 - 1060 hPa
Operating panel	Splash proof keypad	

Table A-10 Environmental requirements

Energy management/power supply		
Internal power supply	Modules with exchangeable, chargeable battery (lithium-ion battery) All three module are equipped with identical lithium-ion batteries.	
	Battery capacity	4.4 Ah at 7.4 V nominal voltage
	Battery size (H x W x D in cm)	4.2 x 4.6 x 7.6 [1.7 x 1.8 x 3 inches]
	Battery weight (in kg)	0.25 [0.55 lbs]
	Charge current, max. per battery	3 A
	Output current, max. per battery	<ul style="list-style-type: none"> <li>• 4.4 A (continuous operation)</li> <li>• 10 A (for 10 s)</li> </ul>
	External power supply	Valid input voltage range
Protection of the on-board power supply, 12 V		15 A, time lag fuse (additional consumers on-board not taken into account)
AC adapter corpuls3		
Output power, max.		108 W
Nominal voltage		12 V
Output current, max.		9 A
Classification by protection type against electrical shock when operated via mains charger (according to IEC 60601-1): Protection class I		
Power consumption (typical) of the compact device	Max. power consumption (device operation without battery- and defibrillator charging)	20 W
	Max. Power consumption (device operation and battery charging)	100 W
	Max. Power consumption (device operation and defibrillator charging, 5 s ± 2 s)	108 W
Battery charging time	0 - 80%	approx. 1 h
	0 - 90%	approx. 1.5 h
	0 - 100%	approx. 2 h

Energy management/power supply		
Operating time	Compact device: 7 - 10 h (depending on settings and operational demands)	
	Patient box: approx. 4-6 h	
	Monitoring unit: approx. 4 h	
	Defibrillator: approx. 200 shocks at 200 Joules	
Maximum storage period for new rechargeable batteries (in days)	At 30% battery capacity before storage and within a temperature range from 10 °C – 30 °C	
	Battery in module	Battery outside of module
	20	400
	At 100% battery capacity before storage and within a temperature range from 10 °C – 30 °C	
	Battery in module	Battery outside of module
	60	550
These are the optimum storage conditions for the rechargeable battery. If storage conditions differ, this may result in a reduction in the capacity of or damage to the rechargeable batteries.		
Recommended periodic battery exchange	Every 3 years	

Table A-11 Energy management/power supply

**Warning**

To avoid the risk of electric shock, connect the AC adapter only to a mains voltage supply with a protective conductor.

## Alarm Management

Characteristic of alarm signal	High priority	Medium priority	Low priority	Reminder signal
Number of impulses	10	3	20	1
Impulse duration	90 ms	130 ms	190 ms	110 ms
Interval of impulses	50 ms (190 ms)	250 ms	250 ms	n/a
Frequency of impulses	523 Hz, 659 Hz, 784 Hz, 1047 Hz	523 Hz, 659 Hz, 784 Hz	523 Hz, 659 Hz	3.5 kHz
Interval	10 s	20 s	n/a	60 s
Colour of LED	Red	Yellow	Cyan	White
Flashing frequency of LED	2 Hz	0.5 Hz	n/a	n/a
Duty cycle of the LED	40% on	40% on	100% on	110 ms

Table A-12 Alarm management

The maximal delay until alarming for ECG, pulse oximetry, NIBP, IBP and CO<sub>2</sub> is 5 s; for temperature and perfusion index 30 s ± 3 s. The maximal delay until alarming for loose ECG electrodes is 30 s.

## Screen

	Description/Explanation
Type	8.4" colour display, transflective with 800 Cd/m <sup>2</sup> backlighting
Screen size, visible	Width: 171 mm [6.7 inch] Height: 128 mm [5.0 inch]
Screen definition	640 pixels horizontal, 480 pixel vertical, VGA
Angle of view	Horizontally: 160° Vertically: 140°
Backlighting	Lifetime approx. 15,000 h
Sweep speed	ECG, Pleth, IBP curve: 12.5; 25; 50 mm/s CO <sub>2</sub> curve: 3.13; 6.25; 12.5 mm/s
Curves	Up to 6 simultaneous curves In diagnostic ECG mode 12 simultaneous curves
Measurements	All measured values can be displayed on the screen

Table A-13 Screen

## Touchscreen

	Description/Explanation
Type	Capacitive TFT touch display, protected by PMMA protection plate 800 Cd/m <sup>2</sup> Backlighting
Screen size, visible	Width: 171 mm [6.75 inch] Height: 129.8 mm [5.11 inch]
Screen definition	640 pixels horizontal, 480 pixel vertical, VGA

Table A-14 Touchscreen

## Printer

	Description/Explanation
Printing method	High definition thermo printer head
Print definition	8 pixels/mm (amplitude axis) 16 pixels/mm (time axis) with 25 mm/s
Paper speed	Real-time printout: 6.25; 12.5; 25 and 50 mm/s Diagnostic ECG: 25 mm/s and 50 mm/s
Number of curves for real-time printout	1 to max. 6 curves simultaneously
Printer paper	Thermo active, roll Width 106 mm, length 22 m
Operating temperature	-5°C to 50°C

Table A-15 Printer

## Character encoding

	Description/Explanation
Character encoding	UTF-8

Table A-16 Character encoding

## ECG

	Description/Explanation
Amplifier input	Type CF, insulated > 5 kV, defibrillation-proof
Frequency response	0.05 bis 150 Hz (-3 dB)
Input impedance	> 100 MΩ
Common mode rejection (CMRR)	4-pole ECG monitoring cable and complementary 6-pole ECG diagnostic cable: > 90 dB
Dynamic range	± 350 mV (signal voltage) (12 Bit)
Max. electrode offset voltage	± 350 mV (input offset)
Scanning frequency	500 Hz
Digital definition	3.2 µV/Bit
Detection of implanted pacer	≥ 20 mV/ 0.2 ms.
Electrode detection (ECG) according to IEC 60601-2-27	80 nA (maximum current)
Active noise cancellation (RL)	1 nA (maximum current)
ECG memory (1-lead recording of lead II or shock paddle ECG)	During the mission Per 60 min ECG (lead II) and trend-recording a data memory of approx. 1 MB is required Storage space is limited by the capacity of CompactFlash™ card
Event memory	All events Per manual event a data memory of approx. 324 KB, per diagnostic ECG of approx. 280 kB is required Storage space is limited by the capacity of CompactFlash™ card

Table A-17 ECG

Lead	
4-pole ECG monitoring cable	I, II, III, aVR, aVL, aVF, -aVR
4-pole ECG monitoring cable and complementary 6-pole ECG diagnostic cable	I, II, III, aVR, aVL, aVF, -aVR, and additional V1 to V6

Table A-18 Leads

Heart rate	
Heart rate display	18/min to 300/min
Heart rate detection	Arithmetic averaging of 6 selected R-R intervals from the last 9 beats
Accuracy	Better than ± 1 %

Heart rate	
Deviation	Less than $\pm 1\%$
Maximal T-wave rejection capability according to IEC 60601-2-27	0.6 mV
Accuracy of the heart rate display and comportment in case of arrhythmias according to IEC 60601-2-27	A1 Ventricular bigeminy: 80/min
	A2 Slow changing ventricular bigeminy: 60/min
	A3 Fast changing ventricular bigeminy: 127/min
	A4 Bidirectional systoles: 92/min
Response time of the heart rate after changes in heart rate according to IEC 60601-2-27	Abrupt increase in heart rate after 5 s (80/min to 120/min)
	Abrupt decrease in heart rate 4 s (80/min to 40/min)
Alarm time for tachycardia according to IEC 60601-2-27	VT/VF 1 mV, 206/min: 7 s
	VT/VF 2 mV, 206/min: 7 s
	VT/VF 0.5 mV, 206/min : 9 s
	VT/VF 2 mV, 195/min: 7 s
	VT/VF 4 mV, 195/min: 7 s
	VT/VF 1 mV, 195/min: 7 s
Alarm delay	Up to 9 s

Table A-19 Heart rate

**Caution**

Only use recommended ECG cables, mentioned in the 'list of approved accessories' (chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249).

**Caution**

ECG electrodes, minimum demands:

A certificate of biocompatibility according to ISO 10993-1 is required.

The ECG electrodes must have an as short as possible recovery period after defibrillation. This must be verified by a test according to EN 60601-2-27, § 51.102. To achieve a short recovery time of the ECG after a defibrillation, only the ECG electrodes mentioned in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are recommended.

## ECG with therapy electrodes

	Description/Explanation
Amplifier input	Type CF insulated > 5 kV, defibrillation-proof (corPatch electrodes) Type BF insulated > 5 kV, defibrillation-proof (shock paddles)
Frequency response	0.5 to 25 Hz (-3dB) (fixed)
Input impedance	> 10 M $\Omega$
Common mode rejection (CMRR)	> 80dB
Dynamic range	$\pm 10.24$ mV (signal voltage)
Max. electrode offset voltage	500 mV (input offset)

	Description/Explanation
Scanning frequency	400 Hz
Digital definition	5 $\mu$ V/Bit (12 Bit)
Impedance measurement DE	85 $\mu$ A (42 kHz)

Table A-20 Shock paddle ECG

**Caution**

**Do not use** the therapy master cable corpuls3 SLIM/corpuls1 (P/N 04326.0BA) as extension cable for the therapy master cable at the defibrillator/pacer (P/N 04300). Likewise, the therapy master cable corpuls3 SLIM/corpuls1 must not be combined with a second therapy master cable corpuls3 SLIM/corpuls1.

## Defibrillator General

Output	
Insulated application (insulation voltage > 5 kV) The type is determined by the kind of shock electrodes used.	Electrodes for external defibrillation: <b>External shock paddles (type BF):</b> <ul style="list-style-type: none"> <li>▪ Shock paddles for adults</li> <li>▪ Baby shock electrodes (adapter for shock paddles; energy reduction 1:10)</li> </ul> <b>Disposable defibrillation/pacing electrodes (type CF):</b> <ul style="list-style-type: none"> <li>▪ corPatch easy electrodes</li> </ul> <b>Shock spoons (type CF)</b>

Table A-21 Output

Conductive area		
External shock paddles	<ul style="list-style-type: none"> <li>▪ Shock paddles</li> <li>▪ Baby shock electrodes</li> </ul>	53 cm <sup>2</sup> 16.6 cm <sup>2</sup>
corPatch easy electrodes	<ul style="list-style-type: none"> <li>▪ corPatch easy</li> <li>▪ corPatch easy pre-connected</li> <li>▪ corPatch easy Pediatric</li> </ul>	approx. 81 cm <sup>2</sup> approx. 87 cm <sup>2</sup> approx. 42 cm <sup>2</sup>
Shock spoons	<ul style="list-style-type: none"> <li>▪ Size A</li> <li>▪ Size B</li> <li>▪ Size C</li> </ul>	11.00 cm <sup>2</sup> 18.25 cm <sup>2</sup> 46.60 cm <sup>2</sup>

Table A-22 Conductive area

Defibrillation, cardioversion	Description/Explanation
Charging status indicator	Display of text "Charging" on the screen
Ready for shock	Ready-signal and display of text "Ready for shock" on the screen
Delay time between R-wave and shock impulse	typical 15 ms, max. 35 ms
Energy level display	In digits on the screen
Synchronisation	<ul style="list-style-type: none"> <li>▪ Manual defibrillation: Automatic and manual synchronisation as well as asynchronous defibrillation. Operation mode is displayed on screen.</li> <li>▪ AED mode: always asynchronous mode</li> </ul>



Defibrillation, cardioversion	Description/Explanation
Internal discharge	<ul style="list-style-type: none"> <li>▪ 0.5 s after shock release with high impedance</li> <li>▪ Manual defibrillation: 30 s after reaching the status of ready for shock, if none of the shock paddle buttons has been pressed in the meantime.</li> <li>▪ AED mode: 30 s after the message "Deliver shock" appears</li> </ul>
Test Defibrillator	Built-in test resistor for shock testing: 50 Ohm Test resistor built in cable socket and in shock paddle holder

Table A-23 Defibrillation

## Biphasic Defibrillator

	Description/Explanation
Energy levels for manual and AED defibrillation with shock paddles or corPatch easy electrodes and shock spoons	<ul style="list-style-type: none"> <li>▪ 2, 3, 4, 5, 10, 15 to 200 J for adults</li> <li>▪ 2, 3, 4, 5, 10, 15 to 100 J for children with corPatch easy electrodes Pediatric or Pediatric Extended</li> <li>▪ 2, 3, 4, 5, 10, 15 to 50 J with shock spoons (only in manual defibrillation mode)</li> <li>▪ Fine adjustment of energy level in steps of 5 Joules (delivered energy to 50 Ω)</li> <li>▪ Interim values can be set with jog-dial</li> </ul> Direct selection of energy levels via softkeys <ul style="list-style-type: none"> <li>▪ Adults: 50, 100, 150, and 200 Joules</li> <li>▪ Children: 25, 50, 75 and 100 Joules</li> </ul>
Number of shocks per battery load (fully charged)	Approx. 200 shocks with 200 J (with the battery of the defibrillator alone)
Manual defibrillation: Charging time to max. energy (with a fully charged battery)	5 s, ± 2 s
Manual defibrillation: Charging time to max. energy after release of 15 shocks	5 s, ± 2 s (no difference to fully charged battery)
Manual defibrillation: Charging time to max. energy after switch on of corpuls3	Less than 25 s
AED mode: Max. time from start of ECG analysis to 'Ready for shock'	Less than 12 s
AED mode: Max. time from start of ECG analysis to 'Ready for shock' after release of 15 shocks with max. energy	Less than 12 s (no difference to fully charged battery)
AED mode: Max. time from switch on to 'Ready for shock'	Less than 30 s
Impulse waveform	Biphasic, positive rectangular waveform 6 ms. (90 % energy) negative rectangular waveform 4 ms. (10 % energy) (4/3 ms impulse configurable by service technician)

	Description/Explanation
Patient impedance range within which a shock can be delivered	corPatch easy electrodes > 15 Ω to ≤ 600 Ω
	Shock paddles > 15 Ω to ≤ 600 Ω
	Shock spoons > 0 Ω to ≤ 600 Ω
Accuracy of delivered energy on an impedance of 50 Ω	Better than ± 10 %

Table A-24 Biphasic defibrillator

## Non-invasive Pacer

	Description/Explanation
Output	Insulated application part Type BF, insulation voltage > 5 kV
Pacing frequency	<ul style="list-style-type: none"> <li>▪ 30/min. to 150/min (adjustable in steps of 5/min.)</li> <li>▪ in OVERDRIVE mode 30/min. to 300/min. (adjustable in steps of 1/min.)</li> </ul>
Intensity of pacing current	0 to 150 mA (0-10 mA, then adjustable in increments of 5 mA)
Impulse duration	40 ms. (rectangular current impulse)
Operating modes	FIX and DEMAND mode and OVERDRIVE function
OVERDRIVE frequency	Heart rate of the patient minus 10/min. and if necessary rounded down to the next smaller number divisible by 5. Example: Heart rate = 179/min, Overdrive frequency = 165/min.
Maximum delay between synchronisation impulse and energy release	6.7 ms
Measurement mode	Oscilloscope according to IEC 60601-2-4 210.104

Table A-25 Non-invasive pacer

Impulse suppression according to IEC 60601-2-27					
	Amplitude	2.5 mV	5.0 mV	8.3 mV	16.7 mV
Rise time					
0.010 μs		38 μs	16 μs	9 μs	4 μs
0.050 μs		38 μs	16 μs	9 μs	4 μs
0.100 μs		38 μs	16 μs	9 μs	4 μs
0.500 μs		38 μs	15 μs	8 μs	3 μs
1.000 μs		38 μs	15 μs	8 μs	3 μs
5.000 μs		35 μs	11 μs	4 μs	0 μs
10.000 μs		31 μs	7 μs	0 μs	0 μs
50.000 μs		4 μs	0 μs	0 μs	0 μs
100.000 μs		0 μs	0 μs	0 μs	0 μs

Table A-26 Impulse suppression according to IEC 60601-2-27

The voltages for impulse amplitudes itemised in Table A-26 refer to the internal patient voltage. The measured impulse widths are rectangular impulses.

## CPR Feedback

	Description/Explanation
Function principle	Acceleration sensor
Displayed parameters	<ul style="list-style-type: none"> <li>▪ Combined curve for display of compression depth and compression frequency</li> <li>▪ CPR rate (compression rate)</li> </ul>
Measurement range	70 to 150 compressions per minute 1.9 cm to 10.16 cm [0.75 inches – 4.0 inches]
Measurement interval	Continuous
Operating temperature (sensor)	-10°C to +60°C
Storage temperature (sensor)	-30°C to +65°C
Relative humidity (sensor)	Up to 93% (without condensation)
Storage humidity (sensor)	Up to 93% (without condensation)
Interface to sensor	Type BF, defibrillation-proof
Sensor dimensions (H x W with foam padding)	101 mm x 64 mm [4.0 x 2.5 inches]
Sensor weight (with cable)	50.2 g
Sensor weight (without cable)	28.8 g
Accuracy	± 3 compressions per minute ± 0.635 cm [0.25 inches]

Table A-27 CPR Feedback

## Storage Requirements on the CF card

	Description/Explanation
Average mission (mission length 60 min, 12-lead ECG, 1 audio recording (15 s), 1 screenshot)	Approx. 3 MB Depending on the length of a mission and the number of recorded Events and D-ECGs as well as on how many parameters are monitored, the mission files may be larger.

Table A-28 Storage requirements on the CF card

## Bluetooth interface

	Description/Explanation
Version	Bluetooth Stack 2.0
Bluetooth class (Emission/Transmission power)	Class 2
Frequency band	2.4 GHz
Effective radiated power [according to IEC60601-1-2]	typ. 0 dBm = 1 mW
Modulation type	FHSS
Effective data rate	HF data rate: max. 704 kbps, Interface data rate: 9.6 kbps to 921.6 kbps

Table A-29 Bluetooth interface (option)

**2G GSM/GPRS (option)**

	Description/Explanation
Standard/Frequency bands	GSM/GPRS: 850/900/1800/1900 MHz
Output	33/30/30 dBm

Table A-30 2G GSM/GPRS (option)

**3G GSM/GPRS/EDGE/UMTS/HSPA+ (option)**

	Description/Explanation
Standard/Frequency bands	850/ 900 / 1800 / 1900 MHz (Band 1, 2, 4, 5, 8, 9, 19) UMTS/HSPA+: 900/2100 MHz GSM/EDGE: 900/1800 MHz
Output	UMTS/HSPA+: 24/24 dBm GSM/EDGE: 27/30 dBm

Table A-31 3G GSM/GPRS/EDGE/UMTS/HSPA+ (option)

**4G LTE/UMTS/HSPA+/GSM/GPRS/EDGE (Option)**

	Description/Explanation
Standard/Frequency bands	GSM/GPRS/EDGE: 900/1800 MHz UMTS/HSPA+: 900/2100 MHz LTE: 700/800/900/1800/2100/2600 MHz
Output	GSM: 26 / 27 / 30 dBm UMTS: 24 dBm LTE: 23 dBm

Table A-32 4G LTE (Option)

**LAN-Interface (Option)**

	Description/Explanation
Default	IEEE 802.3/802.3u-100Base-TX/10Base-T

Table A-33 LAN interface (option)

**WLAN-Interface (Option)**

	Description/Explanation
Standards	IEEE 802.11 a/b/g/n
Frequency bands reception	2401 – 2495 GHz 4.91 – 5825 GHz
Preferred frequency or frequency band	Defined by Router/Access Point

	Description/Explanation	
Band width of the individual channels	IEEE 802.11 a	20 MHz
	IEEE 802.11 b	22 MHz
	IEEE 802.11 g	20 MHz
	IEEE 802.11 n	20/ 40 MHz
Transmission power	IEEE 802.11 a	20.3 dBm = 107 mW
	IEEE 802.11 b	17.6 dBm = 57.5 mW
	IEEE 802.11 g	15.2 dBm = 33.1 mW
	IEEE 802.11 n	6.0 dBm = 4 mW

Table A-34 WLAN interface (option)

Regulations for WLAN use (in accordance with Directive 2014/53/EU for Radio Equipment) - Wireless Access Systems including Radio Local Area Networks (WAS/RLANs) - Throughout the European Union the following restrictions apply: (depending on the enabled WLAN-frequency-ranges)

- 1.) 2410 – 2480 MHz: NO restrictions
- 2.) 5150 – 5350 MHz: Restricted to indoor use
- 3.) 5470 - 5725 MHz: NO restrictions

### Country codes for W-LAN regional settings

AU	Australia	HU	Hungary	NO	Norway
AT	Austria	IS	Iceland	PL	Poland
BE	Belgium	IN	India	PT	Portugal
BR	Brazil	ID	Indonesia	SG	Singapore
CA	Canada	IE	Ireland	SK	Slovakia
CN	China	IL	Israel	ZA	South Africa
CY	Cyprus	IT	Italy	ES	Spain
CZ	Czech Republic	JP	Japan	SE	Sweden
DK	Denmark	KR	Korea, Republic of	CH	Switzerland
EE	Estonia	LV	Latvia	TW	Taiwan,
FI	Finland	LT	Lithuania	TH	Thailand
FR	France	LU	Luxembourg	TR	Turkey
DE	Germany	MY	Malaysia	GB	United Kingdom
GR	Greece	NL	Netherlands	US	United States
HK	Hong Kong	NZ	New Zealand		

Table A-35 Country codes for W-LAN regional settings

### Oximetry (Option SpO<sub>2</sub>, SpCO, SpHb, SpMet, manufacturer Masimo)

		Description/Explanation
Amplifier		Type BF, insulated > 5 kV, defibrillation-proof
Alarm	SpO <sub>2</sub>	Lower alarm limit: 65 to 98 %
		Upper alarm limit: 90 to 99 %

		Description/Explanation		
	PR	Lower alarm limit:	25 to 100/min Upper alarm limit: 70 to 235/min	
Updating frequency of display (SpO <sub>2</sub> , PR and PI)		1 Hz		
Band width		0.5 Hz to 6 Hz		
Measurement range		SpO <sub>2</sub> :	1% - 100%	
		SpHb:	0 - 25 g/dl	
		PR:	25/min - 240/min	
		PI:	0.02 - 20 % (disposable sensors) 0.05 - 20 % (reusable sensors)	
Calibrated measurement range		SpO <sub>2</sub> :	70% bis 100%	
		PR:	25/min bis 240/min	
		PI:	0.1 to 20 %	
Calibration		Calibration by reference measurements by means of fractional saturation measuring on pulse oximetric haemoglobin oxygen saturation with dysaemoglobin-free blood.		
Definition		SpO <sub>2</sub> :	0.1 %	
		PR:	1/min	
		SpCO:	0.1 %	
		SpMet:	0.1 %	
		SpHb:	0.1 g/dl	
		PI:	0.01 %	
Accuracy		Oxygen saturation measurement	70% to 100%, static measurement $\leq$ 2% 70% to 100%, measurement in motion $\leq$ 3%	
		Pulse rate measurement	Static measurement $\leq$ 3 BPM Measurement in motion $\leq$ 5 BPM	
		SpCO	$\leq$ 3 %	
		SpHb	$\leq$ 1.0 g/dl	
		SpMet	$\leq$ 1.0%	
Oxygen pulse waveform		Normalised curve		
Alarm delay		SpO <sub>2</sub>	Lower alarm limit	Up to 16 s
			Upper alarm limit	Up to 18 s
		PR	Lower alarm limit	Up to 12 s
			Upper alarm limit	Up to 17 s
		SpCO	Up to 54 s	
		SpMet	Up to 59 s	
SpHb	Up to 125 s			

Table A-36 Oximeter (Option SpO<sub>2</sub>, SpCO, SpHb, SpMet, manufacturer Masimo, Masimo SET® technology)**Caution**

Only use the recommended sensors and intermediate cables. Any accessories other than those itemised in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are not permitted.

### Non-invasive Blood Pressure Measurement Module NIBP (Optional, manufacturer SunTech Medical, Inc.)

	Description/Explanation
Application field	Adults, children, neonates and premature infants
Measurement mode	Oscillometrical principle
Measurement range	<p><b>Adults:</b> systolic: 40 to 260 mmHg diastolic: 20 to 200 mmHg MAP: 26 to 220 mmHg</p> <p><b>Children</b> systolic: 40 to 160 mmHg diastolic: 20 to 120 mmHg MAP: 26 to 133 mmHg</p> <p><b>Neonates:</b> systolic: 40 to 130 mmHg diastolic: 20 to 100 mmHg MAP: 26 to 110 mmHg</p>
Measuring interval during automatic measurement	1, 2, 3, 5, 10, 15, 30, 60 min. duration between the start of two measurements
Measurement	Automatic/manual
Output	Application part Type BF
Pressure sensor	Semi conductor sensor
Measurement range of pressure sensor	Up to 300 mmHg
Pressure decrease rate	Varies, depending on heart rate, cuff pressure and cuff volume.
Maximum selectable initial pressure for adults	Adjustable in configuration dialogue 120 - 280 mmHg Factory settings at 160 mmHg
Maximum selectable initial pressure for children	Adjustable in configuration dialogue 80 - 170 mmHg Factory settings at 120 mmHg
Maximum selectable initial pressure for neonates	Adjustable in configuration dialogue 60 - 140 mmHg Factory settings at 90 mmHg
Screen definition	1 mmHg
Display accuracy	$\pm 3$ mmHg between 0 mmHg - 300 mmHg (in the range of 0°C - 50°C and an air humidity of 15 % - 95 %)
Maximum delay time until alarm	1.5 s
Test	According to IEC 80601-2-30:2018 Non-invasive blood pressure instruments, part 1 and part 3

Table A-37 Non-invasive blood pressure measurement module (Option NIBP, manufacturer SunTech Medical, Inc.)



Only use the recommended NIBP-cuffs and hoses. Any accessories other than those itemised in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are not permitted.

### Invasive Blood Pressure Measurement Module IBP (Option)

	Description/Explanation
Amplifier	Type CF, insulated > 5 kV, defibrillation-proof
Number of interfaces	2 x 2 (4 channels at 2 interfaces)
Transducer sensitivity	5 $\mu$ V/V/mmHg
Upper limit frequency	20 Hz
Scanning frequency	100 Hz per channel
Digital definition	0.5 mmHg/Bit
Measurement range	-50 to 300 mmHg
Display range ( in mmHg)	Negative display range -10 to 10, -20 to 20, -30 to 30, -40 to 40, -50 to 50  Positive display range 0-30, 0-60, 0-120, 0-180, 0-300
Accuracy	The combined effects of sensitivity, repeatability, non-linearity, drifts and hysteresis are within $\pm 4\%$ of the reading taken or $\pm 0,5$ kPa ( $\pm 4$ mmHg), whichever is bigger.
Validation	Medanco® Mediserve 200
Alarm delay	Up to 13 s

Table A-38 Invasive blood pressure measurement module IBP (Option)



**Caution**

Only use the recommended blood pressure transducers. Any accessories other than those itemised in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are not permitted.

### Option Temperature

	Description/Explanation
Amplifier	Type BF, insulated > 5 kV, defibrillation-proof
Temperature sensor	YSI 401D (rectal and oesophageal), manufacturer: YSI company
Measurement iteration	12 measurements per second
Display range	12°C to 50°C
Measurement accuracy	0.1 K
Limits of calibration errors	$\pm 0.1$ K (25°C to 45°C) $\pm 0.2$ K (other)
Minimum measurement time	1 min
Maintenance interval	Every 2 years (as part of the metrological checks)
Alarm delay	Up to 30 s
Measuring mode	Direct mode

Table A-39 Temperature (option)



**Caution**

Only use the recommended YSI probes of the 400 series or probes that are compatible with those. Any accessories other than those itemised in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are not permitted.  
A certification of biocompatibility according to ISO 10993-1 is required.

### Capnometer (optional, capONE, manufacturer Nihon Kohden)

	Description/Explanation	
Function principle	Semi quantitative measurement with infrared technology: This measurement mode is based on the assumption that the inhalatory air mixture does not contain any CO <sub>2</sub> .	
Displayed parameters	<ul style="list-style-type: none"> <li>▪ CO<sub>2</sub>-concentration as filled waveform (capnogram)</li> <li>▪ CO<sub>2</sub>-value (EtCO<sub>2</sub>)</li> <li>▪ Respiration rate</li> </ul>	
Measuring quantity	CO <sub>2</sub> partial pressure	
Measurement range	CO <sub>2</sub> partial pressure	0 to 100 mmHg; 0 to 13.33 kPa
	Respiration rate	Lower limit: 3 l/min Upper limit: 150 l/min
Display range	CO <sub>2</sub> partial pressure	1 to 100 mmHg; 0.1 to 13.33 kPa
	Respiration rate	Lower limit: 3 l/min Upper limit: 150 l/min
Screen definition	CO <sub>2</sub> partial pressure	1 mmHg; 0.1 kPa
Measurement interval	Continuous	
Measurement mode	Optical in mainstream mode (also suitable for sidestream applications)	
Standby time (warm-up phase)	Approx. 5 s	
Response time	Approx. 500 ms	
Operating temperature	0 - 45 °C	
Barometric pressure	70 - 106 kPa	
Automatic compensation for barometric pressure	No	
Relative humidity	30 - 95% (without condensation)	
Calibration	Automatic continuous self calibration; no manual calibration necessary	
Interface to sensor	Type BF, defibrillation-proof (EN 60601-1; IEC 60601-1)	
Sensor size (H x W x D)	22 mm x 11 mm x 11 mm	
Sensor weight (with cable)	< 40 g	
Sensor weight (without cable)	< 10 g	
Protection class	IP 54	
Diameter of the connector of airway adapter	15 mm	
Accuracy (based on an atmospheric pressure of 1 mmHg and without CO <sub>2</sub> in the inhaling phase)	± 4 mmHg (≤ 40 mmHg) ± 10% of reading value (40 mmHg < CO <sub>2</sub> ≤ 76 mmHg) ± 12% of reading value (76 mmHg < CO <sub>2</sub> ≤ 100 mmHg)	

	Description/Explanation
Accuracy (based on an atmospheric pressure of 0.13 kPa and without CO <sub>2</sub> in the inhaling phase)	± 0.53 kPa (≤ 5.33 kPa) ± 10 % of reading value (5.33 kPa < CO <sub>2</sub> ≤ 10.13 kPa) ± 12 % of reading value (10.13 kPa < CO <sub>2</sub> ≤ 100 kPa)
Accuracy respiration rate	1/min
Air humidity during storage	10 to 95% (without condensation)
Alarm delay	Up to 5 s
Data sample rate	20 Hz
Method for calculating endtidal readings	Calculated from the maximum CO <sub>2</sub> partial pressure in exhalation.

Table A-40 Capnometer (Option CO<sub>2</sub>, manufacturer Nihon Kohden, cap-ONE)

Sea level Pressure (hPa)	Temperature			CO <sub>2</sub> (mmHg)			
	Sea level (°C)	Height (m)	Pressure (hPa)	20	40	60	100
1013.25	25	20	1013.3	20	40	60	100
		500	956.5	20.9	41.8	62.7	104.5
		1000	902.4	21.8	43.7	65.5	109.2
		1500	850.8	22.8	45.6	68.5	114.1
		2000	801.6	23.8	47.7	71.5	119.2
		2500	754.7	24.9	49.8	74.7	124.5
		3000	710.0	26.0	52.0	78.0	129.9
		3500	667.6	27.1	54.3	81.4	135.6
	4000	627.2	28.3	56.6	84.9	141.5	

Table A-41 Height compensation, quantitative effect due to barometric pressure on the CO<sub>2</sub> value

Deviations due to negative effects of gases and steam		
Gas or steam	Concentration	Deviation relative to a measured CO <sub>2</sub> value of 38 mmHg
Oxygen (O <sub>2</sub> )	100%	- 1.3 mmHg
Nitrous oxide (N <sub>2</sub> O)	80%	+ 6.5 mmHg
Halothane	4%	+ 0.6 mmHg
Enflurane	5%	+ 1.5 mmHg
Isoflurane	5%	+ 1.7 mmHg
Sevoflurane	6%	+ 2.7 mmHg
Desflurane	24%	+ 6.6 mmHg
Dry mixed gas with 5% (38 mmHg) CO <sub>2</sub> - and N <sub>2</sub> -balance, under 1 kPa		

Table A-42 Deviations due to negative effects of gases and steam

### Disposable Adapter for CO<sub>2</sub> Endotracheal Tube incl. Insert for Neonates

	Description/Explanation
Length	61 mm
Max. diameter	22 mm
Weight	approx. 13.2 g
Reduction of dead space volume in the system as a whole	-1 ml (in the system as a whole)
Operating temperature	0°C to 45°C
Storage temperature	-20°C to +65°C

Table A-43 Disposable Adapter for CO<sub>2</sub> Endotracheal Tube incl. Insert for Neonates



#### Caution

Only use the recommended sensors and adapters. Any accessories other than those itemised in the 'list of approved accessories' (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249) are not permitted.

## F Biphasic Defibrillator

### Shockwave

The waveform of the shockwave is comprised of a positive rectangular waveform of 6 ms. duration and a negative rectangular waveform of 4 ms. duration, which contains 10% of the energy of the positive waveform. The amplitude of the waveforms is adjusted automatically to the patient's impedance.

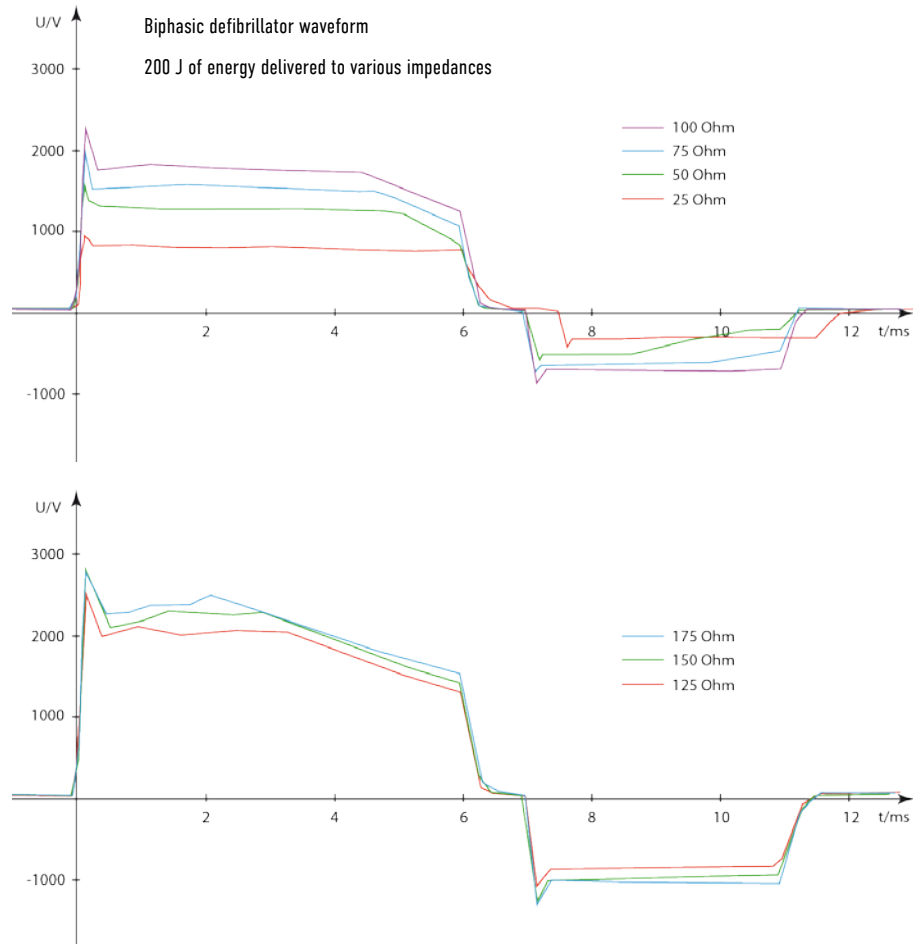
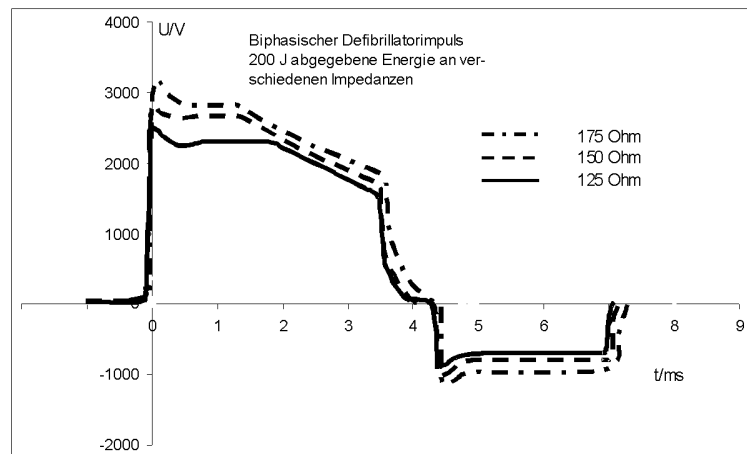


Fig. A-1 Biphasic defibrillator impulse 6/4



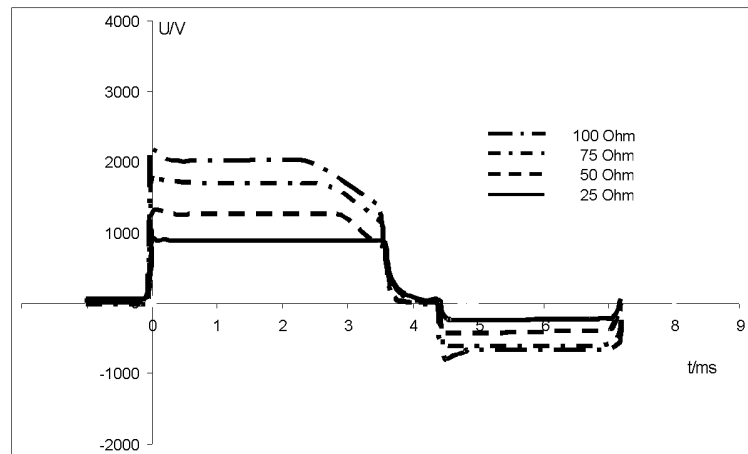


Fig. A-2 Biphasic defibrillator impulse 4/3

**Note** By default, the biphasic defibrillation impulse 6/4 is set. Upon request, the biphasic defibrillation impulse 4/3 can be configured by a service technician.

**Pacer impulse**

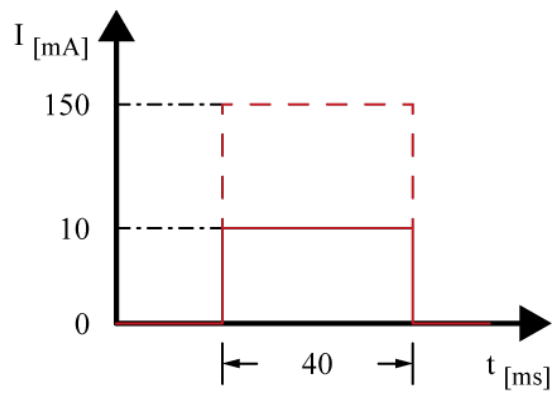


Fig. A-3 Pacer impulse

## Shock Release Synchronisation

Manual defibrillation and cardioversion are automatically performed synchronously. If no R-waves are detected in the ECG (e. g. in case of fibrillation), a shock will immediately be delivered asynchronously when the shock button is pressed (shock release).

Further information regarding manual defibrillation and cardioversion can be found in chapter 5.4 Manual Defibrillation and Cardioversion, page 80.



### Warning

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A cardioversion may lead to fibrillation or asystole. When performing a cardioversion, mind the following:

- The ECG has to be stable with a heart rate of at least 60/min.
  - The synchronisation mode has to be set to SYNC.
  - The QRS marks (triangles) have to mark each QRS complex. Do **NOT** rely on the QRS-/pulse tone alone.
  - The shock release has to be effected according to valid guidelines.
  - To release a shock, the **Shock** key at the monitoring unit or the buttons at the shock paddles have to be held down until a shock is released.
- 

## Protective Function of the Safety Shock Paddles

Every safety shock paddle possesses a protective electrode between the handle and the application electrode surface. The protective electrodes of both shock paddles are connected to one another inside corpuls3. Consequently, during defibrillation with wet or dirty shock paddles, no dangerous current can flow from one electrode over the body of the user to another electrode, since this current is diverted by the protective electrodes.

## Precision of the Energy Released (6/4 Defibrillation impulse)

Selected energy (in Joule)	Nominal energy released in comparison to patient impedance							Precision
	Load impedance (in Ohm)							
	25	50	75	100	125	150	175	
2	1.9	2.2	2.2	2.3	2.2	2.1	2	± 3J
3	2.9	3.2	3.3	3.2	3	3	2.9	± 3J
4	3.9	4.3	4.2	4.1	4.1	3.9	3.8	± 3J
5	4.8	5.3	5.2	5.2	4.9	4.8	4.6	± 3J
10	9.5	10.3	10.2	10	9.8	9.5	9.1	± 3J
15	15	16	16	16	15	14	14	± 3J
20	19	21	21	20	20	19	19	± 15%
25	24	26	26	25	24	24	23	± 15%
30	28	31	31	30	29	28	27	± 15%
35	33	36	36	35	33	32	31	± 15%
40	37	41	40	39	38	36	35	± 15%
45	42	46	46	44	42	41	39	± 15%
50	46	52	51	50	48	46	44	± 15%
55	50	56	55	54	52	50	48	± 15%
60	55	61	61	59	57	54	52	± 15%
65	60	66	66	64	60	59	56	± 15%
70	64	71	70	70	67	63	61	± 15%
75	68	76	75	73	71	67	65	± 15%
80	72	80	80	79	75	72	69	± 15%
85	77	86	85	84	81	76	74	± 15%
90	82	90	90	88	85	80	78	± 15%
95	86	95	95	93	89	84	82	± 15%
100	90	100	99	97	93	89	87	± 15%
105	94	105	105	102	98	94	90	± 15%
110	99	109	110	106	102	97	94	± 15%
115	103	114	114	112	109	104	100	± 15%
120	107	119	120	117	113	108	102	± 15%
125	112	123	125	120	118	111	109	± 15%
130	116	128	129	124	122	117	112	± 15%
135	121	133	133	130	126	122	117	± 15%
140	124	137	138	133	132	124	120	± 15%
145	129	143	144	140	136	130	124	± 15%
150	133	147	149	145	141	134	128	± 15%
155	137	152	152	150	144	138	132	± 15%
160	142	156	157	156	149	143	138	± 15%
165	146	161	162	161	152	148	141	± 15%
170	149	166	167	163	160	151	145	± 15%
175	153	170	172	169	164	157	148	± 15%
180	157	175	176	175	168	158	153	± 15%
185	159	180	181	179	173	165	156	± 15%
190	162	185	186	183	177	168	163	± 15%
195	163	190	192	187	182	174	167	± 15%
200	164	194	196	191	187	179	173	± 15%

Table A-44 Precision of the energy released (6/4 defibrillation impulse)

## Precision of the Energy Released (4/3 Defibrillation impulse)

Selected energy (in Joule)	Nominal energy released in comparison to patient impedance							Precision
	Load impedance (in Ohm)							
	25	50	75	100	125	150	175	
2	1.9	2.3	2.2	2.3	2.3	2.1	2.0	± 3J
3	2.8	3.3	3.4	3.1	3.0	2.8	2.8	± 3J
4	3.9	4.4	4.4	4.2	4.0	3.8	3.5	± 3J
5	5.1	5.5	5.3	5.3	4.8	4.6	4.3	± 3J
10	9.5	10.6	10.5	10.1	9.8	9.4	8.8	± 3J
15	15	17	16	16	15	14	13	± 3J
20	20	22	21	20	20	18	18	± 15%
25	24	27	26	25	24	23	22	± 15%
30	29	32	31	30	29	27	26	± 15%
35	33	37	36	35	33	31	30	± 15%
40	37	42	40	39	37	35	33	± 15%
45	42	47	46	44	42	40	37	± 15%
50	46	52	51	49	46	44	42	± 15%
55	51	57	55	53	50	48	46	± 15%
60	56	61	60	58	55	52	49	± 15%
65	60	67	66	63	59	56	53	± 15%
70	65	72	70	68	65	61	58	± 15%
75	69	77	75	72	69	64	61	± 15%
80	73	81	80	77	73	69	65	± 15%
85	78	86	85	82	78	74	70	± 15%
90	82	92	90	87	82	77	74	± 15%
95	87	96	95	91	86	81	77	± 15%
100	91	101	99	96	91	86	82	± 15%
105	95	107	105	101	96	90	85	± 15%
110	101	111	110	106	100	93	89	± 15%
115	104	116	115	111	106	99	94	± 15%
120	108	120	119	115	109	102	96	± 15%
125	113	125	124	120	114	107	102	± 15%
130	117	130	129	124	118	111	105	± 15%
135	122	135	134	130	123	116	109	± 15%
140	126	139	139	134	127	119	111	± 15%
145	130	145	145	140	131	123	117	± 15%
150	135	149	149	144	136	129	121	± 15%
155	138	154	153	148	140	132	125	± 15%
160	143	159	158	154	145	136	128	± 15%
165	147	164	163	159	148	140	133	± 15%
170	150	169	168	162	154	143	136	± 15%
175	154	174	173	168	159	149	140	± 15%
180	158	179	178	172	163	151	144	± 15%
185	161	183	182	177	167	156	147	± 15%
190	165	188	187	181	171	160	152	± 15%
195	167	194	193	186	176	165	155	± 15%
200	168	199	197	192	181	170	161	± 15%

Table A-45 Precision of the energy released (4/3 defibrillation impulse)



### Precision of the Energy Released for Shock Spoons (6/4 Defibrillation impulse)

Selected energy (in Joule)	Nominal energy released in comparison to patient impedance							Precision
	Load impedance (in Ohm)							
	10	15	20	25	50	100	150	
2	1.4	1.4	1.7	1.7	2.1	2	1.7	± 3J
5	3.9	4	4.5	4.9	5.5	5.2	4.7	± 3J
10	8.2	8.6	8.8	9.2	10.7	10.6	9	± 15 %
20	17.3	18.4	19	19.4	21.8	22.4	19.2	± 15 %
30	25.8	27.7	28.5	29.6	33.3	32.1	29.1	± 15 %
40	34.6	36.1	39.1	40.3	44.3	45	39.7	± 15 %
50	45.8	46.4	49.5	50.2	55.4	55.3	49.9	± 15 %

Table A-46 Precision of the energy released for shock spoons (6/4 defibrillation impulse)

### Precision of the Energy Released for Shock Spoons (4/3 Defibrillation impulse)

Selected energy (in Joule)	Nominal energy released in comparison to patient impedance							Precision
	Load impedance (in Ohm)							
	10	15	20	25	50	100	150	
2	1.5	1.5	1.7	1.7	2.2	2.1	2.0	± 3J
5	4.0	4.2	4.5	4.9	5.6	5.5	5.2	± 3J
10	8.8	9.2	9.0	9.2	11.2	11	10.2	± 15 %
20	18.1	19.4	20.2	20.8	22.8	23.7	22.6	± 15 %
30	26.4	28.6	29.5	31.3	34.5	33.4	32.7	± 15 %
40	36.8	37.7	39.8	40.8	45.9	45.8	43.3	± 15 %
50	46.3	49.6	49.2	51.2	57.7	56.1	54.7	± 15 %

Table A-47 Precision of the energy released for shock spoons (4/3 defibrillation impulse)

## G Safety Information



### Warning

Failure to observe this safety information may result in injuries to the patient and users.

General
<ul style="list-style-type: none"> <li>• The corpuls3 is not intended for operation in the vicinity of readily inflammable anaesthetics or other flammable substances, particularly in an oxygen-rich environment.</li> <li>• The corpuls3 must not be stored or operated near a magnetic resonance imaging (MRI) unit.</li> <li>• The corpuls3 must not be operated near ionising (radioactive) radiation intended for therapeutic purposes.</li> <li>• To avoid stumbling or the patient, user or third parties being entangled in or strangled by cables, they should be led around the patient, as all medical implements.</li> <li>• When connecting intermediate cables and sensors, make sure there are no foreign objects between the plug connections.</li> </ul>
Alarm function
<ul style="list-style-type: none"> <li>• Do not leave the patient unattended in the following cases: <ul style="list-style-type: none"> <li>- If the alarm function is deactivated or</li> <li>- Defibrillation mode is called up.</li> </ul> </li> <li>• In case of unsupervised monitoring of vital parameters, it is recommended that you monitor a further vital parameter with another independent monitoring system.</li> <li>• The option for monitoring measured values may be disabled when switching on the corpuls3 (see chapter 7 Configuration, page 154). Therefore make sure that the alarms are correctly configured.</li> <li>• Heart rate is only monitored when <b>all</b> electrodes of the ECG monitoring cable or the corPatch electrodes are connected to the patient.</li> <li>• Check the settings of the alarm limits before each monitoring phase.</li> <li>• Set the volume of the acoustic alarm so that it cannot fail to be heard in loud environments.</li> </ul>
Defibrillator
<ul style="list-style-type: none"> <li>• Make sure that both electrode surfaces of the shock paddles are completely wetted with gel.</li> <li>• The shock paddles must be kept away from other electrodes and/or metal components which are in contact with the patient.</li> <li>• Do not touch the patient during defibrillation.</li> <li>• Make sure that body parts of the patient, such as uncovered skin on the head or extremities, do not touch any metal components, bed frames or a stretcher to avoid creating any unintended current paths for the defibrillation pulse.</li> <li>• During defibrillation with the 4-pole ECG monitoring cable connected, make sure that all electrodes are attached to the patient.</li> <li>• During defibrillation with self-adhesive corPatch electrodes Pediatric or Pediatric Extended energy values higher than 100 Joules are prevented by the device due to coding of the electrodes.</li> <li>• In patients with an implanted pacemaker, detection of shockable rhythms or arrhythmias by the semi-automatic defibrillator in AED mode may be limited.</li> <li>• The shock paddles and their handles must be cleaned thoroughly after each use.</li> <li>• Defibrillation with other devices is allowed, if the following security measures are taken: All electrodes of the 4 pole ECG monitoring cable and the complementary 6 pole ECG diagnostic cable connected to the corpuls3 have to be attached to the patient. Unused electrodes must not lie around (see chapter 5.3.3 Defibrillation in AED Mode with Shock Paddles, page 78 and chapter 5.4.3 Manual Defibrillation and Cardioversion with Shock Paddles, page 83). In case of shock release these represent a hazard to the user or other persons.</li> </ul>
Pacer
<ul style="list-style-type: none"> <li>• The pacer must not be operated near high frequency surgical devices or microwave therapy devices.</li> </ul>
ECG monitor
<ul style="list-style-type: none"> <li>• Conductive parts of the ECG electrodes, cables and the plug devices connected to them should not touch any conductive parts including the ground.</li> <li>• Note the possible risk to the patient during use of several devices from the accumulation of leakage currents.</li> <li>• To achieve as short a recovery time as possible of the ECG after defibrillation, we recommend the disposable ECG electrodes</li> </ul>

which are itemised in the list of accessories (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249). GS Elektromedizinische Geräte G. Stemple GmbH cannot undertake any guarantee in this respect for other disposable ECG electrodes.

- If no electrical connection exists between the patient and an electrode of the ECG monitoring cable and/or complementary ECG diagnostic cable, the corpuls3 will issue the alarm message "ECG electrode [X] loose". The alarm message "ECG electrode [X] loose" can be impaired in case of temperatures below the freezing point. If the connection to the black electrode of the 4-pole ECG monitoring cable is cut off, under certain circumstances no alarm may be given.
- A nerve stimulator – e. g. a brain pacer – can modify the ECG on the screen and printer or even completely suppress it.

#### Masimo SET® pulse oximeter

- This user manual, the warnings and safety information, the operating instructions for the accessories and all preventive information and specifications must be read before use.
- The oximeter must not be used as an apnoea monitor (not authorised for monitoring patients who suffer from sudden respiratory arrest, e. g. during sleep).
- The oximeter should constitute an early warning system. If the trend is towards an insufficient oxygen supply to the patient, blood samples should be analysed by a blood gas analysis device to determine the patient's factual condition.
- Do not use any damaged oximetry sensors and particularly no oximetry sensors with open optical components.
- Do not place the oximetry sensor on the same limb as an NIBP cuff for non-invasive blood pressure monitoring, a catheter or an intravascular access. The cuff pressure influences pulse oximetry during all pressure measurements. An object in the vessel (e. g. infusion needle) may impair perfusion and thereby affect the measurement.
- The oximetry sensor must not be fixed to the body in such a way that it influences perfusion or injures the skin. Tissue damage may be caused by incorrect use and application when the oximetry sensor is bound to tightly. Check the sensor surface as described in the instructions for use, to avoid injuries to the skin surface and to guarantee the correct position and adherence of the sensor.
- To avoid measuring errors, the sensor must be protected from outside light, particularly in rapidly changing lighting conditions. This applies especially to open systems in contrast to the finger sensors.
- The oximeter requires a measurable pulse wave to determine measurement values. If no pulse or only a weak pulse is detected, incorrect measured values may be calculated.
- Pulse rate measurement is based on the optical detection of a peripheral flow pulse. Due to this, certain arrhythmias cannot be detected. The oximeter may not be used as substitute for an ECG-based device for arrhythmia analysis.
- Very low oxygen saturation levels (SpO<sub>2</sub>) may cause inaccurate readings of SpCO- and SpMet.
- Severe anaemia may cause faulty SpO<sub>2</sub> readings.
- A synthetic modification of the haemoglobin may cause erroneous SpHb readings.
- The measured values may likewise be incorrect if pronounced movement artefacts occur.
- The measurement values only lie within the specified range of accuracy (see appendix E, Technical Specifications, page 308) if the signal intensity is sufficient.
- Factors which cause unpaired venous returns may likewise result in pulsation.
- The measurement may be impaired by an excessively high proportion of dysfunctional haemoglobin, such as carboxyhaemoglobin or methaemoglobin. Likewise, colourants and raised bilirubin levels in the blood may impair the accuracy of the measurement.
- The oximeter or the oximetry sensors must not be used during magnetic resonance tomography (MRT). Induced currents could possibly cause fires. The MRT image could be negatively affected by the Masimo SET® oximeter. The accuracy of the oximetry measurement may be impaired by the magnetic resonance tomograph.
- The oximeter may be used during defibrillation. Measurements performed subsequently may be inaccurate for a short time.
- Also read and understand the warnings in the operating instructions accompanying the different oximetry sensors.
- SpO<sub>2</sub> is empirically calibrated to functional arterial oxygen saturation in healthy adult volunteers with normal levels of carboxyhaemoglobin (COHb) and methaemoglobin (MetHb). An oximeter cannot measure elevated levels of COHb or MetHb. Increase in either COHb or MetHb will affect the accuracy of the SpO<sub>2</sub> measurement.
- High-intensity, extreme lights (including pulsating strobe lights) directly on the sensor may prevent the oximeter from obtaining readings.
- Interfering substances: Carboxyhaemoglobin may erroneously increase SpO<sub>2</sub> readings. The level of increase is approximately equal to the amount of carboxyhaemoglobin present. Colourants or any substance containing colourants that change the usual blood pigmentation may cause erroneous readings.
- Inaccurate SpO<sub>2</sub> readings can be caused by:
  - For increased COHb: COHb levels above normal tend to increase the level SpO<sub>2</sub>. The level of increase is approximately equal to the amount of COHb that is present. **NOTE:** High levels of COHb may occur with a seemingly normal SpO<sub>2</sub>. When elevated levels of COHb are suspected, laboratory analysis (CO-Oximetry) of a blood sample should be performed.
  - For increased MetHb: the SpO<sub>2</sub> may be decreased by levels of MetHb of up to approximately 10% to 15%. At higher levels of SpMet the levels of SpO<sub>2</sub> may tend to read in the low to mid 80s. When elevated levels of MetHb are suspected, laboratory analysis (CO-Oximetry) of a blood sample should be performed.

<ul style="list-style-type: none"> <li>• A functional tester cannot be utilized to assess the accuracy of the oximeter or any sensors.</li> <li>• Elevated levels of methemoglobin (MetHb) will lead to inaccurate SpO<sub>2</sub> and SpCO measurements.</li> <li>• Elevated levels of carboxyhaemoglobin (COHb) will lead to inaccurate SpO<sub>2</sub> measurements.</li> <li>• Elevated levels of total bilirubin may lead to inaccurate SpO<sub>2</sub>, SpMet, SpCO and SpHb measurements.</li> <li>• Very low arterial oxygen saturation (SpO<sub>2</sub>) levels may cause inaccurate SpCO and SpMet measurements.</li> <li>• Severe anaemia may cause erroneous SpO<sub>2</sub> readings.</li> <li>• Hemoglobin synthesis disorders may cause erroneous SpHb readings.</li> <li>• If using oximetry during full body irradiation, keep the sensor out of the radiation field. If the sensor is exposed to the radiation, the reading might be inaccurate or the device might read zero for the duration of the active radiation period.</li> <li>• Additional information specification to Masimo sensors, including information about parameter/measurement performance during motion and low perfusion, may be found in the sensor's Directions for Use (DFU).</li> <li>• The oximeter may not be operated in the vicinity of ionising (radioactive) radiation, as this may falsify the readings.</li> <li>• The Masimo SET Technology with Masimo sensors has been validated for no motion accuracy in human blood studies on healthy adult male and female volunteers with light to dark skin pigmentation in induced hypoxia studies in the range of 70-100% SpO<sub>2</sub> against a laboratory CO oximeter and ECG monitor. This variation equals <math>\pm 1</math> standard deviation and encompasses 68% of the population.</li> <li>• The Masimo SET Technology with Masimo sensors has been validated for motion accuracy in human blood studies on healthy adult male and female volunteers with light to dark skin pigmentation in induced hypoxia studies in the range of 70-100% SpO<sub>2</sub> against a laboratory CO oximeter and ECG monitor. Rubbing and tapping motions were performed at 2 to 4 Hz at an amplitude of 1 to 2 cm and a non-repetitive motion between 1 to 5 Hz at an amplitude of 2 to 3 cm. This variation equals <math>\pm 1</math> standard deviation and encompasses 68% of the population.</li> <li>• The Masimo SET technology has been validated for low perfusion accuracy in bench top testing against a Biotek Index 2 simulator and Masimo's simulator with signal strengths of greater than 0.02% and transmission of greater than 5% for saturations ranging from 70 to 100%. This variation equals <math>\pm 1</math> standard deviation and encompasses 68% of the population.</li> <li>• The Masimo SET technology with Masimo sensors has been validated for pulse rate accuracy for the range of 25 - 240 bpm in bench top testing against a Biotek Index 2 simulator. This variation equals <math>\pm 1</math> standard deviation and encompasses 68% of the population.</li> <li>• SpHb accuracy has been validated on healthy adult male and female volunteers and on surgical patients with light to dark skin pigmentation in the range of 8-17 g/dL SpHb against a laboratory CO-oximeter. This variation equals <math>\pm 1</math> standard deviation and encompasses 68% of the population. The SpHb accuracy has not been validated with motion or low perfusion.</li> </ul>
<p><b>Invasive blood pressure measurement</b></p> <ul style="list-style-type: none"> <li>• Monitoring with two or more transducers: If two or more blood pressure transducers are connected to the corpu3 for monitoring, these must all be connected to the patient. If one of the transducers is not connected to the patient and lies open or hangs free, this may provide unintended current paths during defibrillation. Use transducers with specified insulation (5 kV DC).</li> <li>• Carefully read and follow the operating instructions of the transducers you are using.</li> <li>• If non-invasive blood pressure monitoring is also performed on the same limb during invasive blood pressure monitoring, the non-invasive monitoring will negatively affect the measurement results of the invasive measurement.</li> <li>• Per connection socket at the patient box two transducer ports are merged. These are not insulated from each other (P1 and P2, P3 and P4).</li> <li>• Invasive blood pressure measurement is not protected against high frequency surgical devices or microwave therapy devices.</li> </ul>
<p><b>Temperature measurement</b></p> <ul style="list-style-type: none"> <li>• Carefully read and follow the operating instructions of the temperature sensor that you are using.</li> </ul>

Table A-48 Safety information

## H ECG Analysis during Semi-automatic Defibrillation (AED mode)

**Procedure** The ECG analysis is performed by a program which analyses the ECG in up to three blocks of 4 seconds with the following result:

- Shock recommended
- Shock not recommended

The analysis is performed in each of the three blocks and these individual assessments are subsequently weighted.

	Maximum duration of ECG analysis (12 s)			Result
Start	Block 1 (4 s)	Block 2 (4 s)	Block 3 (4 s)	Refractory time (8 s)

Table A-49 Duration of the maximum ECG analysis

If two of the three blocks yield the result "Shock recommended", the overall result is "Shock recommended". If two of the three blocks yield the result "Shock not recommended", the overall result is "Shock not recommended".

If the result "Shock recommended" is determined after 8 or 12 seconds, a refractory time of 8 seconds begins. The result is not revised during the refractory time, so the user can place the shock paddles on the patient and release a shock without having to worry that readiness to shock will be cancelled due to the disturbances caused by doing so. This refractory time can only be interrupted if another analysis is started by the user.

To avoid wasting time, some procedures in the process will be accelerated if the expected result is certain at an early stage:

	ECG analysis		Result
	Shock recommended	Shock recommended	Shock recommended (e. g. 200 Joule)
Start	Block 1 (4 s)	Block 2 (4 s)	Refractory time (8 s)
		Charging	Ready for shock

Table A-50 Acceleration of the ECG analysis process

If the first block yields the result "Shock recommended", the device will immediately begin to charge ECG, to reduce the amount of time from beginning of analysis to readiness to shock.

If the overall outcome is already determined after two analysis blocks with a positive result, the third will be omitted and readiness to shock will begin as soon as the device has finished charging.

The following are defined as shockable rhythms:

- Ventricular fibrillation
- Ventricular tachycardia, rate > 180/min

**ECG database for validation of the analysis software****Origin of the data**

The ECG data used originate from recordings from the Creighton University Ventricular Tachyarrhythmia Database<sup>1 2 3</sup> as well as from the Massachusetts Institute of Technology – Beth Israel Hospital (MIT-BIH) Malignant Ventricular Arrhythmia Database<sup>4 5 6</sup>. These were recorded with common patient monitors similar to the corpuls3.

**Application on validation of the analysis software****Scope of the measurements**

A total of 1816 16-s long measurements from ECG sections which constitute a representative cross-section of all ECGs have been included for validation of the analysis software. These measurements were classified by a cardiologist with regard to ECG rhythms and shockability. The threshold between an asystole and a VF was set at an amplitude of 200  $\mu\text{V}$  and the threshold between a shockable and a non-shockable VT at a heart rate of 180/min.

The measurements contained in this database were not used for development.

Performance goals for arrhythmia analysis algorithms (artifact free) as recommended by the American Heart Association<sup>7</sup>.

Rhythms	Test sample size total (required minimum)	Observed performance
<b>Shockable</b>	736 (250)	
Coarse VF (Amplitude > 200 $\mu\text{V}$ )	591 (200)	92.22 %
Rapid VT (rate > 180 /min)	145 (50)	100 %
<b>Nonshockable</b>	1058 (230)	
NSR	480 (100 arbitrary)	98.75 %
AF, SB, SVT, heart block, idioventricular, PVCs	392 (30 arbitrary)	99.49 %
Asystole	186 (100 for safety)	91.40 %

Table A-51 Classification table

Abbreviations:

VF, Ventricular fibrillation

SB, Sinus bradycardia

VT, Ventricular tachycardia

SVT, Supraventricular tachycardia

NSR, Normal sinus rhythm

PVCs, Premature ventricular contractions

AF, Atrial fibrillation/-flutter

<sup>1</sup> Goldberger AL, Amaral LAN, Glass L, Hausdorff JM, Ivanov PCh, Mark RG, Mietus JE, Moody GB, Peng C-K, Stanley HE. PhysioBank, PhysioToolkit, and PhysioNet: Components of a New Research Resource for Complex Physiologic Signals. *Circulation* **101**(23):e215-e220 [Circulation Electronic Pages; <https://ahajournals.org/doi/10.1161/01.CIR.101.23.e215>]; 2000 (June 13).

<sup>2</sup> Nolle FM, Badura FK, Catlett JM, Bowser RW, Sketch MH. CREI-GARD, a new concept in computerized arrhythmia monitoring systems. *Computers in Cardiology* 13:515-518 (1986)

<sup>3</sup> See <https://physionet.org/content/cudb/1.0.0/>

<sup>4</sup> Goldberger AL, Amaral LAN, Glass L, Hausdorff JM, Ivanov PCh, Mark RG, Mietus JE, Moody GB, Peng C-K, Stanley HE. PhysioBank, PhysioToolkit, and PhysioNet: Components of a New Research Resource for Complex Physiologic Signals. *Circulation* **101**(23):e215-e220 [Circulation Electronic Pages; <https://ahajournals.org/doi/10.1161/01.CIR.101.23.e215>]; 2000 (June 13).

<sup>5</sup> Greenwald SD. Development and analysis of a ventricular fibrillation detector. M.S. thesis, MIT Dept. of Electrical Engineering and Computer Science, 1986.

<sup>6</sup> See also <https://physionet.org/content/vfdb/1.0.0/>

<sup>7</sup> Kerber, Richard E. (1997): Automatic external defibrillators for public access defibrillation. Recommendations for specifying and reporting arrhythmia analysis algorithm performance, incorporating new waveforms, and enhancing safety. A Statement for Health Professionals From the American Heart Association Task Force on Automatic External Defibrillation, Subcommittee on AED Safety and Efficacy. With assistance of Lance B. Becker, Joseph D. Bourland, Richard O. Cummins, Alfred P. Hallstrom, Mary B. Michos, Graham Nichol et al. Dallas, TX: American Heart Association (Scientific statement).

## Assessment and Results

Decision-making reliability of the ECG analysis programme

**Sensitivity and specificity** The quality of an ECG analysis programme is determined by the values **sensitivity** and **specificity**.

**Performance indicators** For the evaluation of the performance of the algorithm the following performance indicators were defined. According to the recommendation of the AHA, test-ECGs of the "intermediate" class are not included in the calculation of sensitivity or specificity.

a = number of correct positive decisions

b = number of false positive decisions

c = number of false negative decisions

d = number of correct negative decisions

Result	Value (Defibrillator/pacer)	Value (Patient box)
a	715	710
b	33	44
c	43	48
d	1025	1014
Total	1816	1816

Table A-52 Results

This therefore yields:

Defibrillator/pacer	Sensitivity = $a/(a+c)=0.9433$
	Specificity = $d/(b+d) =0.9688$
	False positive ratio = $b/(b+d)=0.0312$
	Positive predictive value = $a/(a+b) = 0.9559$
Patient Box	Sensitivity = $a/(a+c)=0.9366$
	Specificity = $d/(b+d) =0.9584$
	False positive ratio = $b/(b+d)=0.0416$
	Positive predictive value = $a/(a+b)=0.9416$

## I corpuls3 HYPERBARIC (HBO)

### Operation in hyperbaric chamber up to 3 barg and 23% a max. oxygen concentration

The product variant corpuls3 **HYPERBARIC** is approved for operation in a multiplace hyperbaric chamber during hyperbaric oxygen therapy (HBO) up to an overpressure of 3 barg and a maximum oxygen concentration of 23%.

For further information that go beyond this appendix, please contact the manufacturer or their authorised sales and service partners.

**Note** When the door of the hyperbaric chamber is closed, the reach of the radio connection towards modules outside the chamber is reduced.



**Caution**

There can be changes in the measured values of non-invasive blood pressure measurement (option) during the build-up and decrease of pressure inside the pressure chamber.  
Do not perform NIBP measurements during the diving phases.



**Caution**

There can be changes in the measured values of CO<sub>2</sub> monitoring (option), because the CO<sub>2</sub> partial pressures are changing under pressure.



**Warning**

Charging the monitoring unit and the patient box inside the pressure chamber is only allowed via the charging bracket for monitoring unit, P/N 04401.041. The use of MagCode connectors and charging brackets with integrated MagCode is forbidden for charging the monitoring unit, the patient box and the defibrillator/pacer.

The red cover over the magnetic contact fields may not be removed.



**Warning**

When administering oxygen via inhalation mask or nasal cannula or when using a ventilation bag with reservoir, make sure that no oxygen accumulates above the corPatch electrodes. When defibrillation is imminent, the oxygen supply has to be shut off.



**Warning**

The use of swivelling adapters (swivelling adapter 35 °, P/N 04406.01 and swivelling adapter 60 °, P/N 04406) is forbidden inside the pressure chamber.



**Warning**

The protection of the power supply for the charging bracket for the monitoring unit, P/N 04401.041 has to be minimum 6 A and maximum 10 A.



**Warning**

To guarantee safe operation of the device in a hyperbaric chamber, exclusively use the materials itemised in the list of accessories approved for operation in hyperbaric chamber (see chapter 10.8 Approved Accessories, Spare Parts and Consumables, page 249). Modules, batteries and accessories without HBO certificate may not be used in combination with HBO certified modules, batteries and accessories.



## J Major performance characteristics

The essential performance of the corpuls3 and its optional accessories is:

- Defibrillation, synchronous cardioversion and AED therapy decision
- Pacer therapy
- ECG monitoring, diagnosis, heart rate and alarms
- SpO<sub>2</sub> monitoring, pulse rate and alarms
- CO<sub>2</sub> monitoring, respiration rate and alarms
- NIBP monitoring and alarms
- IBP monitoring and alarms
- Temperature monitoring and alarms
- Mounting in vehicle

## K Guidelines and Manufacturer's Declaration

Electromagnetic emission		
The corpuls3 is intended for operation in the electromagnetic environment indicated below. The operator or the user has to make sure that the corpuls3 is used in such an environment.		
Emission measurements	Compliance	Electromagnetic environment - guidelines
HF emissions in accordance with CISPR 11	Group 1	The device uses HF energy only for its internal function. Consequently, its HF emission is very low and it is unlikely to interfere with neighbouring electronic devices.
HF emissions in accordance with CISPR 11	Class B	According to IEC 60601-1-2, the corpuls3 is intended for use in areas of home health care and in professional healthcare institutions and those which are directly connected to the public mains supply.
Emission of harmonic oscillations in accordance with IEC 61000-3-2	Class A	
Voltage fluctuations/flicker in accordance with IEC 61000-3-3	Complied with	


Table A-53 Electromagnetic emission

Electromagnetic interference immunity			
The corpuls3 is intended for operation in the electromagnetic environment indicated below. The operator or the user has to make sure that the corpuls3 is used in such an environment.			
Interference immunity tests	IEC 60601 test level	Compliance level	Electromagnetic environment - guidelines
According to IEC 60601-1-2, the corpuls3 is intended for use in areas of home health care and in professional healthcare institutions and those which are directly connected to the public mains supply.			
Electrostatic discharge (ESD) in accordance with IEC 61000-4-2	± 8 kV Contact discharge	± 8 kV Contact discharge	Floors should be made of wood, concrete or metal or be covered with ceramic tiles. If the floor is covered with synthetic material, the relative humidity should be at least 30%.
	± 15 kV Air discharge	± 15 kV Air discharge	
Rapid transient electrical interference/bursts in accordance with IEC 61000-4-4	± 2 kV for mains connection  ± 1 kV for SIPS/SOPS	± 2 kV for mains connection  ± 1 kV for SIPS/SOPS	The quality of the power supply should correspond to that of a typical business or hospital environment.
Surges according to IEC 61000-4-5	± 1 kV normal mode voltage ± 2 kV common mode voltage	± 1 kV normal mode voltage ± 2 kV common mode voltage	The quality of the power supply should correspond to that of a typical business or hospital environment.

Electromagnetic interference immunity			
Voltage dips, brief interruptions and fluctuations in the power supply in accordance with IEC 61000-4-11	<ul style="list-style-type: none"> <li>• 0 % <math>U_T</math> for <math>\frac{1}{2}</math> period</li> <li>• 0 % <math>U_T</math> for 1 period</li> <li>• 70 % <math>U_T</math> for 25 periods</li> <li>• 0 % for 250 periods</li> </ul>	Not applicable	The device is always operated with a battery buffer. The user must ensure that the battery in the corpuls3 always remains adequately charged.
Magnetic field of the supply frequency (50/60 Hz) in accordance with IEC 61000-4-8	30 A/m	30 A/m	The corpuls3 must not be operated near a switched-on MRI unit (magnetic resonance imaging).
Note: $U_T$ is the mains alternating voltage before application of the test level			

Table A-54 Electromagnetic interference immunity part 1

Electromagnetic interference immunity			
The corpuls3 is intended for operation in the electromagnetic environment indicated below. The operator or the user has to make sure that the corpuls3 is used in such an environment.			
Interference immunity tests	IEC 60601 test level	Compliance level	Electromagnetic environment - guidelines
Conducted HF interference according to IEC 61000-4-6	<ul style="list-style-type: none"> <li>• 3 <math>V_{\text{eff}}</math> outside the ISM bands</li> <li>• 6 <math>V_{\text{eff}}</math> within the ISM bands</li> </ul>	<ul style="list-style-type: none"> <li>• 3 <math>V_{\text{eff}}</math> outside the ISM bands</li> <li>• 6 <math>V_{\text{eff}}</math> within the ISM bands</li> </ul>	$d = 1.2\sqrt{P}$
	10 $V_{\text{eff}}$ 150 kHz to 80 MHz outside the ISM bands <sup>a</sup>	3 $V_{\text{eff}}$	$d = 4.0\sqrt{P}$
Radiated HF interference according to IEC 61000-4-3	10 V/m 80 MHz to 2.7 GHz	3 V/m	ECG, oximetry monitor: $d = 4.0\sqrt{P}$ for 80 MHz to 800 MHz $d = 7.7\sqrt{P}$ for 800 MHz to 2.5 GHz  With magnetic forces of > 3 V/m, disturbances in the ECG signal may selectively occur.

Electromagnetic interference immunity			
		10 V/m	Defibrillator/Pacer: no unintentional change in condition $d = 1.2\sqrt{P}$ for 80 MHz to 800 MHz $d = 2.3\sqrt{P}$ for 800 MHz to 2.5 GHz
		20 V/m	Defibrillator: no unintentional energy release $d = 0.6\sqrt{P}$ for 80 MHz to 800 MHz $d = 1.2\sqrt{P}$ for 800 MHz to 2.5 GHz  <i>P</i> being the maximum nominal output of the transmitter in watts (W) according to the transmitter manufacturer's indications and <i>d</i> being the recommended protection distance in metres (m). <sup>b</sup>  The magnetic force of stationary radio transmitters should be lower than the level of compliance <sup>d</sup> for all frequencies according to an on-site test <sup>c</sup>  Interference is possible in the vicinity of devices that bear the following pictorial symbol:  Fig. A-4 Radio transmitter
	27 V/m	27 V/m	380 MHz - 390 MHz TETRA 400
	28 V/m	28 V/m	430 MHz - 470 MHz GMRS 460, FRS 460
	9 V/m	9 V/m	704 MHz - 787 MHz LTE Band 13, 17

Electromagnetic interference immunity			
	28 V/m	28 V/m	800 MHz - 960 MHz GSM 800/900, TETRA 800, iDEN 820, CDMA 850, LTE Band 5
	28 V/m	28 V/m	1700 MHz - 1990 MHz GSM 1800, CDMA 1900, GSM 1900, DECT, LTE Band 1/3/4/25, UMTS
	28 V/m	28 V/m	2400 MHz - 2570 MHz Bluetooth, WLAN 802.11 b/g/n, RFID 2450, LTE Band 7
	9 V/m	9 V/m	5100 MHz- 5800 MHz WLAN 802.11 a/n
<p><b>Comment 1:</b> At 80 MHz and 800 MHz, the higher frequency range applies</p> <p><b>Comment 2:</b> These guidelines may not be applicable in all cases. Propagation of electromagnetic variables is influenced by absorption and reflection via buildings, objects and people.</p>			
<p><sup>a</sup> The ISM frequency bands (for industrial, scientific and medical applications between 150 kHz and 80 MHz) are 6.765 MHz to 6.795 MHz; 13.553 MHz to 13.567 MHz; 26.957 MHz to 27.283 MHz and 40.66 MHz to 40.70 MHz.</p> <p><sup>b</sup> The compliance levels in the ISM frequency bands between 150 kHz and 80 MHz and in the frequency range of 80 MHz and 2.5 GHz are intended to reduce the likelihood that portable/mobile communication devices will be able to cause interference if they are unintentionally brought into the patient area. For this reason, the additional factor 10/3 is applied in calculating the recommended protection distances in these frequency ranges.</p> <p><sup>c</sup> The magnetic force of stationary transmitters, such as base stations of mobile telephones and mobile terrestrial radio devices, amateur radio stations, AM and FM radio and television transmitter can theoretically not be determined in advance. To establish the electromagnetic environment with regard to stationary transmitters, a study of the location should be considered. If the measured magnetic force at the location at which the corpuls3 is used exceeds the above mentioned compliance level, the corpuls3 must be observed to verify function as intended. If unusual performance characteristics are observed, additional measures may be required, such as a modified orientation or another location for the corpuls3.</p> <p><sup>d</sup> Above the frequency range of 150 kHz to 80 MHz the field strength must be less than 3 V/m.</p>			

Table A-55 Electromagnetic interference immunity part 2

Recommended protection distances between portable/mobile HF communication devices and the corpuls3				
<p>The corpuls3 is intended for operation in an electromagnetic environment in which radiated HF interference is controlled. The operator or the user of the corpuls3 can help to prevent electromagnetic interference by keeping minimum distances between portable/mobile HF communication devices (transmitters) and the corpuls3, as recommended below according to the maximum output of the communication device.</p>				
Nominal output of the transmitter in W	Protection distance according to transmission frequency in m			
	150 kHz to 80 MHz outside the ISM bands	150 kHz to 80 MHz in the ISM bands	When used as a monitor	
			80 MHz to 800 MHz	800 MHz to 2.7 GHz
	$d = 1.2\sqrt{P}$	$d = 4.0\sqrt{P}$	$d = 4.0\sqrt{P}$	$d = 7.7\sqrt{P}$

Recommended protection distances between portable/mobile HF communication devices and the corpuls3				
0.01	0.12	0.40	0.40	0.77
0.1	0.38	1.3	1.3	2.4
1	1.2	4.0	4.0	7.7
10	3.8	13	13	24
100	12	40	40	77
	When used as a defibrillator/pacer		Defibrillator: no unintentional energy release	
	80 MHz to 800 MHz	800 MHz to 2.7 GHz	80 MHz to 800 MHz	800 MHz to 2.7 GHz
	$d = 1.2\sqrt{P}$	$d = 2.7\sqrt{P}$	$d = 0.6\sqrt{P}$	$d = 1.2\sqrt{P}$
0.01	0.12	0.27	0.06	0.12
0.1	0.38	0.66	0.15	0.38
1	1.2	2.7	0.6	1.2
10	3.8	6.6	1.5	3.8
100	12	27	6.0	12
For transmitters, whose nominal output is not indicated in the table above, the distance can be determined using the equation which corresponds to the respective column, with P being the nominal output of the transmitter in watts (W) according to the transmitter manufacturer's indication.				
<b>Comment 1</b> The ISM bands between 150 kHz and 80 MHz are 6.765 MHz to 6.795 MHz; 13.553 MHz to 13.567 MHz; 26.957 MHz to 27.283 MHz and 40.66 MHz to 40.70 MHz.				
<b>Comment 2</b> To calculate the recommended protection distance of transmitters in the ISM frequency bands between 150 kHz and 80MHz and in the frequency range between 80 MHz and 2.7 GHz, an additional factor of 10/3 is used to reduce the likelihood that a portable/mobile communications device brought into the patient area will result in interference.				
<b>Comment 3</b> These guidelines may not apply in all situations. Propagation of electromagnetic waves is influenced by absorption and reflection via buildings, objects and people.				
Subject to technical modifications.				

Table A-56 Recommended protection distances

**Warning**

Portable HF communication devices should not be used at a closer distance than 30 cm (12 inches) from the corpuls3. Non-compliance can lead to a reduction of the essential performance of the corpuls3.

## L Warranty

In addition to the statutory warranty conditions in Germany, the manufacturer offers a limited manufacturer's warranty on material defects and manufacturing faults. The scope of the warranty can be viewed in the respective guarantee conditions of the relevant sales and service partners.

This warranty conclusively regulates the legal relationship between the purchaser and GS Elektromedizinische Geräte G. Stemple GmbH. Further damage claims are excluded, unless liability is prescribed by law.

Excepted from the warranty are wear parts, errors and damages that are the result of improper handling, faulty storage or installation and extraneous causes, such as transport damage, damage caused by impact, reparations and changes carried out by a non-authorized third party. The claim under the warranty shall be void as well if accessories are used that were not purchased from GS Elektromedizinische Geräte G. Stemple GmbH or an authorized sales partner. Software support (except updates) is not covered under the warranty.

In case of a defect and further warranty and guarantee handling please contact your authorized sales and service partner or the manufacturer.

The manufacturer shall only accept liability for user and operating safety of the device if maintenance, safety checks, repairs, additions and new settings were performed by the manufacturers themselves or persons specifically authorized by the manufacturer.

Additionally, the general terms and conditions of the company GS Elektromedizinische Geräte G. Stemple GmbH shall apply in the current version until further amendment. The general terms and conditions are available at GS Elektromedizinische Geräte G. Stemple GmbH upon request.

## M Protection Rights and Patents

The corpuls3 and some of its accessories are protected by patents either applied for and/or already granted. Consequently, possession or purchase of this device does not automatically confer licence to use this device with spare parts or accessories (cables, sensors, etc.) which, alone or in combination with this device, infringe applicable patents for this device or patents of individual components which are used with this device.

It is therefore not permitted to, e. g:

- dismantle parts of the corpuls3 and use them for other purposes.
- replicate components or accessories.

The corpuls3 and its accessories may not be modified without permission of the manufacturer.

Goods are mentioned in this user manual without mention of any existing patents, samples or trademarks.

corpuls<sup>®</sup> is a registered trademark of GS Elektromedizinische Geräte G. Stemple GmbH.



<sup>®</sup> is a registered trademark of GS Elektromedizinische Geräte G. Stemple GmbH.



## N Disposal of the Device and Accessories



To further preservation and protection of the environment, avoidance of pollution and recycling of raw materials, the European Commission issued a directive decreeing that electrical and electronic devices have to be taken back and correctly disposed of or recycled by the manufacturer. Devices marked with this symbol therefore may not be disposed of in the normal waste within the European Union. The same is true for disposable consumables, such as e. g. electrodes.

Please ask your local authorities, your sales and service partner or the manufacture for information on correct disposal.



### Information on the disposal of packaging

The packaging of our devices is an integral part of our product. The packaging has been especially developed for our product and therefore in general is optimally suited for shipping. In case you have to ship your device within or after the guarantee period to our service team, the original packaging is the best protection from transport damage.

### Manufacturer's recommendation

**Keep the original packaging for as long as you have the device in your possession!**

If, however, you want to dispose of the packaging or if it is an external packaging used by us, you may dispose of it by means of your regional institutions (recovered paper container, recycling centre, paper collection etc).

## 0 Note on Data Protection

During the operation of the corpuls3, personalised data for service provision and patient care is being saved or transferred in encrypted form under strict adherence to the directives 95/46/EC (Data protection), 2002/58/EC (Data protection for electronic communication) as well as other relevant directives, ordinances and legislation.

## P List of Illustrations

Fig. 1-1	Sample rating plates .....	3
Fig. 3-1	Compact device .....	9
Fig. 3-2	Individual modules .....	10
Fig. 3-3	Usage options of the modular corpuls3 .....	11
Fig. 3-4	Usage options of the modular corpuls3 as a patient monitoring system .....	12
Fig. 3-5	Monitoring unit .....	14
Fig. 3-6	Monitoring unit, rear view .....	15
Fig. 3-7	Patient box (illustration may differ) .....	16
Fig. 3-8	Patient Box Interfaces, right hand side .....	17
Fig. 3-9	Patient Box Interfaces, left hand side .....	17
Fig. 3-10	Patient Box with Accessory Bag .....	18
Fig. 3-11	Defibrillator/Pacer .....	19
Fig. 3-12	Defibrillator/Pacer SLIM .....	20
Fig. 3-13	Brackets .....	21
Fig. 3-14	Biphasic defibrillation pulse 6/4 (qualitative representation) .....	23
Fig. 3-15	Biphasic defibrillation pulse 4/3 (qualitative representation) .....	24
Fig. 3-16	Alarm messages in the alarm history .....	26
Fig. 3-17	Inverted parameter field .....	27
Fig. 3-18	Jog dial .....	27
Fig. 3-19	Alarm message on the patient box screen .....	29
Fig. 3-20	Remaining running time of the corpuls3 in the current operating status .....	30
Fig. 3-21	Remaining running time of the patient box .....	31
Fig. 3-22	Display of the current state of charge of the batteries on mains operation .....	32
Fig. 3-23	Compact device, power supply (illustration may differ) .....	33
Fig. 3-24	Monitoring unit, power supply .....	33
Fig. 3-25	Patient box, power supply (illustration may differ) .....	34
Fig. 4-1	Monitoring unit, operating elements and LEDs .....	35
Fig. 4-2	Monitoring unit, example of basic structure of the screen pages .....	39
Fig. 4-3	Screen page, example with horizontal and vertical parameter area .....	41
Fig. 4-4	Inverted video display of the screen (colours may differ) .....	42
Fig. 4-5	Touchscreen, active areas are highlighted in colour .....	43
Fig. 4-6	Patient box, displays on the screen (illustration may differ) .....	44
Fig. 4-7	Patient box, control keys and LEDs (illustration may differ) .....	45
Fig. 4-8	Defibrillator, control key and status LEDs .....	46
Fig. 4-9	Defibrillator SLIM, control key and status LEDs .....	47
Fig. 4-10	Confirmation prompt before switching off .....	49
Fig. 4-11	Upload screen .....	49
Fig. 4-12	Switching off with pacer active .....	50
Fig. 4-13	Warning on switching off .....	50
Fig. 4-14	Example for softkey context menu .....	51
Fig. 4-15	Parameter context menu (illustration may differ) .....	52
Fig. 4-16	Curve context menu .....	53
Fig. 4-17	Main menu .....	54

Fig. 4-18	Configuration dialogue .....	55
Fig. 4-19	Disconnecting the monitoring unit from the defibrillator/pacer (illustration may differ).....	56
Fig. 4-20	Disconnecting the monitoring unit from the defibrillator/pacer SLIM (illustration may differ) .....	57
Fig. 4-21	Disconnecting the patient box from the monitoring unit (illustration may differ) .....	57
Fig. 4-22	Connecting the patient box to the monitoring unit (illustration may differ) .....	58
Fig. 4-23	Connecting the monitoring unit to the defibrillator/pacer (illustration may differ).....	59
Fig. 4-24	Connecting the monitoring unit to the defibrillator/pacer SLIM (illustration may differ).....	59
Fig. 4-25	Removing the patient box from the compact device (illustration may differ) .....	60
Fig. 4-26	Removing the patient box from the compact device with defibrillator/pacer SLIM .....	60
Fig. 4-27	Accessory bag and patient box, front view (illustration may differ) .....	61
Fig. 4-28	Accessory bag with patient box, rear view (illustration may differ) .....	62
Fig. 4-29	Inserting the plugs on the right-hand side of the patient box .....	62
Fig. 4-30	Contents of right-hand bag (illustration may differ) .....	63
Fig. 4-31	Connecting the plugs on the left-hand side of the patient box.....	64
Fig. 4-32	Contents of left-hand bag (illustration may differ) .....	64
Fig. 4-33	Inserting the compact device into the bracket (Illustration may differ) .....	65
Fig. 4-34	Inserting the monitoring unit into the bracket (Illustration may differ).....	66
Fig. 4-35	Inserting the patient box into the charging bracket (ceiling installation).....	67
Fig. 5-1	Connecting the therapy electrode cables (illustration may differ) .....	70
Fig. 5-2	Removing the shock paddles from their holders.....	71
Fig. 5-3	AED mode, initial screen (illustration may differ) .....	73
Fig. 5-4	AED mode function keys .....	74
Fig. 5-7	Applying the shock paddles.....	78
Fig. 5-8	Manual defibrillation, initial screen (illustration may differ).....	80
Fig. 5-9	Function keys for manual defibrillation and cardioversion.....	81
Fig. 5-10	Applying the shock paddles.....	84
Fig. 5-11	Connecting baby shock electrodes .....	87
Fig. 5-12	Pacer function .....	88
Fig. 5-13	Pacer pulse identification.....	89
Fig. 5-14	Pacer, Recommended electrode <b>placement</b> .....	90
Fig. 5-15	Pacer, initial screen .....	92
Fig. 5-16	Pacer, selecting the intensity .....	93
Fig. 5-17	Pacer, OVERDRIVE function .....	94
Fig. 5-18	Softkey context menu metronome .....	97
Fig. 5-19	Connecting the corPatch CPR sensor to the corPatch CPR intermediate cable .....	100
Fig. 5-20	CPR feedback, attaching the corPatch CPR sensor .....	100
Fig. 5-21	CPR feedback .....	101
Fig. 5-22	Display of corpuls cpr parameters.....	103
Fig. 6-1	Selection of the monitoring and diagnostic function.....	107
Fig. 6-2	Trend curves .....	108
Fig. 6-3	ECG monitoring, applying the ECG electrodes (shortened form) .....	111

Fig. 6-4	ECG monitoring, initial screen.....	112
Fig. 6-5	Real-time printout, section.....	113
Fig. 6-6	ECG monitoring, adapting the curves.....	114
Fig. 6-7	Heart rate parameter field.....	116
Fig. 6-8	Diagnostic ECG, applying the ECG electrodes (1).....	118
Fig. 6-9	Diagnostic ECG, applying the ECG electrodes (2).....	119
Fig. 6-10	Diagnostic ECG, preview screen.....	120
Fig. 6-11	D-ECG, options.....	121
Fig. 6-12	Printout of 12-lead ECG (illustration may differ).....	122
Fig. 6-13	D-ECG printout of the representative cycle with HES® Light (illustration may differ).....	123
Fig. 6-14	D-ECG printout with ECG analysis and ECG interpretation HES® (option) (illustration may differ).....	124
Fig. 6-15	Rhythm- and typing diagram for a regular sinus rhythm.....	126
Fig. 6-16	Rhythm- and typing diagram for a sinus rhythm with two compensated ventricular and one compensated supraventricular extrasystole.....	126
Fig. 6-17	Longterm ECG with monitoring function.....	128
Fig. 6-18	Connecting the oximetry sensor on to the intermediate cable (Illustration may differ).....	131
Fig. 6-19	Oximetry monitoring, attaching the oximetry sensor.....	131
Fig. 6-20	Oximetry monitoring, configured screen (illustration may differ).....	132
Fig. 6-21	Pleth monitoring, section of a printout.....	133
Fig. 6-22	Pulse rate parameter field.....	134
Fig. 6-23	CO <sub>2</sub> monitoring, nasal adapter.....	136
Fig. 6-24	CO <sub>2</sub> monitoring, disposable endotracheal tube adapter.....	137
Fig. 6-25	Fitting the disposable CO <sub>2</sub> nasal(/oral) adapter on the patient.....	137
Fig. 6-26	CO <sub>2</sub> monitoring, configured screen.....	139
Fig. 6-27	CO <sub>2</sub> monitoring, section of a printout.....	140
Fig. 6-28	Respiratory rate parameter field.....	141
Fig. 6-29	NIBP user interface in large view.....	143
Fig. 6-30	NIBP user interface in trend view.....	144
Fig. 6-31	NIBP monitoring, attaching the NIBP cuff.....	145
Fig. 6-32	NIBP monitoring parameter fields.....	147
Fig. 6-33	NIBP parameter field with active interval measurement.....	148
Fig. 6-34	IBP calibration.....	150
Fig. 6-35	IBP monitoring, configured screen.....	151
Fig. 6-36	IBP monitoring, section of a printout.....	152
Fig. 6-37	Temperature monitoring parameter field.....	153
Fig. 7-1	System settings, user level DEFAULT.....	155
Fig. 7-2	Displaying curves.....	157
Fig. 7-3	Displaying parameter fields.....	158
Fig. 7-4	Big parameter fields.....	159
Fig. 7-5	Selecting pre-set views.....	159
Fig. 7-6	Printer setting "Same as screen".....	160
Fig. 7-7	Selecting printer curves.....	161
Fig. 7-8	Printer settings Trend and Protocol.....	162

Fig. 7-9	Printer settings for D-ECG.....	163
Fig. 7-10	ECG settings .....	166
Fig. 7-11	Settings for oximetry monitoring .....	167
Fig. 7-12	Settings for CO <sub>2</sub> monitoring .....	169
Fig. 7-13	Settings for IBP monitoring.....	170
Fig. 7-14	Settings for CPR feedback.....	171
Fig. 7-15	Alarm settings.....	172
Fig. 7-16	Alarm limits.....	173
Fig. 7-17	Setting automatic alarm limits .....	175
Fig. 7-18	Code prompt.....	176
Fig. 7-19	System settings (persons responsible for the device).....	177
Fig. 7-20	Event configuration (persons responsible for the device) .....	180
Fig. 7-21	Defibrillation function settings (persons responsible for the device).....	182
Fig. 7-22	Filter settings for ECG (persons responsible for the device) .....	183
Fig. 7-23	Alarm settings (persons responsible for the device).....	185
Fig. 7-24	Pre-setting views (illustration may differ) .....	187
Fig. 7-25	Entering a name for a view.....	188
Fig. 7-26	Entering master data (persons responsible for the device).....	189
Fig. 7-27	Configuration of ECG measurement and ECG interpretation (persons responsible for the device).....	190
Fig. 7-28	ECG measurement and ECG interpretation version in system info .....	192
Fig. 7-29	Settings for the insurance card reader (persons responsible for the device).....	193
Fig. 7-30	Extended settings for CPR feedback .....	194
Fig. 7-31	NIBP settings.....	196
Fig. 7-32	Settings feed speed (persons responsible for the device).....	198
Fig. 8-1	Entering patient data .....	199
Fig. 8-2	Selecting pre-configured events.....	200
Fig. 8-3	Entering master data .....	202
Fig. 8-4	Example of an ECG in the protocol at the time of an event .....	204
Fig. 8-5	Mission browser .....	205
Fig. 8-6	D-ECG Browser .....	206
Fig. 8-7	Readout of patient data from insurance card reader .....	208
Fig. 9-1	Telemetry settings (Persons responsible for the device) .....	210
Fig. 9-2	Telemetry connections (Persons responsible for the device) .....	213
Fig. 9-3	Configuration of Telemetry Services .....	214
Fig. 9-4	Add network .....	218
Fig. 9-5	Configuring a network .....	219
Fig. 9-6	Phonebook (= telemetry connections) .....	222
Fig. 9-7	Confirmation prompt for mission upload.....	223
Fig. 9-8	Bluetooth settings (Persons Responsible for the Device).....	225
Fig. 9-9	Bluetooth connections (persons responsible for the device).....	226
Fig. 9-10	Bluetooth connections.....	227
Fig. 9-11	Incoming webMessage .....	229
Fig. 9-12	Printing a webMessage.....	230
Fig. 10-1	Opening the printer flap .....	241

Fig. 10-2	Printer .....	242
Fig. 10-3	Changing the battery (monitoring unit) .....	243
Fig. 10-4	Monitoring unit, infrared interfaces .....	245
Fig. 10-5	Patient box, infrared interface .....	246
Fig. 10-6	Defibrillator/Pacer, infrared interface .....	246
Fig. A-1	Biphasic defibrillator impulse 6/4 .....	326
Fig. A-2	Biphasic defibrillator impulse 4/3 .....	327
Fig. A-3	Pacer impulse .....	327
Fig. A-4	Radio transmitter .....	342

## Q List of Tables

Table 1-1	Versions of the User manual.....	iv
Table 1-2	Supplements to the User manual.....	iv
Table 2-1	Indications and Contraindications.....	8
Table 2-2	Body areas of application.....	8
Table 3-1	Brackets and power supply options.....	21
Table 3-2	Frequency and intensity.....	25
Table 4-1	Keyboard layout defibrillation keys (modifications possible).....	36
Table 4-2	Module connection status.....	40
Table 4-3	Module connection status.....	44
Table 4-4	Contents of right-hand bag.....	63
Table 4-5	Contents of left-hand bag.....	64
Table 5-1	Therapy electrodes for defibrillation and pacing.....	68
Table 5-2	Metronome modes.....	96
Table 6-2	Coded Explanations by HES®.....	125
Table 6-3	Criteria of the representative cycle.....	125
Table 6-4	IBP monitoring, pressure channel assignment.....	148
Table 7-2	Values for printer settings.....	161
Table 7-3	Values for trend settings.....	162
Table 7-4	Values for the D-ECG printout.....	164
Table 7-5	Adjusting the printer intensity.....	165
Table 7-6	Values for ECG setting.....	166
Table 7-7	Values for oximetry Monitoring.....	168
Table 7-8	CO <sub>2</sub> monitoring values.....	169
Table 7-9	Values for IBP monitoring.....	170
Table 7-10	Values for CPR feedback.....	171
Table 7-11	Settings for the VT/VF alarm.....	172
Table 7-12	Values for alarm limits.....	174
Table 7-13	Values for system settings (persons responsible for the device).....	178
Table 7-14	Values for defibrillation function configuration.....	183
Table 7-15	Filter setting for monitoring ECG, diagnostic ECG (persons responsible for the device).....	184
Table 7-16	Alarm settings (persons responsible for the device).....	186
Table 7-17	Master data (persons responsible for the device).....	188
Table 7-18	Values for configuration, ECG measurement and ECG interpretation.....	190
Table 7-19	Values for metronome settings.....	195
Table 7-20	Values for NIBP monitoring.....	197
Table 7-21	Settings feed speed of event ECG (persons responsible for the device).....	198
Table 8-1	Master data.....	201
Table 8-2	Log overview.....	203
Table 9-1	Configuration values, telemetry.....	211
Table 9-2	Configuration of Telemetry Services.....	215
Table 9-3	Values for Bluetooth® configuration.....	226
Table 10-1	Maintenance intervals.....	231



Table 10-2	Daily check of the device.....	235
Table 10-3	Daily visual check of the corpuls3 and the accessories.....	236
Table 10-4	Monthly functional test.....	239
Table 10-5	Disinfectants, active ingredients with concentration.....	244
Table 11-1	Alarm messages, alphabetical.....	264
Table 11-2	General malfunctions .....	265
Table 11-3	Network malfunctions .....	266
Table 11-4	Malfunctions during defibrillation.....	267
Table 11-5	Malfunctions during stimulation (pacer).....	267
Table 11-6	Malfunctions during ECG monitoring.....	268
Table 11-7	Malfunctions during oximetry monitoring.....	269
Table 11-8	Malfunctions during NIBP monitoring.....	270
Table 11-9	Malfunctions during CO <sub>2</sub> monitoring.....	273
Table 11-10	Malfunctions during temperature monitoring.....	273
Table 11-11	Malfunctions during IBP monitoring.....	274
Table 11-12	Printer malfunctions.....	275
Table 11-13	Malfunctions in energy management.....	275
Table 11-14	Notifications in the message line and information in the protocol.....	288
Table A-1	Symbols .....	295
Table A-2	List of Abbreviations.....	296
Table A-4	General Settings.....	306
Table A-5	General alarm settings .....	306
Table A-6	Pre-set alarm limits .....	307
Table A-7	Pre-set views .....	307
Table A-8	Dimensions.....	308
Table A-9	Weight.....	308
Table A-10	Environmental requirements.....	309
Table A-11	Energy management/power supply.....	310
Table A-12	Alarm management .....	310
Table A-13	Screen.....	311
Table A-14	Touchscreen.....	311
Table A-15	Printer.....	311
Table A-16	Character encoding .....	312
Table A-17	ECG 312	
Table A-18	Leads .....	312
Table A-19	Heart rate.....	313
Table A-20	Shock paddle ECG.....	314
Table A-21	Output .....	314
Table A-22	Conductive area.....	314
Table A-23	Defibrillation .....	315
Table A-24	Biphasic defibrillator.....	316
Table A-25	Non-invasive pacer.....	316
Table A-26	Impulse suppression according to IEC 60601-2-27 .....	316
Table A-27	CPR Feedback.....	317
Table A-28	Storage requirements on the CF card .....	317

Table A-29	Bluetooth interface (option).....	317
Table A-30	2G GSM/GPRS (option).....	318
Table A-31	3G GSM/GPRS/EDGE/UMTS/HSPA+ (option) .....	318
Table A-32	4G LTE (Option).....	318
Table A-33	LAN interface (option) .....	318
Table A-34	WLAN interface (option).....	319
Table A-35	Country codes for W-LAN regional settings .....	319
Table A-36	Oximeter (Option SpO <sub>2</sub> , SpCO, SpHb, SpMet, manufacturer Masimo, Masimo SET <sup>®</sup> technology).....	320
Table A-37	Non-invasive blood pressure measurement module (Option NIBP, manufacturer SunTech Medical, Inc.) .....	321
Table A-38	Invasive blood pressure measurement module IBP (Option).....	322
Table A-39	Temperature (option).....	322
Table A-40	Capnometer (Option CO <sub>2</sub> , manufacturer Nihon Kohden, cap-ONE).....	324
Table A-42	Deviations due to negative effects of gases and steam .....	324
Table A-43	Disposable Adapter for CO <sub>2</sub> Endotracheal Tube incl. Insert for Neonates .....	325
Table A-44	Precision of the energy released (6/4 defibrillation impulse) .....	329
Table A-45	Precision of the energy released (4/3 defibrillation impulse) .....	330
Table A-46	Precision of the energy released for shock spoons (6/4 defibrillation impulse) .....	331
Table A-47	Precision of the energy released for shock spoons (4/3 defibrillation impulse) .....	331
Table A-48	Safety information.....	334
Table A-53	Electromagnetic emission.....	340
Table A-54	Electromagnetic interference immunity part 1 .....	341
Table A-55	Electromagnetic interference immunity part 2 .....	343
Table A-56	Recommended protection distances .....	344

## Index

	<b>4</b>			
4/3 Defibrillation impulse.....		23, 73, 80, 327		
	<b>6</b>			
6/4 Defibrillation impulse.....		23, 73, 80, 327		
	<b>A</b>			
Accessories .....		249		
Accessory bag				
installation .....		61		
packing.....		62		
Accessory Bag.....		18		
Cleaning .....		249		
ACS				
ECG measurement/interpretation .....		296		
Ad-hoc connection				
see connection authorisation .....		12		
AED mode				
Compression synchronised therapy.....		105		
Information.....		73		
malfunctions .....		266		
with corPatch electrodes .....		77		
AED Mode				
with Shock Paddles .....		78		
Alarm limits				
automatic setting.....		175		
manual setting .....		173		
Alarm management.....		25		
Alarm management, technical specifications.....		310		
Alarm suspension .....		28		
AMI				
see ECG measurement/interpretation.....		296		
APN				
Configuration .....		296		
Auto Curve				
CO2 .....		139, 169		
ECG .....		167		
IBP.....		170		
Oximetry .....		168		
Auto Energy.....		181		
			<b>B</b>	
Baby shock electrodes .....		87		
Cleaning .....		247		
Connecting.....		87		
Disinfection.....		247		
Sterilisation.....		247		
Backpack carrying strap				
Cleaning .....		249		
Basic structure of the screen pages .....		42		
Batteries				
charging .....		31		
Maintenance .....		31		
remaining running time display.....		30		
Battery operation.....		30		
Beta software				
Beta version.....		48, 263		
Biphasic defibrillator .....		326		
technical specifications.....		315		
Blood pressure monitoring, invasive (IBP)				
information.....		148		
Performing.....		151		
preparation.....		149		
Blood pressure monitoring, non-invasive (NIBP)				
information.....		141		
malfunctions.....		270		
Performing individual measurement.....		146		
Performing interval monitoring.....		147		
preparation.....		145		
Bluetooth				
Data protection PIN .....		224, 225, 226		
Bluetooth data interface				
Configuration.....		224		
Bluetooth interface				
Technical specifications .....		317		
Bracket				
compact device.....		65		
monitoring unit.....		66		
patient box .....		67		
Brackets .....		21		
Browser Key .....		202		

## C

Cable for monitoring functions	
Cleaning .....	247
Disinfection .....	247
Capnometer, technical specifications .....	323
Capnometry.....	22
Cardioversion .....	23
Carrying strap	
Cleaning .....	249
Changing the scale	
CO2 monitoring.....	140
Changing the unit of CO2 monitoring.....	140
Character encoding	
Technical specifications .....	312
Charging brackets	
Cleaning .....	249
Charging tone	
see Defibrillation.....	74, 77, 78, 83, 84, 86, 181, 183
Check	
Accessories .....	237
Complete device .....	233
Consumables.....	237
<b>Power supply</b> .....	235
Checklist	
Functional Check.....	297
Checks .....	232
Classification	
UMDNS .....	ii
Cleaning.....	243, 249
Cable for monitoring functions.....	247
CO2 sensor.....	248
Defibrillator.....	245
Disinfection .....	247
IBP transducer cable .....	248
Monitoring unit.....	245
NIBP Cuffs .....	248
Oximetry sensor.....	248
Patient box.....	245
Shock paddles .....	246, 247
Therapy master cable .....	247
CO2 monitoring	
adjusting representation of the CO2 values .....	140
Changing the scale .....	140
changing the unit .....	140
information.....	135
Insert for neonates.....	138
malfunctions.....	270
Monitoring respiration rate.....	141
Performing.....	139
preparation.....	136
CO2 sensor	
Cleaning.....	248
Compact device.....	9
brackets – insertion/removal .....	65
CompactFlash® card.....	199
Compression synchronised therapy	
AED mode .....	105
Compression Synchronised Therapy	
Manual Mode .....	106
Configuration .....	154
Data interfaces .....	210
Export .....	179
Import.....	179
Telemetry .....	210
Telemetry services.....	214
Configuration dialogue .....	55
Connection authorisation	
Ad-hoc connection .....	12
Pairing.....	12
Consumables	
Defibrillator .....	249
Control	
menu .....	51
Conventions .....	xiv
corPatch electrodes	
AED mode.....	77
manual defibrillation .....	83
corpuls cpr	
Therapy control via corpuls3 .....	104
Therapy parameters .....	105
corpuls.web LIVE	
Configuration.....	215
Country codes	
WLAN interface .....	319
CPR Feedback.....	22
Technical specifications .....	317
Using.....	101
Creating a Patient File.....	207
Curve context menu.....	52
cWEB	

see Telemetry .....	296	control key.....	46
		LEDs .....	46
		Defibrillator/Pacer SLIM.....	20
		control key.....	47
		LEDs .....	47
		Deliver shock	
		see Defibrillation .....	234, 335
		Diagnostic ECG .....	22
		information.....	116
		preparation.....	117
		Recording.....	120
		Diagnostic functions.....	22
		Dimensions .....	308
		Disconnection signal .....	181
		Disinfectants .....	244
		Disinfection .....	243
		Cable for monitoring functions.....	247
		IBP transducer cable.....	248
		Oximetry sensor .....	248
		Shock paddles.....	246, 247
		Temperature sensor .....	249
		Disposal.....	347
		Packaging.....	347
		Dynamic QRS/pulse tone	
		see QRS-/pulse tone, dynamic.....	168
		<b>E</b>	
		ECG.....	22
		diagnosis.....	116
		ECG cable tester .....	109, 112, 117, 119
		ECG filter settings .....	115
		Filter settings .....	184
		Longterm ECG.....	127
		Monitoring.....	109
		Technical specifications .....	312
		with therapy electrodes .....	313
		ECG analysis .....	335
		ECG cable tester.....	109, 112, 117, 119
		ECG filter settings.....	115
		ECG measurement	
		corpuls ACS.....	116
		corpuls S .....	116
		ECG measurement/interpretation	
		ACS .....	296
		AMI .....	296



technical specifications .....	318
Lithium-ion battery .....	30, 309
Live data transmission	
see Telemetry .....	221
Loading the printer paper .....	241
Longterm ECG.....	127
Performing .....	128
preparing .....	127
Longterm ECG browser .....	127
LTE 4G	
Technical specifications .....	318
LT-ECG Browser.....	206

## M

MagCode connectors	
Cleaning .....	249
Main menu .....	54
Mains operation .....	32
Maintenance .....	240
General .....	231
Schedule .....	231
Malfunctions .....	250
Manual Mode	
Compression Synchronised Therapy.....	106
Manufacturer .....	365
Marking paper roll.....	163, 235, 241
Master data .....	201
configuration .....	188
Menu types .....	51
configuration dialogue.....	55
curve context menu .....	52
main menu.....	54
parameter context menu.....	52
Softkey context menu.....	51
Menu, control.....	51
Metronome	
Settings .....	96
Starting .....	97
Millivolt mark .....	113, 114, 204
Minute mean values.....	162, 203
Mission upload	
Configuration .....	216
Modules .....	9
connection .....	56
disconnection.....	56

infrared connection .....	10
radio connection.....	10, 29, 40
usage options .....	10
Monitoring	
blood pressure.....	141, 148
CO2 .....	135
ECG .....	107, 109
Oximetry .....	129
temperature .....	152
Monitoring functions .....	22
<b>Alarms</b> .....	332, 334
Monitoring pulse rate and perfusion index, Oximetry monitoring.....	134
Monitoring respiratory rate.....	141
Monitoring unit	
Alarm configuration.....	28
Alarm signals .....	26
Basic structure of the screen pages.....	39
bracket – insertion/removal.....	66
Cleaning.....	245
connection to defibrillator/pacer .....	59
disconnection from defibrillator/pacer .....	56
interfaces.....	15
LEDs .....	35
operating elements .....	35
power supply.....	33
Touchscreen .....	35, 43
Monitoring Unit .....	14
Monoplace hyperbaric chamber.....	6
Multiplace hyperbaric chamber.....	2, 6
mV-mark .....	113, 114, 204

## N

Neonate insert	
Technical specifications .....	325
Network	
connection .....	44
Troubleshooting .....	266
NIBP Cuffs	
Cleaning.....	248
Disinfection.....	248
NIBP Views.....	142
NIBP, Technical specifications.....	321
Non-invasive blood pressure monitoring (NIBP).....	23
NSTEMI	

ECG measurement/interpretation .....	296	Patient box	
<b>O</b>		Alarm signals .....	29
Operating		bracket – insertion/removal .....	67
disconnection and connection of modules .....	56	Cleaning .....	245
Operating- and screen elements .....	35	connection to the monitoring unit .....	58
Operating instructions .....	35	control keys .....	45
Operation		disconnection from the monitoring unit .....	57
automatic defibrillation .....	73	interfaces .....	17
General .....	35	LEDs .....	45
Manual defibrillation .....	80	power supply .....	33
monitoring and diagnostic functions .....	107	removal from the compact device .....	60
Therapy .....	68	Screen .....	44
Touchscreen .....	35, 43	Patient Box .....	16
Oximetry .....	22	Patient box screen .....	44
Oximetry monitoring .....	129	Patient data, entry .....	199
adjusting display .....	134	PCI	
Averaging time .....	133	see ECG measurement/interpretation .....	296
Extended .....	130	Power supply .....	33
FastSat® .....	133	Printer .....	241
malfunctions .....	268	malfunctions .....	274
Performing .....	132	technical specifications .....	311
preparation .....	131	Printer paper empty .....	163, 235, 241
Sensitivity .....	133	Protocol printout .....	202
Oximetry Monitoring		Pulse tone	
information .....	129	see QRS-/Pulse tone .....	303
Oximetry -Monitoring		Pulse tone, dynamic .....	168
monitoring pulse rate and perfusion index .....	134	see QRS-/Pulse tone .....	167
Oximetry sensor		<b>Q</b>	
Cleaning .....	248	QRS	
Disinfection .....	248	QRS Marker .....	166, 302
Oximetry, technical specifications .....	319	QRS-/Pulse tone .....	166, 302
<b>P</b>		QRS-/Pulse tone	
Pacer .....	25	QRS-/Pulse tone, dynamic .....	167, 168
malfunctions .....	267	Qualified staff .....	1
Pacer therapy .....	89	<b>R</b>	
Pacer, external		Radio connection	
Preparing pacer function .....	90	see Modules .....	266
Starting pacer function .....	92	Ready for shock	
technical specifications .....	316	see Defibrillation .....	83, 84, 86, 314, 315, 335
Pairing		Ready-signal	
see connection authorisation .....	12	see Defibrillation .....	77, 78, 83, 84, 86, 277
Parameter context menu .....	52	Real-time printout .....	113, 161, 311
Patents .....	346	Recycling .....	347



Refractory time .....	335
Regular checks.....	231
Remaining running time display, batteries.....	30
Representative Cycle .....	125
Reset	
Reset configuration.....	177, 178
Reset default.....	177, 178

## S

Safety	
Defibrillator.....	4
General .....	1
Maintenance.....	2
Operating staff.....	1
Safety information .....	332
Screen	
Night .....	42
see Inverted video display .....	41
Technical specifications .....	311
Screenshot.....	207
Selftest .....	240
Service Address .....	iii
Settings	
alarms .....	154
monitoring functions .....	154
system settings .....	154
Shock paddles	
AED Mode .....	78
Cleaning .....	246
Disinfection.....	246
manual defibrillation.....	83
Removing from holders .....	71
Sterilisation .....	246
Shock Protocol.....	181
Shock spoons	
manual defibrillation.....	85
SIM card .....	211
Softkey context menu .....	51
Spare parts .....	249
Special Types of Risk.....	4
STEMI	
ECG measurement/interpretation .....	296
Sterilisation .....	243
IBP transducer cable .....	248
Temperature sensor .....	249

Switching off .....	49
Switching on.....	48
Symbols.....	2, 3, 289

## T

TCP	
Configuration.....	296
Technical specifications	
4G LTE.....	318
Alarm management.....	310
battery .....	309
Bluetooth interface .....	317
capnometer .....	323
Character encoding .....	312
CPR Feedback .....	317
defibrillator.....	314
ECG .....	312
energy management .....	309
GSM 2G.....	318
GSM 3G.....	318
LAN interface .....	318
Neonate insert.....	325
NIBP .....	321
oximetry .....	319
power supply .....	309
Touchscreen .....	311
WLAN interface .....	318
Technical Specifications	
ECG with therapy electrodes .....	313
printer.....	311
Screen.....	311
Telemetry.....	209
APN.....	296
Configuration.....	210
Connections.....	213
Data transmission.....	221
D-ECG transmission .....	217
Entering e-mail address.....	213
Entering internet address.....	213
Entering IP address.....	213
Entering phone number .....	213
Live data transmission .....	221
Networks .....	218
Settings.....	221
TCP.....	296

UDP .....	214	Troubleshooting and remedying malfunctions	
Telemetry services		Defibrillation.....	266
Configuration .....	214	during CO2 monitoring.....	270
Temperature .....	23	during IBP monitoring.....	274
Temperature monitoring		during pacing.....	267
information.....	152	during temperature monitoring.....	273
malfunctions.....	273	General.....	265, 266
Performing.....	153	printer.....	274
preparation.....	152	Troubleshooting and remedying malfunctions during	
Temperature sensor		ECG monitoring.....	267
Cleaning.....	249	Troubleshooting and remedying malfunctions in energy	
Disinfection.....	249	management.....	275
Sterilisation.....	249		
Test software		<b>U</b>	
Test version.....	48	UDP	
Tests		Configuration.....	214
General.....	231	UMDNS	
Therapeutic Functions.....	22, 23	see Classification.....	ii
Therapy control		User and operational safety.....	345
corpuls cpr.....	104		
Therapy electrodes.....	68	<b>V</b>	
Therapy master cable		Ventricular fibrillation.....	172
Cleaning.....	247	Ventricular tachycardia.....	172
Disinfection.....	247	Views.....	157, 298, 307
Therapy parameters		Visual and Function Check.....	231
corpuls cpr.....	105	VT/VF alarm.....	172
Touchscreen.....	35, 43		
Technical specifications.....	311	<b>W</b>	
Trademarks.....	346	Warning labels.....	2
Trend.....	164	Warning Notices and Symbols.....	3
Trend curve.....	162	Warranty.....	345
Trend table.....	162	Warranty conditions.....	345
Trouble shooting and remedying malfunctions		Weight.....	308
during oximetry monitoring.....	268	WLAN interface	
Troubleshooting		Country codes.....	319
Network.....	266	Technical specifications.....	318



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