

OPERATING TEMPERATURE: 0°C to 50°C (32°F to 122°F)
 SHORT TERM STORAGE TEMPERATURE: -30°C to 65°C (-22°F to 149°F)
 LONG TERM STORAGE TEMPERATURE: 0°C to 35°C (32°F to 95°F)



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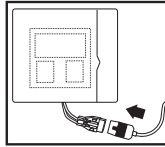
January 2024
 R2018-11 Rev. M

Intended Purpose: To transfer energy for defibrillation, cardioversion, non-invasive pacing therapy to the heart and provide CPR assistance/feedback and ECG monitoring.

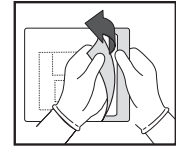
Indications for use: For use on adult patients with ZOLL® R Series®, X Series®, X Series® Advanced and Propaq® MD (software version 02.06.07.00 or higher) by trained personnel including Physicians, Nurses, Paramedics, Emergency Medical Technicians and Cardiovascular Laboratory Technicians. The OneStep Adult electrodes are not indicated for use on a patient less than 8 years of age or weighing less than 55lbs (25kg).

Note: ANSI/AAMI standard EC53:2013:section 5,3,2, Cable and Leadwire Noise level limits compliant

PRECONNECTING THE ELECTRODES



1. Do not open until ready to use.
2. Periodically inspect electrode packaging for integrity & expiration date.
3. Attach electrode connector to ZOLL OneStep cable or multifunction cable.
4. Open electrode package by pulling apart at yellow arrow.
5. Self test connection disengages after the electrode has been removed from the liner.



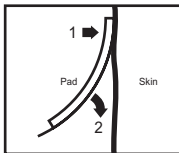
Instructions

1. Remove excess chest hair. Clip if necessary to maximize gel to skin contact. Clipping is recommended since shaving can leave tiny microabrasions that can lead to patient discomfort during pacing.
2. Ensure skin is clean and dry under electrode. Remove any debris, ointments, skin preps, etc. with water (and mild soap if needed). Wipe off excess moisture/diaphoresis with dry cloth.

SKIN PREPARATION

⚠ Excessive hair can inhibit good coupling (contact), which can lead to the possibility of arcing and skin burns.

ELECTRODE APPLICATION



Instructions

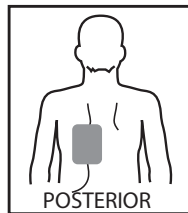
1. Apply one edge of the electrode securely to the patient.
2. "Roll" the electrode smoothly from that edge to the other. Be careful not to trap any pockets of air between the gel and skin.

⚠ Poor adherence and/or air under the electrodes can lead to the possibility of arcing and skin burns.

ELECTRODE PLACEMENT

Anterior-Posterior

Recommended for defibrillation, non-invasive pacing, ventricular cardioversion and ECG monitoring. Optimal for non-invasive pacing because it increases patient tolerance and decreases capture thresholds.



Posterior:

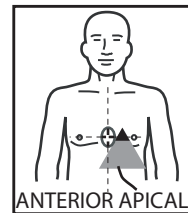
Grasp the Posterior electrode at the red tab and peel away the plastic liner. Place to left of the spine just below the scapula at heart level.

⚠ Always apply Posterior electrode first. If Anterior electrode is already in place when patient is being maneuvered for placement of the Posterior, the Anterior may become partially lifted. This could lead to arcing and skin burns.

Anterior Apical:

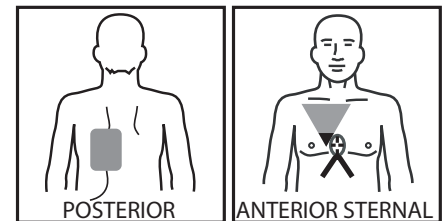
Grasp the Anterior Apical electrode at the red tab and peel away the plastic liner. Apply over cardiac apex between the mid line of the chest and nipple on a male patient, with the shaded "point" facing up. Position under breast on female patient.

⚠ Avoid any contact between nipple and gel treatment area. Skin of the nipple area is more susceptible to burning.



Atrial Cardioversion

Anterior / Posterior Electrode Placement (Recommended)



Posterior:

Grasp the Posterior electrode at the red tab and peel away the plastic liner. Place to the left of the spine just below the scapula at heart level.

Anterior Sternal:

Grasp the Anterior Sternal electrode at the red tab and peel away the plastic liner. Apply to upper right torso on the third intercostal space, midclavicular line. If CPR sensor is on the electrode, align the CPR sensor with the sternal notch.

⚠ WARNINGS

1. After patient movement due to muscle contraction or patient repositioning, press electrodes to skin to ensure good coupling between electrodes and skin.
2. Do not conduct manual chest compressions through the electrodes. Doing so may cause damage to the electrodes that could lead to the possibility of arcing and skin burns. For electrodes with the CPR sensor, place hands directly on the CPR sensor when conducting chest compressions.
3. Transcutaneous pacing may cause burns to the skin. Periodically check the electrode site to ensure that the electrodes are well adhered to the skin.
4. During transcutaneous pacing, do not exceed the maximum pacing settings of 1 hour of pacing (140 mA/180 ppm) or 8 hours of pacing (100 mA/100 ppm). Doing so can increase the possibility of skin burns.
5. Replace electrodes after 24 hours of skin contact or 8 hours of pacing to maximize patient benefit.
6. To avoid electrical shock, do not touch the electrodes, patient, or bed when defibrillating.
7. Always apply electrodes to flat areas of skin. If possible, avoid folds of skin such as those underneath the breast or those visible on obese individuals.
8. Avoid electrode placement near the generator of an internal pacemaker, other electrodes or metal parts in contact with the patient.
9. Use only with ZOLL Pacemaker/Defibrillator products.
10. Do not use if gel is dry. Dried out gel can lead to skin burning. Do not open pouch until ready to use. Do not use electrodes past the expiration date printed on the pouch label.
11. Do not discharge standard paddles on or through electrodes or place separate ECG leads under pads. Doing so could lead to arcing and/or skin burning.
12. Some current generated by electrosurgical units (ESU) may concentrate in the conductive gel of pacing / defibrillation electrodes, especially if an ESU grounding pad other than that recommended by the ESU manufacturer is used. Consult the ESU operator's manual for further details.
13. Do not fold the electrodes or packaging. Any fold in or other damage to the conductive element could lead to the possibility of arcing and/or skin burns.
14. Electrode types equipped with ECG Electrodes embedded in the front pad produce modified ECG vectors. Attach conventional ECG electrodes to the patient for diagnostic purposes.
15. Device disposal should follow hospital protocol.
16. Do not use electrodes in the presence of oxygen-rich environment or other flammable agents. Doing so could cause explosion.
17. If any serious incident has occurred in relation to the device, the incident should be reported to the manufacturer and the competent authority of the Member State in which the user and/or patient is established.
18. If repositioning of the electrodes is needed, consider replacement with a new electrode.

ZOLL®

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