

Metrax Primedic HeartSafe 6 externer mobiler Defibrillator plötzlicher Herztod Herzkammerflimmern Ein-Knopf-Bedienung Defibrillationsschock

BRAKENSIEK®
SYSTEMHAUS



Primedic HeartSave 6
Automatic External Defibrillator), starting in 2004

Non-new

including wall mount

Automated External Defibrillator

The new PRIMEDIC™ HeartSave impresses with its simple, safe and fast operation.

With the new biphasic "Current Controlled Defibrillation" pulse we set new standards in the field of defibrillation.
The proven concept PRIMEDIC™ wall mount also comes with PRIMEDIC™ HeartSave used.

Special Features

Biphasic, current controlled defibrillation

Intuitive and easy to use

One-button operation

Pre-installed "Save pads" defibrillation

No energy selection is required

Charging time <10 sec

3-shock cycle <60 sec

Great card, 30 minutes for internal recording of ECG and voice recording

Integrated status indicator

Robust Design

HeartSave -

a reliable

Lifesavers

The PRIMEDICTM HeartSave is a

portable defibrillator, which will

serious decisions

decreases:

In max. twelve seconds leads

The device automatically ECG analysis

and decides whether a

Defibrillation is required. Then

just press a button to the

life-saving electrical pulse

trigger, which the ventricular fibrillation

eliminated. So

precious seconds and minutes

used to save lives.

Whether in private homes, in the company

or in public places:

It's a comforting feeling

Save a life saver in Heart

Coverage to have.

Dealing with HeartSave can

in a half-day training

be learned. Many aid agencies

and the company Metrax

offer this training.

6-lead ECG

For the extended diagnostics during of the insert. The ECG channels are in the monitor freely chosen.

Areas of PRIMEDIC™ Defi-family

HOSPITALS

EMERGENCY SERVICES

ESTABLISHED MEDICAL

OTHER

Emergency room

Emergency cardiac catheterization room

Intensive care unit

Ergometry

Operating room (OR)

German Red Cross Rehabilitation

Arbeitersamariterbund

St John's Ambulance

Malteser

Various private ambulance services

Fire department

Military

Resident doctors cardiologist

Surgeons

Anesthesiologists

Traumatologists Fire

Police

Sports groups

Lay rescuers

Defibrillation

The first human heart defibrillation succeeded in 1947 in the University Hospitals in Cleveland American. In an operating room for ventricular fibrillation was given a 60 Hz alternating current at the open chest directly to the heart muscle. Managed in the 50s with AC for the first time outside of the external defibrillation electrodes placed on the thorax. This process was further optimized by direct current defibrillators were used. This type of power application proved successful in the years that followed and led to the development and first commercial production of defibrillators.

The first form of the monophasic defibrillation pulse has been developed in the 60s.

This is a sinusoidal pulse for more than 30 years in clinical practice used form of external defibrillation. It will seek to neutralize the flicker in the ventricular myocardium using a one-dimensional electric shocks at a relatively high energy level. The defibrillation pulse corresponds to the discharge curve of a capacitor, wherein the current flow is not controlled.

Even if the resuscitation rate can be described as satisfactory, are the side effects, ie the irreversible damage of cardiac tissue is not negligible. Furthermore, the monophasic pulse carries an increased risk of triggering ventricular fibrillation again.

Developed in the nineties, however, biphasic waveform is two dimensional, ie the pulse is composed of a positive and a negative current pulse.

To successfully defibrillate a heart muscle, must be biphasic waveforms have a lower amount of energy is expended than in the corresponding monophasic shocks. Consequently, damage to the heart less frequent and less severe. Biphasic pulses are in principle more effective than monophasic appropriate size, since the re-fibrillation risk is mitigated by the second phase of shock. This biphasic pulse, a first for implanted defibrillators used pulse shape has been established for some years in external defibrillators.

Sudden cardiac death

Sudden cardiac death is the most common clinical cause of death except in Germany. About 130,000 people die annually of sudden cardiac death in Germany. To understand this shocking figure can: it corresponds to the population of a German city or the number of visitors in three sold-out major league stadiums.

In 90% of these cases, ventricular fibrillation is the cause. The only effective way to handle this is ventricular fibrillation, the earliest possible defibrillation, ie treatment with a burst of energy by a so-called automatic external defibrillator (AED). Because of the surge, the electrical activity of the heart, the recently suffered a sudden cardiac arrest, briefly interrupted completely. This brief "break" enough of the previously chaotic electrical heart impulses can so that the heart resumes beating in normal rhythm.

The earlier the external defibrillation is used, the better the chances of survival for the patient. When defibrillation is one reason every second to prevent irreversible damage.

Medical research shows that the probability of survival drops rapidly as more time passes after the occurrence of ventricular fibrillation, administered to the affected person gets a defibrillation shock. If this action is delayed, after about 3 - 5 minutes to enter irrevocable damage to the brain, which worsen the prognosis of the affected person and considerably more difficult it often, then return to a high level of quality of life.

Life-saving emergency measures may be implemented, however, understandably only efficient if, for a sufficiently defibrillators are available, and the other in addition to including the emergency services the population, public bodies, clubs, sports centers, retirement homes, firefighters, police, etc. be involved in the issue and the need for early defibrillation and other first aid measures.



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