

SYMBIO ST1503

12/15 LEAD ECG SIMULATOR DEMO GUIDE FOR LP35

v2



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DEFIBRILLATION

CPR INSIGHT

STEMI/HEART ATTACK

A 15LEAD (INF V4R ↑)

B15LEAD (V7,V8,V9 ↑)

STEMI BUTTON
TOGGLE TO CHANGE
STEMI STATUS

T.↑ - HYPERACUTE T WAVES

ST↑ - STEMI

Q↓ - OLD MII

CPR CARDIAC
ARREST

STEMI MIMICS

LEFT BUNDLE BRANCH BLOCK
LEFT VENTRICULAR HYPERTROPHY
EARLY REPOLARIZATION
WOLF PARKINSON WHITE



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PACING

TAP THIS BUTTON TO CYCLE
PACING CAPTURE 70-80-90-
100MA

SYNC

CARDIOVERSION

THIS IS SO AFTER YOU HIT SHOCK
FOR ANY REASON THE RHYTHM
CHANGES.

START IN VT,VF OR PSVT. HIT THIS
BUTTON AND AFTER THEY SHOCK
OR CARDIOVERT IT WILL CHANGE
TO THE NEXT.

EX. VT-CONVERT NSR

DEFIBRILLATION

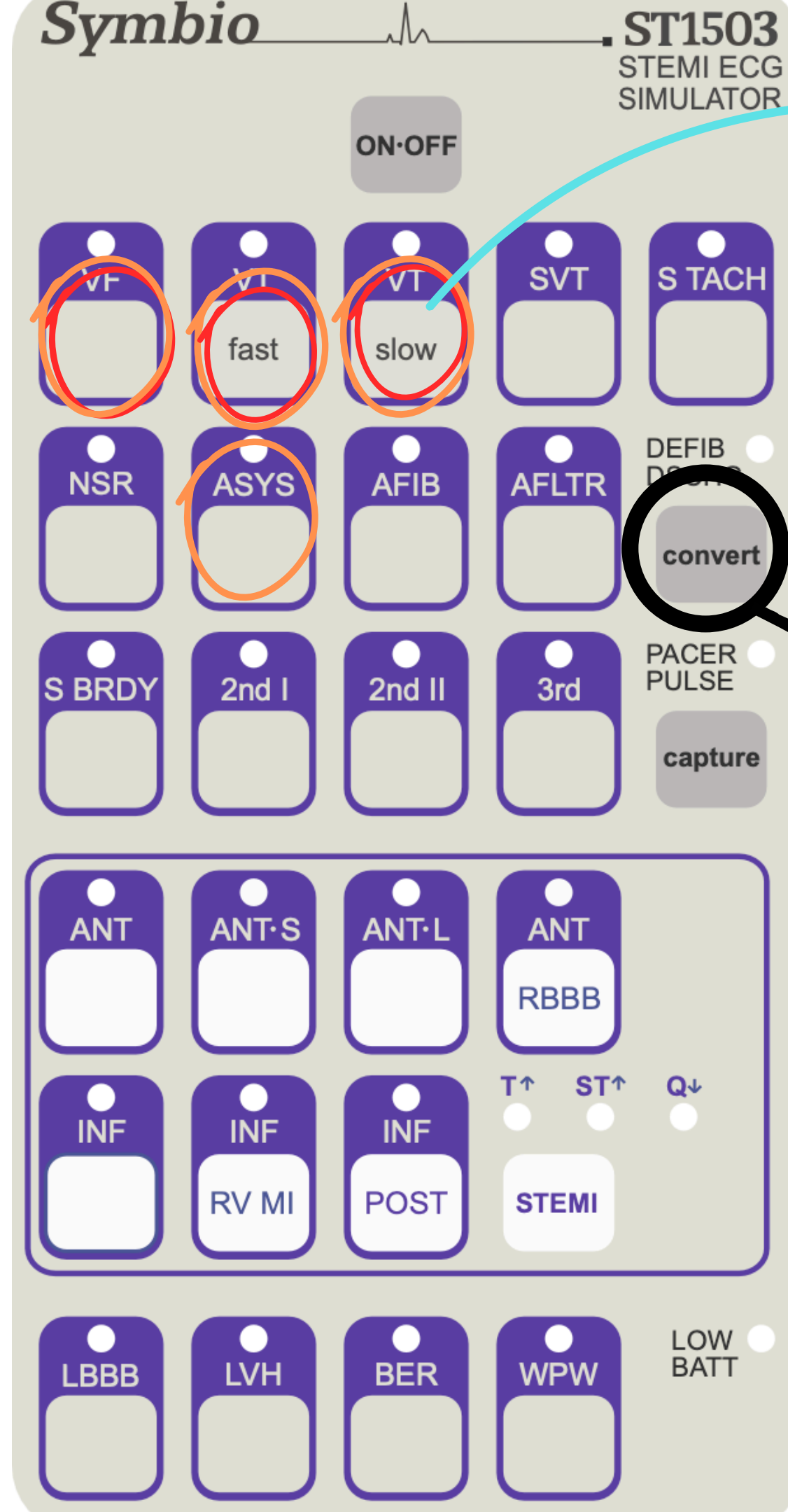
CPR INSIGHT

CPR CARDIAC ARREST



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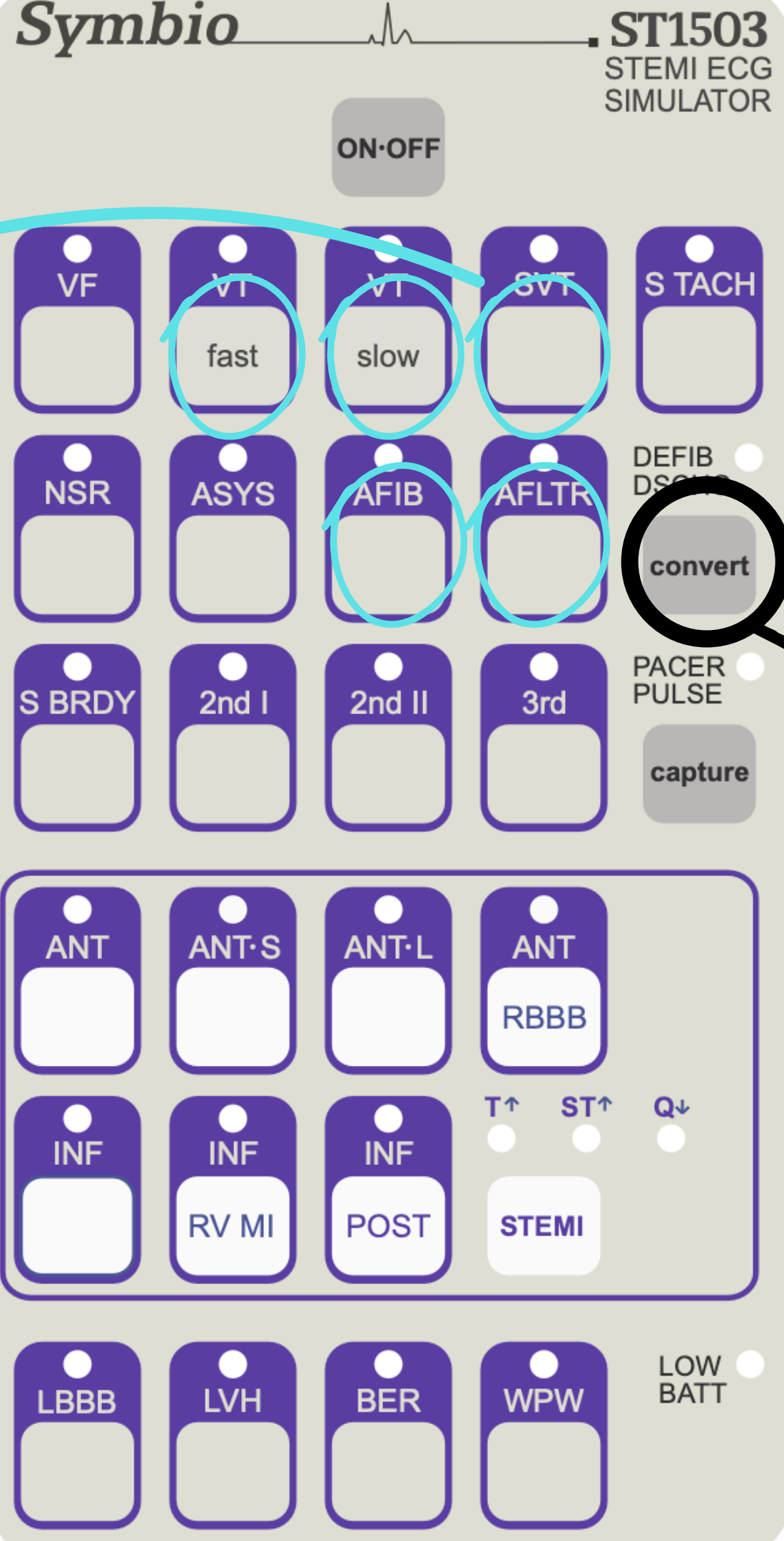


USE VT SLOW TO ELICIT AN
INCONCLUSIVE DECISION FROM
CPRINSIGHT™ AUTOMATED RHYTHMS
ANALYSIS"

THIS IS SO AFTER YOU HIT SHOCK
FOR ANY REASON THE RHYTHM
CHANGES.

START IN VT OR VF . HIT THIS
BUTTON AND AFTER THEY SHOCK
OR CARDIOVERT IT WILL CHANGE
TO THE NEXT.

EX. VF-CONVERT NSR



*****THE CUSTOMER WILL LIKELY
BE FRUSTRATED THE SVT RATE IS
ONLY 145. IT SHOULD BE ABOVE 150.
YOU'RE SHOWING THE CONCEPT.

SYNC CARDIOVERSION

**THIS IS SO AFTER YOU HIT SHOCK
FOR ANY REASON THE RHYTHM
CHANGES.**

**START IN SVT. HIT THIS BUTTON
AND AFTER THEY SHOCK OR
CARDIOVERT IT WILL CHANGE TO
THE NEXT.**

EX. SVT-CONVERT S TACH



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******DEMO CALIPERS-
ECG R WAVE MARCHING
USE THESE TO HIGHLIGHT THE
MARCH FUNCTION**

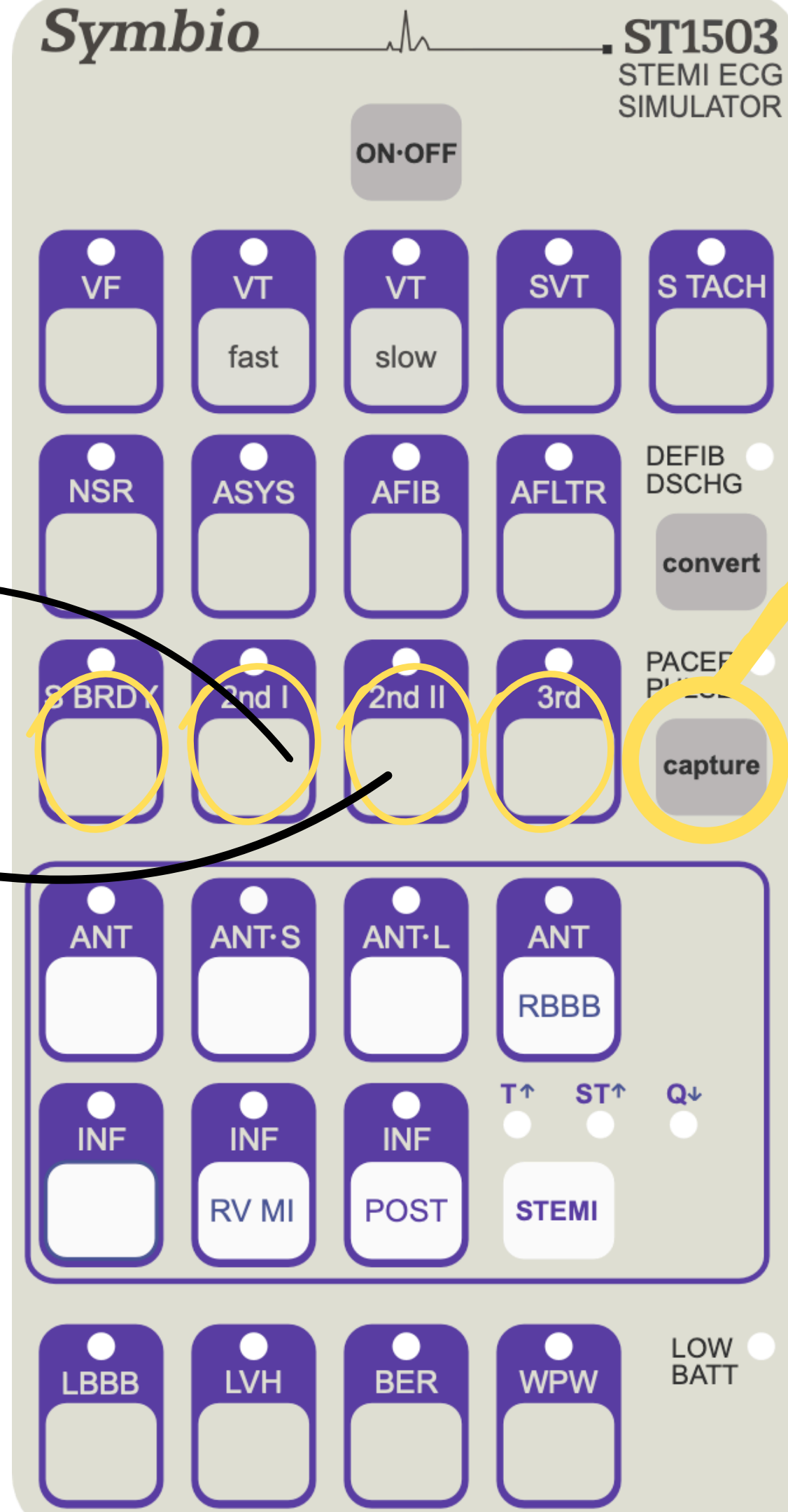
2ND 1- UNEVEN MARCHING

2ND 2- EVEN MARCHING



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PACING

**TAP THIS BUTTON TO CYCLE
PACING CAPTURE 70-80-90-
100MA**

**SELECT S BRADY. HAVE THE
CUSTOMER START PACING. ONCE
THEY GET CAPTURE AT 70MA TAP
THE CAPTURE BUTTON TO HAVE IT
CHANGE TO 80MA. THEY HAVE TO
GET CAPTURE AGAIN.**

**OR.....AFTER PICKING A PACING
RHYTHM TAP CAPTURE TO HAVE
HAVE IT CAPTURE HIGHER.**

STEMI/HEART ATTACK

A 15LEAD (INF V4R ↑)

B 15LEAD (V7,V8,V9 ↑)

STEMI BUTTON
TOGGLE TO CHANGE
STEMI STATUS

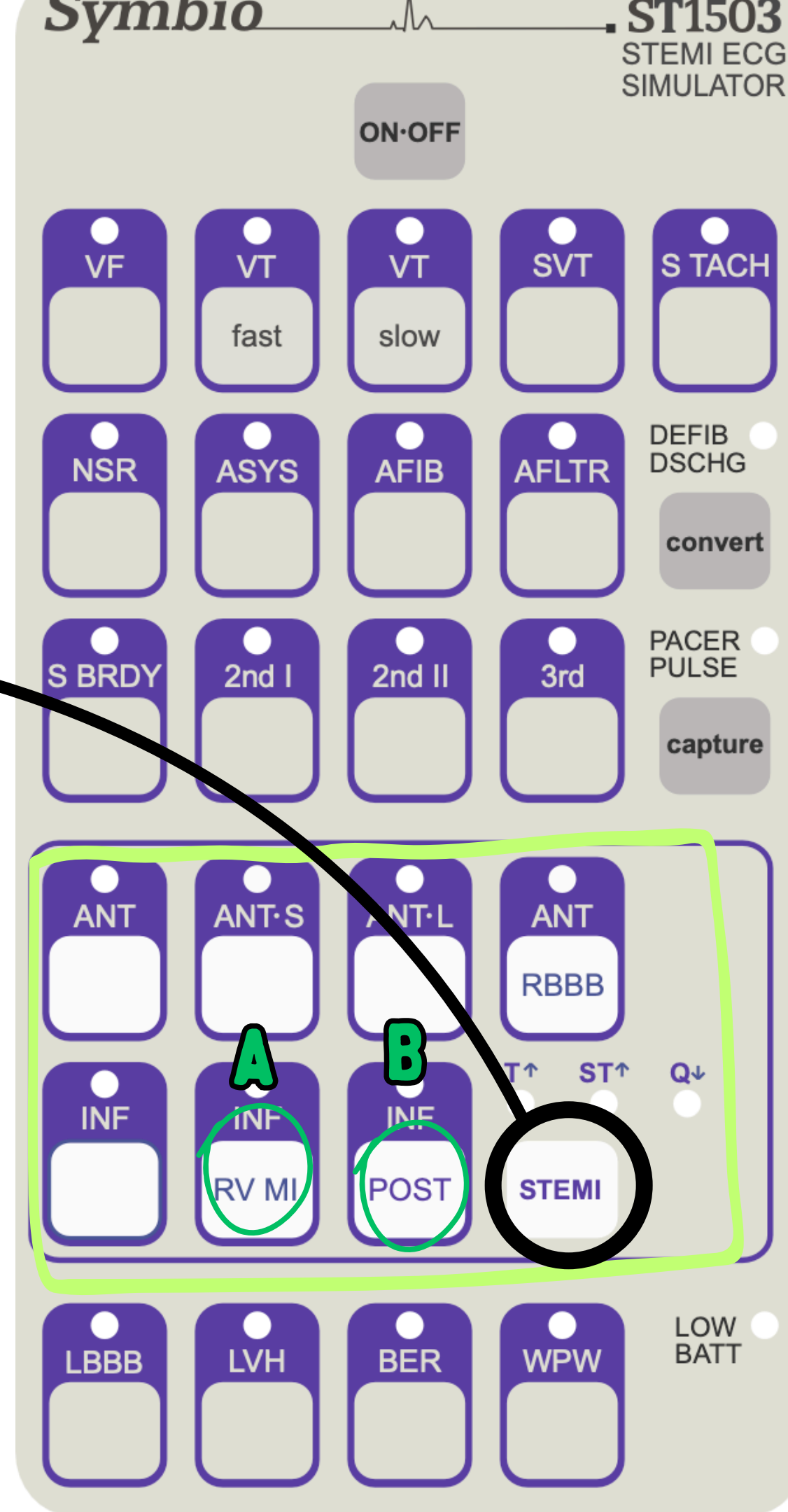
T.↑ - HYPERACUTE T WAVES
ST↑ - STEMI
Q↓ - OLD MI

EX. SELECT INF MI THEN TAP
THE T ↑
HAVE THE CUSTOMER
ACQUIRE 12/15LEAD.
THEN TAP ST ↑
HAVE THEM REACQUIRE



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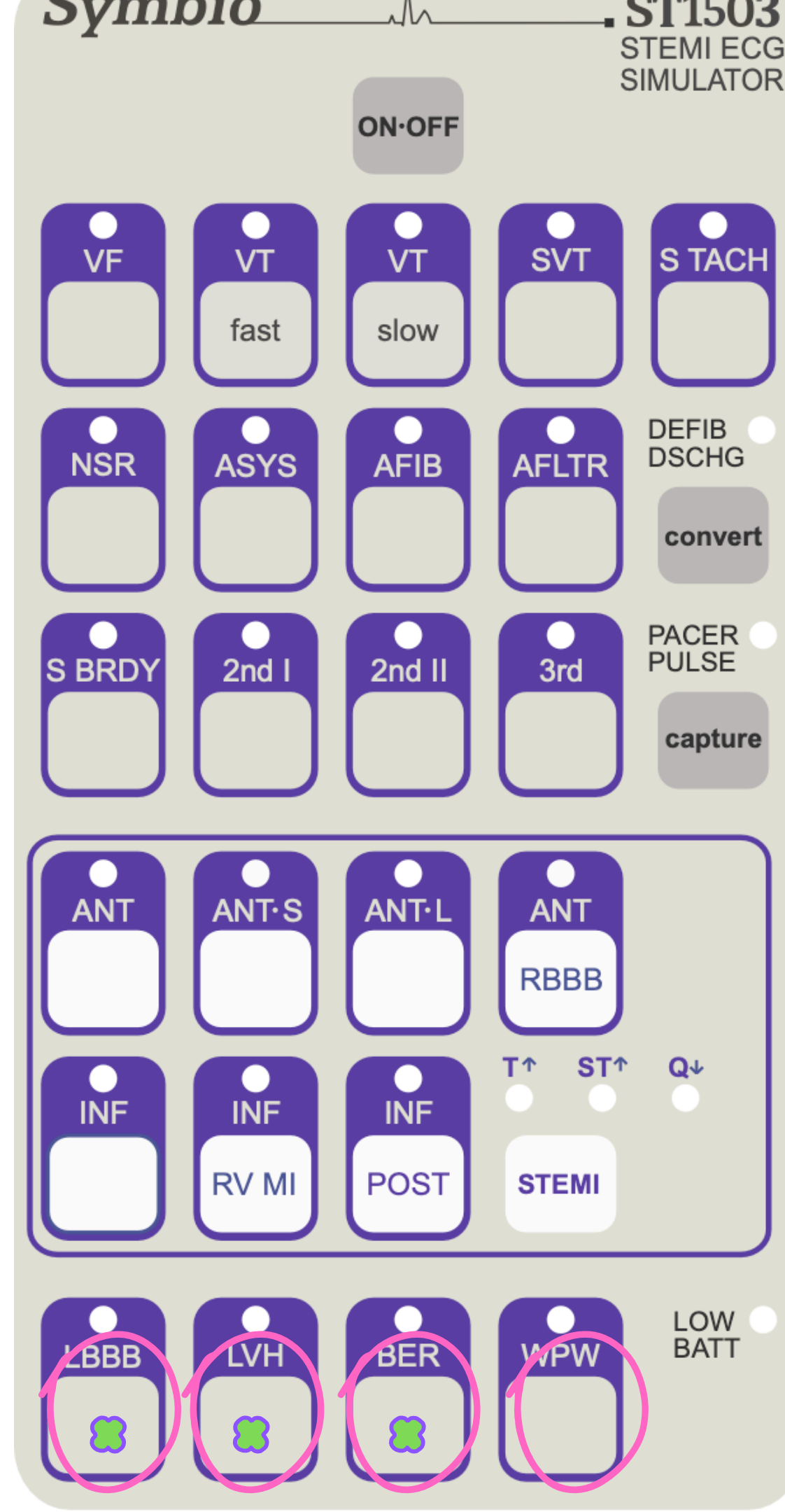


OTHER

LEFT BUNDLE BRANCH BLOCK
LEFT VENTRICULAR HYPERTROPHY
BENIGN EARLY REPOLARIZATION
WOLF PARKINSON WHITE

*STEMI MIMIC

GOOD RYHTMS TO SHOW CUSTOMERS
OTHER RHYTHMS THAT ARE COMMONLY
MISTAKEN AS STEMI



LEFT BUNDLE BRANCH BLOCK- BLOCKAGE IN CONDUCTION BRANCH CAUSING WIDENING QRS

LEFT VENTRICULAR HYPERTROPHY- ENLARGED LEFT VENTRICLE CAUSING CHANGES IN QRS MORPHOLOGY AND HOW THE QRS AND T WAVE ASSOCIATE AND SIZE.

BENIGN EARLY REPOLARIZATION- WIDESPREAD CONCAVE ST ELEVATION COMMONLY SEEN IN YOUNG <50YOM. MIMICS PERICARDITIS OR MI. HAS NOTCHING/SLURRING OF THE J POINT

WOLF PARKINSON WHITE- PERSON HAS A EXTRA ELECTRICAL PATHWAY THAT BYPASSES THE AV NODE AND MAKES A SLUR (DELTA WAVE) BEFORE THE QRS. THEY CAN GO INTO TACHY RHYTHMS EASILY.



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