



PHILIPS

Automated External
Defibrillators

Ease of Use

Ease of use sets Philips AEDs apart

One-of-a-kind
Philips offers the
only AED that's so
user-friendly, it's
available without a
prescription.



According to the American Heart Association, combining CPR with the use of automated external defibrillators (AEDs) could save the lives of up to 40,000 sudden cardiac arrest (SCA) victims per year in the United States alone.¹ But which AED is the right choice? And why?

At Philips, we believe that AEDs should be easy to use. This way, even inexperienced responders, confronted with the stress and chaos of a cardiac emergency, have the power to deliver a life-saving shock to an SCA victim.

Philips AED solutions with Life Guidance help give you the confidence to act quickly and lead the way to help save a life.

Philips user-friendly AED solutions with Life Guidance offer:

- Personalized coaching to guide you quickly and easily through a cardiac emergency with a simple, step-by-step process
- A calm, clear voice that explains exactly what to do, actively adapting instructions to keep you on track
- Intelligent sensors that automatically deliver the right therapy at the right time, based on a person's body type

Philips AEDs lead the way to save a life

Philips HeartStart AEDs with Life Guidance act as your personal coach to guide you through a cardiac emergency with a simple, step-by-step process.

So why is Philips the #1 choice?

Simple. Only Philips AEDs offer Life Guidance. A calm, clear voice provides easy-to-follow instructions, including detailed CPR coaching. This unique feature provides prompts that aren't just repeated, but rephrased in simple language to help facilitate understanding.

Personalized. Intelligent sensors assess and automatically deliver the right therapy, at the right time - personalized to every man, woman, or child.

Responsive. Our proprietary SMART Pads sense where you are in the rescue and actively adapt the defibrillator's instructions to your actions. Only Philips AEDs give you this personalized guidance.

Fast. With our proprietary QuickShock technology, HeartStart AEDs are among the fastest in delivering shock treatment after CPR – typically in 8 seconds. According to the American Heart Association, reducing the time between compression and shock delivery by even a few seconds can increase the probability of success.²

Automated. SMART analysis automatically assesses heart rhythm to determine whether a shock is needed. If the AED does not advise a shock, no shock can be delivered, even if the shock button is pressed.

Ready to go. Philips AEDs are very easy to set up and use. Designed for the ordinary person in the extraordinary moment, they're ready to rescue right out of the box.

Proven where it matters

Data from four independent published studies showed Philips AEDs to be one of the easiest to use AEDs on the market.³⁻⁶ They've also been shown to be effective in 43 peer-reviewed publications.

An easy decision

When you choose an AED for your organization, take a close look at Philips HeartStart AEDs with Life Guidance. Because with access to the right equipment and support, anyone can help save a life. To learn more about our advanced defibrillation technology, visit www.philips.com/USaed.



Philips HeartStart HS1/OnSite (left) is designed to be an extremely easy-to-use and reliable automatic external defibrillator.³⁻⁶

Philips HeartStart FRx (right) is designed for environments too demanding for other defibrillators.

Philips - the first choice

- First over-the-counter AED
- First AED with CPR coaching
- First AED to defibrillate children and infants
- First AED on airlines
- First AED to shock in 8 seconds
- First AED with SMART CPR
- First biphasic AED
- First AED to provide low-energy/high-current therapy
- First AED to enable the public-access defibrillator movement

1. <http://yourethecure.org/aha/advocacy/details.aspx?BlogId=8&PostId=2871>.
2. 2010 American Heart Association Guidelines for CPR and ECC. *Supplement to Circulation*. 2010; 122(18): 685-705.
3. Andre et al. *Prehospital Emergency Care* 2004; 8:284-291.
4. Eames et al. *Resuscitation* 58 (2003); 25-30.
5. Fleischhackl et al. *Resuscitation* 62 (2004); 167-174.
6. Mosesso Jr. VN, et al. *Resuscitation* (2009). doi:10.1016/j.resuscitation.2009.07.016.

