

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)



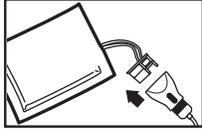
## INDICATIONS FOR USE

R2025-05 Rev. K

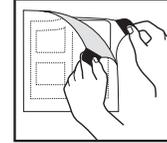
*Defibrillation Noninvasive Pacing Cardioversion ECG monitoring CPR Feedback*

For use on adult patients by trained personnel including Physicians, Nurses, Paramedics, Emergency Medical Technicians and Cardiovascular Laboratory Technicians. The CPR Stat-padz Adult electrodes are not indicated for use on a patient less than 8 years of age or weighing less than 55lbs (25kg).

## 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 Multi-Function cable and connector.
4. Open electrode package by pulling apart at red arrow.

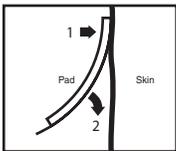


## Instructions

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.

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

## SKIN PREPARATION



## 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.

## ELECTRODE APPLICATION

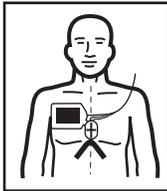
⚠ Poor adherence and/or air under the electrodes can lead to the possibility of arcing and skin burns.

## ELECTRODE PLACEMENT

### Anterior-Anterior (Apex/Lateral-Sternum)

Recommended for defibrillation and ECG monitoring only. Not recommended for noninvasive pacing. Noninvasive pacing with Anterior-Anterior electrode placement can lead to decreased patient tolerance and increased capture thresholds.

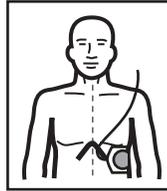
- ⚠ Placement of Apex electrode varies slightly in anterior-anterior configuration. The more lateral placement increases the likelihood that more of the heart musculature will be within the current pathway.
- ⚠ Avoid any contact between nipple and gel treatment area. Skin of the nipple area is more susceptible to burning.



STERNUM

#### Sternum:

Align the CPR sensor with the sternal notch. Grasp the Sternum electrode at the tab and peel away the plastic liner. Apply on the patient's upper right torso.



APEX/LATERAL

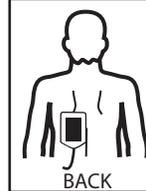
#### Apex/Lateral:

Grasp the Apex/Lateral electrode at the tab and peel away the plastic liner. Apply so that the top of the gel treatment area aligns with the bottom of the pectoral muscle on a male patient. Position electrode under the breast on a female patient.

### Anterior-Posterior (Apex/Front-Back)

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

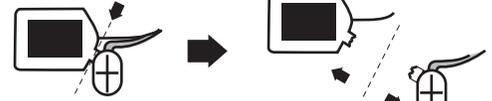
- ⚠ Always apply back electrode first. If front electrode is already in place when patient is being maneuvered for placement of the back, the front may become partially lifted. This could lead to arcing and skin burns.
- ⚠ Avoid any contact between nipple and gel treatment area. Skin of the nipple area is more susceptible to burning.



BACK

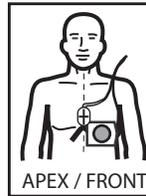
#### Back:

Separate CPR device from the Back pad.



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

**CPR Device:** Peel away the plastic liner and apply CPR device aligned with sternal notch.



APEX / FRONT

#### Apex/Front:

Grasp the Apex/Front electrode at the tab and peel from the plastic liner. Apply over cardiac apex with the nipple under adhesive area on a male patient. Position under breast on a female patient.

## ⚠ 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. Electrodes should be replaced after 24 hours of use or 8 hours of pacing to maximize patient benefit.
4. 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.
5. To avoid electrical shock, do not touch the electrodes, patient, or bed when defibrillating.
6. 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.
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. 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.
10. 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.
11. During prolonged pacing greater than 30 minutes, periodically examine the patient's skin for irritation.
12. Use only with ZOLL pacemaker/defibrillator products.
13. Device disposal should follow hospital protocol.

# ZOLL®

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