Instructions for Use

Zenix™ CPR A/P Electrodes

August 2024
R2240-11 Rev. B

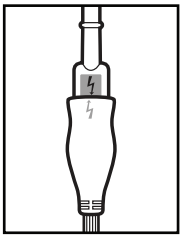
OPERATING TEMPERATURE: 0°C to 50°C (32°F to 122°F)
SHORT TERM STORAGE TEMPERATURE: -30°C to 65°C (-22°F to 149°F)
LONG TERM STORAGE TEMPERATURE: 0°C to 35°C (32°F to 95°F)

Rx ONLY 0°C 32°F 50°C 122°F IPXX MD MR NON STERILE LATEX NOT MADE WITH NATURAL RUBBER LATEX.

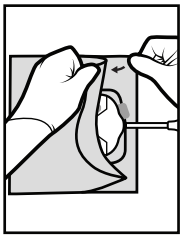
Intended Purpose: To transfer energy for defibrillation, cardioversion, non-invasive pacing therapy to the heart and provide CPR assistance/feedback and ECG monitoring.

Indications for use: For use on adult patients with ZOLL® Zenix™ Hospital and Zenix EMS Monitor/Defibrillator by trained personnel including Physicians, Nurses, Paramedics, Emergency Medical Technicians and Cardiovascular Laboratory Technicians. The Zenix CPR A/P electrodes are not indicated for use on a patient less than 8 years of age or weighing less than 55lbs (25kg). Note: This cable, where applicable, meets the requirements of the standard, ECG TRUNK CABLES and PATIENT LEADWIRES (ANSI/AAMI EC53). This cable is intended for SINGLE USE.

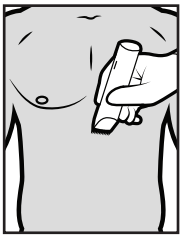
PREPARE TO USE



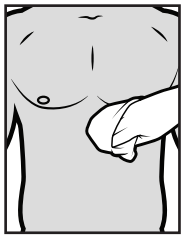
1 Preconnect: Periodically inspect electrode packaging for seal integrity and expiration date.



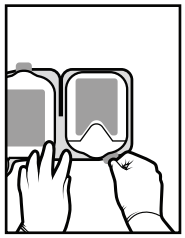
2 Open: Pull apart at yellow arrow.



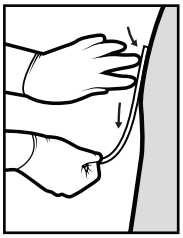
3 Clip: Remove excess chest hair to maximize gel to skin contact.



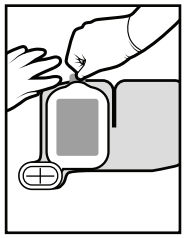
4 Clean: Ensure skin is clean and dry. Wipe off excess moisture/diaphoresis with dry cloth.



5 Peel: Using the red tab, completely peel electrode from plastic liner.



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

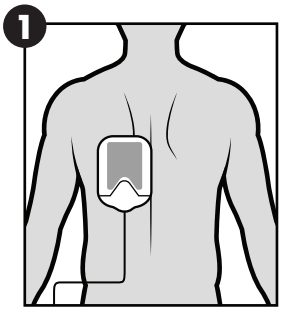


7 Peel: Using the red tab, completely peel electrode from plastic liner. Place the electrode by repeating Step 6.

OPTIMAL

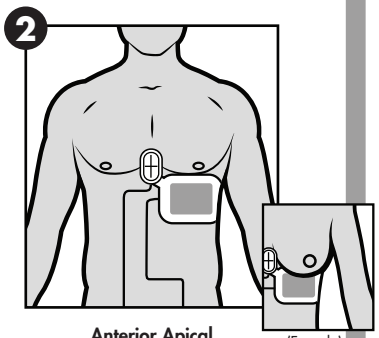
ANTERIOR-POSTERIOR (AP)

Recommended for defibrillation, non-invasive pacing, cardioversion, and ECG monitoring. Optimal for non-invasive pacing.



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.

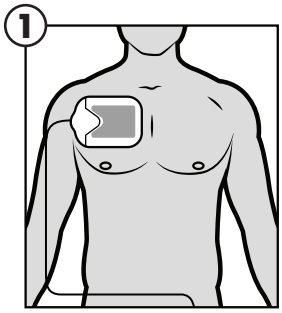


Anterior Apical (Female)

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. Position under breast on female patient.

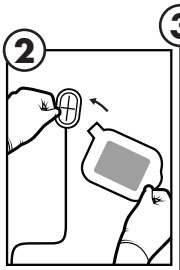
ANTERIOR-ANTERIOR (AA)

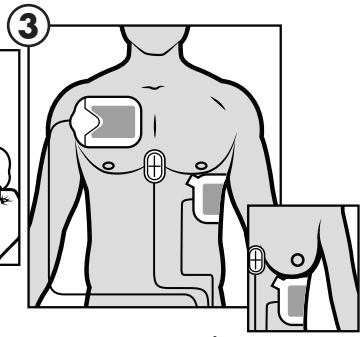
Recommended for defibrillation, cardioversion, and ECG monitoring. Not optimal for non-invasive pacing because it decreases patient tolerance and increases capture thresholds.



Anterior Sternal

Grasp the Anterior Sternal electrode at the red tab and peel away the plastic liner. Apply on the patient's upper right torso.





Anterior Lateral (Female)

Grasp the Anterior Lateral electrode at the red tab and peel away the plastic liner. Apply so that the top of the electrode aligns with the bottom portion of the pectoral muscle on a male patient. Position electrode under the breast on a female patient.

⚠ WARNINGS

1. During transcutaneous pacing, do not exceed the maximum pacer settings of 1 hour at140 mA/180 ppm or 8 hours at 100 mA/100 ppm. Doing so can increase the possibility of skin burns.
2. Replace electrodes after 24 hours of skin contact, 8 hours of Pacing, or 1 hour of Pacing at maximum settings to maximize patient benefit.
3. If repositioning of the electrodes is needed, consider replacement with a new electrode.
4. To avoid electrical shock, do not touch the electrodes, patient, or bed when defibrillating.
5. Always apply electrodes to flat areas of skin. If possible, avoid nipples and folds of skin such as those underneath the breast or those visible on obese individuals.
6. Avoid electrode placement near the generator of an internal pacemaker, other electrodes or metal parts in contact with the patient.
7. Use only with ZOLL Zenix Pacemaker/Defibrillator products.
8. 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.
9. Do not use electrodes in the presence of oxygen-rich environment or other flammable agents. Doing so could cause explosion.
10. Excessive hair and/or air under the electrodes can inhibit good adherence and coupling (contact), which can lead to the possibility of arcing and skin burns.

CAUTIONS

1. 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.
2. Transcutaneous pacing may cause burns to the skin. Periodically check the electrode site to ensure that the electrodes are well adhered to the skin.
3. After patient movement due to defibrillation, pacing, chest compressions, or patient repositioning, press electrodes to skin to ensure good coupling between electrodes and skin.
4. 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.
5. Non-invasive pacing with Anterior-Anterior electrode placement can lead to decreased patient tolerance and increased capture thresholds.
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. 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.
8. Do not fold the electrodes or packaging. Any fold in or other damage to the conductive element could lead to arcing and/or skin burns.
9. Device disposal should follow hospital protocol.
10. 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.

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