

(19) World Intellectual Property Organization
International Bureau



(43) International Publication Date
29 June 2006 (29.06.2006)

PCT

(10) International Publication Number
WO 2006/067693 A1

- (51) **International Patent Classification:**
A61N 1/39 (2006.01)
- (21) **International Application Number:**
PCT/IB2005/054249
- (22) **International Filing Date:**
14 December 2005 (14.12.2005)
- (25) **Filing Language:** English
- (26) **Publication Language:** English
- (30) **Priority Data:**
60/637,682 20 December 2004 (20.12.2004) US
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- (81) **Designated States (unless otherwise indicated, for every kind of national protection available):** AE, AG, AL, AM,

AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.

(84) **Designated States (unless otherwise indicated, for every kind of regional protection available):** ARIPO (BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).

Declaration under Rule 4.17:

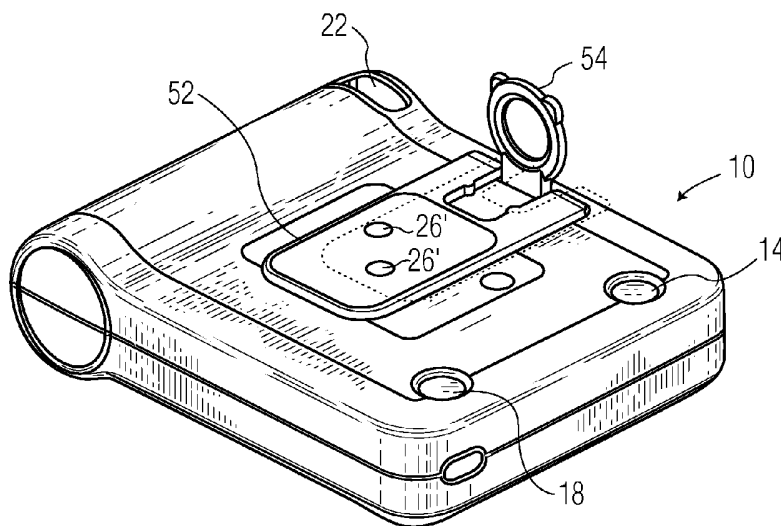
— as to applicant's entitlement to apply for and be granted a patent (Rule 4.17(ii))

Published:

— with international search report
— before the expiration of the time limit for amending the claims and to be republished in the event of receipt of amendments

[Continued on next page]

(54) **Title:** AUTOMATIC EXTERNAL DEFIBRILLATOR FOR ADULT AND PEDIATRIC PATIENTS



(57) **Abstract:** An AED unit which is operable to selectively execute either an adult rescue protocol or a pediatric rescue protocol is causes to execute the pediatric rescue protocol by inserting a key-like device into a slot of the AED unit. A sensor inside the case of the AED unit senses the presence of the device in the slot and responds by executing the pediatric rescue protocol. In an illustrated embodiment the AED unit includes a lighting mechanism which is used to light an illustration showing the proper placement of electrode pads on an adult patient. The key-like device includes an illustration showing the proper placement of electrode pads on a pediatric patient which obscures the adult illustration when the device is inserted in the AED unit. The key-like device is configured to make use of the same AED unit lighting mechanism to light the pediatric pad placement illustration.

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For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

AUTOMATIC EXTERNAL DEFIBRILLATOR FOR
ADULT AND PEDIATRIC PATIENTS

5 This invention relates to automatic external
defibrillators (AEDs) and, in particular, to AEDs
which are operable for defibrillation of both adult
and pediatric patients.

10 AEDs are conventionally designed to resuscitate
adult patients with ventricular fibrillation (VF), as
adults are the most likely to be afflicted with VF.
However, a small percentage of juveniles are also
susceptible to VF and can benefit from AED
15 resuscitation. Since only a small percentage of
patients are likely to be juveniles, the common
approach in designing an AED for a pediatric patient
is to modify a standard adult AED to be operable in a
pediatric mode. An example of an AED which has a
pediatric mode is found in US Pat. 6,370,428. The
20 most significant difference between the adult and
pediatric modes is the amount of energy delivered by
the AED defibrillation shock. Energy levels of
approximately 150 Joules are used to defibrillate
adult patients, whereas pediatric patients generally
receive shocks of about 50 Joules. The lower energy
25 pulses can be provided by resetting an energy
selector switch so that the pulse delivered by the
AED unit is at the lower energy level. In other
embodiments such as those shown in US Pats. 6,134,468
and 6,374,137, shocks are always delivered by the AED
30 at the higher energy level but for pediatric patients
an electrode pad set is used with attenuators in the
lines which attenuate the energy delivered by the AED
down to the lower pediatric level. Another
difference between pediatric and adult modes is the
35 ECG analysis employed, which needs to account for the

differences in heart rhythms between adult and pediatric patients. Other differences are the CPR prompts employed, the location of electrode pad placement on a pediatric patient, and shock advisory algorithms.

As is well known, defibrillation must commence within a short time after the onset of VF in order for the patient to have any reasonable chance of survival. Studies have shown that under the stresses of this time pressure, responders, particularly layperson responders, often become confused by even simple procedures and devices. In particular, it has been shown that responders can find the resetting of AED controls and special electrodes for pediatric patients to be daunting tasks, especially when the patient is a young child. The presence of a special button on the AED for the pediatric mode is often overlooked in the intensity of a rescue. On the other hand, since the overwhelming percentage of patients are adults, the presence of a button or switch for pediatric patients is unnecessary and only adds to the confusion during an adult rescue. But making the pediatric control less obvious can obscure it for the times when it is needed. Accordingly it is desirable to enable the switching of an AED to the pediatric mode to be as simple as possible and without adding distraction during adult rescues so that even inexperienced personnel under significant stress can resuscitate a pediatric patient successfully.

In accordance with the principles of the present invention, an AED unit is described which can be switched to a pediatric rescue protocol upon insertion of a simple key-like device. The key-like device is separate from the AED and requires only

insertion to change the mode of the AED. When inserted into the AED unit, a pediatric rescue protocol is executed by the AED, providing audible prompts for a pediatric patient, ECG analysis of a pediatric heartbeat, and reduced energy delivery. The protocol may optionally also provide CPR coaching for a pediatric patient.

In an illustrated embodiment the key-like device also changes the electrode pad placement illustration on the AED unit from adult pad placement to pediatric pad placement. The key-like device is inserted into an aperture which is hermetically sealed to prevent entry of dust or contaminants into the AED unit through the aperture. No special buttons or controls need to be set or reset to enter the pediatric mode; the changeover is completely automatic once the key-like device has been inserted into the AED unit.

In the drawings:

FIGURE 1 is a perspective drawing of an AED unit constructed in accordance with the principles of the present invention.

FIGURE 2 is a top plan view of the case of the AED unit of FIGURE 1.

FIGURE 3 illustrates in block diagram form the major components of an AED unit constructed in accordance with the principles of the present invention.

FIGURE 4 is a plan view of a key-like device for switching an AED unit to the pediatric mode.

FIGURE 5 illustrates the insertion of a pediatric mode key into an AED unit.

FIGURE 6 illustrates the AED unit of FIGURE 5 with the pediatric mode key inserted.

Referring first to FIGURE 1, an AED unit is shown in perspective. An AED unit such as the one

shown has dimensions of approximately 2.5 inches by 6 inches by 8 inches and weights about 4 pounds. The AED unit is enclosed in a case 12 having two halves 12a and 12b which are sealed together to prevent the ingress of water, dust and contaminants to the electronic modules inside the case. The AED unit has an on/off button 14 and a shock button 18 which is depressed to deliver a defibrillating shock. The AED unit has an information button 16 which flashes when information concerning a protocol is available for the operator. The AED unit has a panel 20 which may be a display for the display of visual information and instructions for the operator. In the embodiment described below information and instructions are delivered audibly through a loudspeaker or headset and a visual display is not necessary. The AED unit has a connector 22 into which the mating connector of an electrode pad set is plugged. An infrared (IR) port 24 for data communication to and from the AED unit is located on the side of the case 12.

In accordance with the principles of the present invention the AED unit 10 has a slot 30 into which a key-like device (referred to herein as a "pedi-key") is inserted to switch the AED to a pediatric rescue protocol. The slot 30 does not provide an entry into the inside of the case 12. Instead, the walls of the interior of the slot are a continuation of the case material 12a, 12b so that the slot allows no physical entry into the interior of the case. Thus, dust, dirt and other contaminants will not enter the case through the slot 30 as the interior of the slot is completely sealed. To prevent dust and contaminants from accumulating in the slot, the aperture of the slot 30 extends completely through the bottom of the

case 12b.

FIGURE 2 is a top plan view of the upper surface of the AED 10 in a constructed embodiment. The panel 20 is seen to contain a sketch 24 of the head and torso of a human with electrode pads (indicated by arrows 26) attached just below the right collarbone and over the lower left ribcage, the preferred electrode placement positions for an adult. Just behind the membrane covering panel 20 on which the sketch 24 is printed are two LEDs positioned at the indicated locations 26 of the two electrode pads. When the audible instructions of the protocol are instructing the rescuer to attach the electrode pads to the patient, the two LEDs at locations 26 flash on and off, drawing the attention of the rescuer to this indication of proper electrode pad placement.

Also located on the pad is a "Do Not Touch" indicator 28, drawn as a hand with a slash across it. An LED behind the drawing flashes on and off when the shock is about to be delivered to warn the rescuer and others to stand clear of and not touch the patient while the shock is being delivered. Above the on/off button 14 is a small green status LED 15, which blinks periodically while the AED unit is in its standby state to indicate that the AED unit is operating properly and ready for use.

The major components of an AED are shown in FIGURE 3 in block diagram form. Further detailed information about the operation of an AED can be obtained in US Pat. 5,836,993, to Cole for "Electrotherapy Device Control System and Method," the specification of which is incorporated herein.

In this illustration, defibrillator control functions are divided among a microprocessor unit (MPU) 102, an application-specific integrated circuit

(ASIC) 104 and a system monitor 106.

MPU 102 performs program steps according to software instructions provided to it from memory 114 which may comprise one or more of EPROM, RAM and flash ROM memory. MPU 102 controls the operation of certain system LEDs through an LED control circuit 110, including an LED associated with the shock button 18, the LED associated with the Do Not Touch indicator 28, and the LEDs which indicate the locations 26 of the electrode pads on the torso sketch 24. MPU 102 also receives system status information as shown by block 112, temperature information from the interior of the case 12 from a temperature sensor (not shown), and a signal from a sensor when training pads are plugged into the connector 22. The training pad sensor can be a magnetic sensor associated with connector 22 which senses the field of a small magnet integrated into the connector of a training electrode pad set.

In accordance with the principles of the present invention the MPU is also responsive to a signal from a pedi-key sensor associated with slot 30 when a pedi-key is inserted into a slot to switch the operation of the AED unit to a pediatric rescue protocol. The pedi-key sensor is preferably one which does not adversely affect the hermetic seal of the slot, such as a magnetic sensor (e.g., a reed switch inside the case) which responds to a small magnet in the pedi-key, or an optical sensor which optically detects (as by means of an LED and photocell) the presence of the pedi-key in the slot 30. The sensor could also be a pushbutton or switch which is activated by insertion of the pedi-key or electrical contacts which are electrically connected by an electrically conductive pedi-key.

ASIC 104 implements the memory map to system memory 114. ASIC 104 is clocked by a clock 107 and also controls a speaker 120 which delivers audible instructions during use of the AED. ASIC 104 can
5 actuate a relay within the shock delivery and ECG front-end system 124 in response to actuation of the shock button 18 by a user during treatment. ASIC 104 will actuate an LED associated with the information
10 button to signal to the user that information is available and can be accessed by depressing the information button 16. The ASIC also provides the interface to the IR port 24 through which new program information can be loaded into the AED unit and rescue data can be communicated to another data
15 storage or analysis system.

System monitor 106 performs automatic self-tests of the AED and its components. The system monitor 106 controls the status LED 15 to indicate that the self-tests are showing proper system operation, and
20 activates beeper 128 to provide an audible alert when the system is not operating properly. Details of suitable self-tests may be found in US Pat. 5,879,374, to Powers, et al. for "External Defibrillator with Automated Self-Testing Prior to
25 Use," the specification of which is incorporated herein by reference. System monitor 106 is also the defibrillator's interface with the on/off switch 14, the information button 16, and a sensor associated with connector 22 which signals the connection of a
30 specific type of electrode pads 137 to the AED unit. System monitor 106 controls a power management subsystem 132 to provide power to operate system components from power supply 134 and to provide energy to the shock delivery system's capacitor(s)
35 for a therapeutic shock during treatment. System

monitor 106 also interfaces with the defibrillator's ECG front end, enables the shock delivery system to deliver a shock in response to detection of a patient ECG pattern requiring treatment (and actuation of the shock button 18), and controls delivery of the shock to electrode pad connector 22 in response to shock delivery status information (e.g., patient impedance) obtained during delivery of the shock. Further information regarding this last function may be found in US Pat. 5,735,879 to Gliner et al. for "Electrotherapy Method for External Defibrillators," and US Pat. 5,607,454, to Cameron et al. for "Electrotherapy Method and Apparatus," the specifications of which are incorporated herein.

As described previously, electrical connector 22 may communicate directly with the system monitor 106 to identify the electrode type, or electrical connector 22 may communicate with system monitor 106 via an identifier receiver that interfaces between the system monitor and the identifier of the electrical connector 22. For example, in an optical encoding embodiment, photodetectors could act as an identifier receiver in communication between the system monitor and the electrical connector 22.

These defibrillator components communicate with each other over suitable communication buses, as shown.

FIGURE 4 illustrates one embodiment of a pedi-key 50 constructed in accordance with the principles of the present invention. In this embodiment the pedi-key 50 is constructed of two polymeric parts 52 and 54 which are pivotally interconnected by a shaft 56 extending through the top of the pad placement part 52 and the middle of the key part 54. The key part 54 is formed in a ring at the top so that the

pedi-key can be tethered or tied to the AED unit 10 or its carrying case. Two stops 58 are molded in the pad placement part 52 which enable the key part 54 to pivot only in the direction which facilitates its use with the AED unit as discussed below. The distal end of the key part 54, which is inserted into the slot 30 during use of the pedi-key, is covered with a magnetic strip 55. When the slot 30 uses an optical sensor for the pedi-key, the distal end of the key part 54 is covered with a reflective strip 55.

In this embodiment the pad placement part 52 contains a pediatric sketch 60 showing the proper placement of the electrode pads of the AED unit on a pediatric patient. As the sketch 60 illustrates, the electrode pads are properly placed on the chest and back of a pediatric patient for treatment. The sketch 60 may have the pediatric pad positions 26' drawn on the sketch as shown. However, in a constructed embodiment the oval space inside the pad positions 26' comprises holes formed through the pad placement part 52.

FIGURES 5 and 6 illustrate the insertion of the pedi-key 50 of FIGURE 4 into the slot 30 of the AED unit 10. The key part 54 is pivoted to be perpendicular to the pad placement part 52 as shown in FIGURE 5. The distal end 55 of the key part 54 is then inserted into the slot 30 as indicated by the large arrow in the drawing. When the key part 54 is inserted, the holes of the pediatric pad positions 26' of the pediatric sketch 60 are in alignment with the LEDs 26 of the adult sketch 24. The pad placement part 52 will then completely cover the adult sketch 24 so that the rescuer will only see the pediatric sketch 60. Moreover, the holes through the pediatric pad positions 26' of the pediatric sketch

60 will allow the light of the AED unit LEDs 26 to be visible through the pad positions 26' of the pediatric sketch.

5 In use, when a pediatric patient is to receive treatment, the pedi-key is inserted in the AED unit 10 as shown in FIGURE 6 and the AED unit 10 is turned on by depressing the on/off button 14. The sensor associated with the slot 30 will immediately sense the presence of the pediatric key and the MPU 102
10 will cause the AED unit to immediately begin executing a pediatric rescue protocol instead of an adult protocol. Alternatively, insertion of the pedi-key into the AED unit 10 can cause the AED unit to turn on as described in US Pat. 6,556,864 to
15 Picardo et al. entitled "Object Activated Defibrillator" and to begin execution of a pediatric protocol in accordance with the present invention. The audible instructions will begin by instructing the rescuer to open and prepare the electrode pads
20 for attachment to the patient. When the pad connector is plugged into the AED unit connector 22 and the pads are ready to be applied, the LEDs 26 on the base unit will begin to flash, drawing the attention of the rescuer to the pediatric sketch 60
25 on the pedi-key 52 and the flashing pediatric pad locations 26'. When the pads are successfully attached the pediatric protocol will begin analysis of a pediatric ECG waveform and determine whether a shock is appropriate. If it is, the rescuer will be
30 warned not to touch the patient and the shock button 18 will flash to alert the rescuer to press the button to deliver the shock. Shock energy appropriate for a pediatric patient, e.g., 50 Joules, is then delivered to the patient.

35 If desired the protocol can also include

instructions for administering CPR to a pediatric patient.

In the foregoing embodiment it is seen that insertion of the pedi-key 50 is all that is required to change the functioning of the AED unit 10 to that of a pediatric AED. No setting of switches or other settings or controls are required. There is thus no ambiguity or possibility for a rescuer to incorrectly set the AED for a pediatric rescue. Furthermore, by providing a separate article rather than a control on the AED unit, compliance with regulatory approvals are facilitated. For instance, some AEDs are now approved for use with adult patients without a physician's prescription. However, over-the-counter use with pediatric patients may still require a physician's prescription. An over-the-counter AED constructed in accordance with the principles of the present invention will readily function for adult rescues without the pedi-key but not for non-prescribed pediatric rescues. The pedi-key can then be made the prescription device and, when properly prescribed and obtained, can be used to convert the operation of the adult AED unit into a prescription pediatric unit.

The use of an insertable device to change the AED to the pediatric mode can afford several other advantages. As compared with the prior art approach of an electrode pad set with an in-line attenuator, the same electrode pad set can be used for both pediatric patients or adults. There is no need to store or attach a special pad set for a pediatric patient. Moreover, when the single pad set is attached to the AED during storage of the unit, the pad set can be tested regularly to assure that it has not deteriorated from desiccation. A separately

stored pad set cannot be tested, nor can its special pediatric attenuator; it may be years before such a pad set is needed, during which time deterioration may have adversely affected its effectiveness. In an
5 embodiment of the present invention, the sensor inside the AED unit adjacent the slot 30 can be routinely automatically tested along with the other AED components. An embodiment of the present invention can thus assure the readiness of an AED for
10 a pediatric patient through periodic automatic testing and can alert potential users to problems due to aging before the AED is needed for emergency use.

Other embodiments in accordance with the principles of the present invention will also readily
15 occur to those skilled in the art. For instance, if the AED unit is operable with one type of electrode pads for adult rescues and a different type of electrode pads for pediatric rescues, the connector of the pediatric electrode pad set can also comprise
20 the pedi-key which, when plugged into the AED unit to connect the pads to the AED unit, is sensed to cause the AED unit to execute the pediatric rescue protocol.

WHAT IS CLAIMED IS:

1. An AED system for use with either adult or pediatric patients comprising:

5 an AED unit including circuitry for delivering a defibrillating shock, the AED unit including a receptacle and being selectively operable for executing an adult rescue protocol or a pediatric rescue protocol;

10 an electrode pad which is removably connected to the AED unit; and

a device separate from the AED unit which, when connected to the AED unit receptacle, causes the AED unit to execute the pediatric rescue protocol.

15

2. The AED system of Claim 1, wherein the receptacle comprises an aperture in the AED unit, wherein the separate device is insertable into the aperture.

20

3. The AED system of Claim 2, wherein the aperture is sealed off from the interior of the AED unit which contains the circuitry for delivering a defibrillating shock.

25

4. The AED system of Claim 3, wherein the AED unit further includes a sensor located proximate the aperture for sensing the presence of the separate device in the aperture.

30

5. The AED system of Claim 1, wherein the pediatric rescue protocol includes placing an electrode pad on a pediatric patient and delivering a defibrillating shock at a level appropriate for a pediatric patient.

35

6. The AED system of Claim 5, wherein the pediatric rescue protocol further includes analyzing a pediatric ECG signal.

5

7. The AED system of Claim 5, wherein the pediatric rescue protocol further includes audible instructions for defibrillating a pediatric patient.

10

8. The AED system of Claim 1, wherein the electrode pad comprises a pediatric electrode pad set;

wherein the receptacle comprises an AED connector for the pediatric electrode pad set; and

15

wherein the separate device comprises the electrode pad connector of the pediatric electrode pad set.

20

9. The AED system of Claim 1, wherein the separate device further comprises an indicator of the placement of the of the electrode pad on a pediatric patient.

25

10. The AED system of Claim 9, wherein the AED unit includes an indicator of the placement of an electrode pad on an adult patient,

wherein the indicator of the placement of an electrode pad on an adult patient is replaced with the indicator of the placement of the electrode pad on a pediatric patient when the separate device is connected to the receptacle.

30

35

11. The AED system of Claim 10, wherein the indicator of the placement of an electrode pad on an adult patient includes a lighted indicator,

wherein the indicator of the placement of the electrode pad on a pediatric patient utilizes the lighted indicator.

5 12. A method for selectively operating an AED unit which is operable by execution of an adult rescue protocol or a pediatric rescue protocol as a pediatric AED system comprising:

 connecting a separate device to the AED unit;
10 sensing the connection of the device to the AED unit; and

 responding to the sensing of the connection of the device by executing the pediatric rescue protocol.

15

 13. The method of Claim 12, wherein the AED unit includes an aperture;

 wherein connecting a device to the AED unit comprises inserting a pedi-key into the aperture; and

20 wherein sensing comprises sensing the presence of the pedi-key in the aperture.

 14. The method of Claim 12, wherein executing the pediatric rescue protocol includes:

25 directing the attachment of an electrode pad to a pediatric patient; and

 applying a shock energy appropriate for a pediatric patient.

30 15. The method of Claim 14, wherein executing the pediatric rescue protocol further includes analyzing a pediatric ECG signal.

35 16. The method of Claim 14, wherein directing the attachment of an electrode pad comprises audibly

instructing a rescuer in the attachment of an electrode pad to a pediatric patient.

5 17. The method of Claim 14, wherein executing the pediatric rescue protocol further includes providing CPR instructions for a pediatric patient.

10 18. The method of Claim 12, wherein connecting a pedi-key to the AED unit further comprises providing visual instructions for applying an electrode pad to a pediatric patient.

15 19. The method of Claim 18, wherein connecting a pedi-key to the AED unit further comprises obscuring visual instructions for applying an electrode pad to an adult patient.

20 20. The method of Claim wherein connecting a pedi-key to the AED unit comprises inserting the connector of a pediatric electrode pad into a connector of the AED unit.

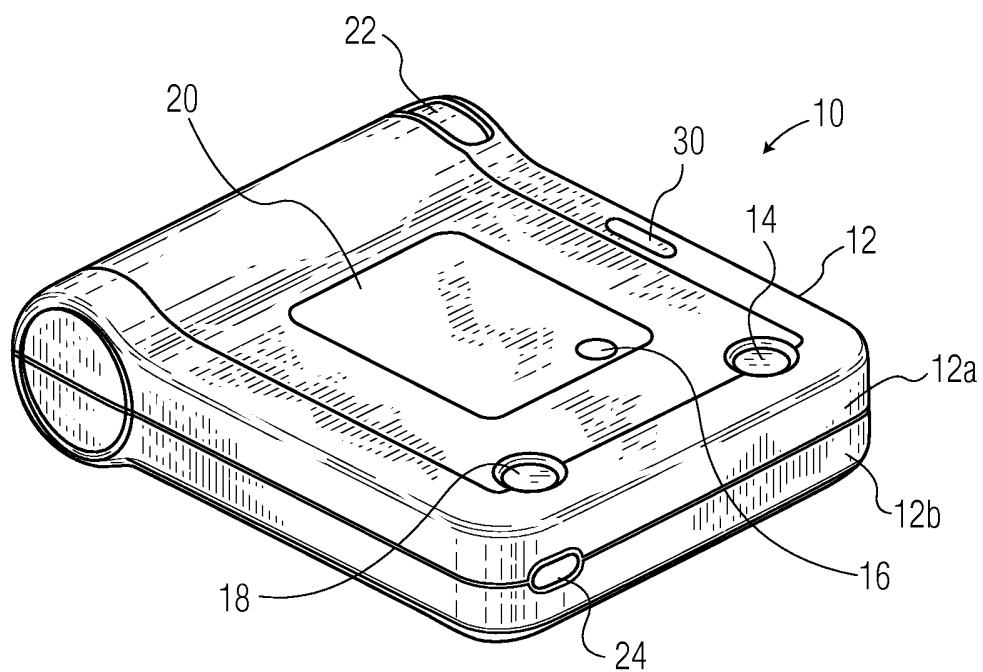


FIG. 1

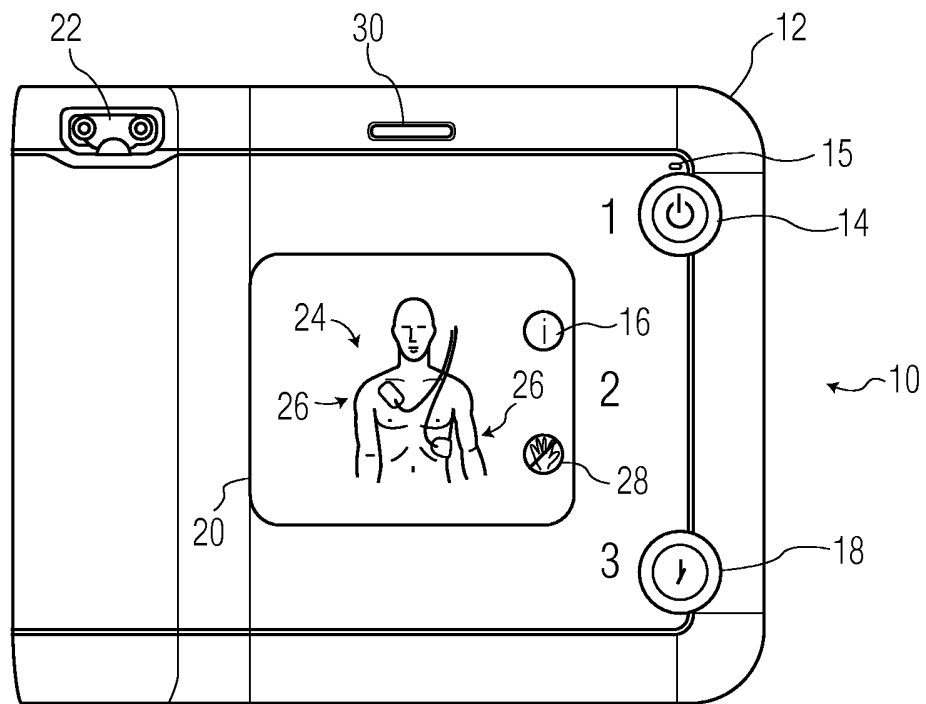


FIG. 2

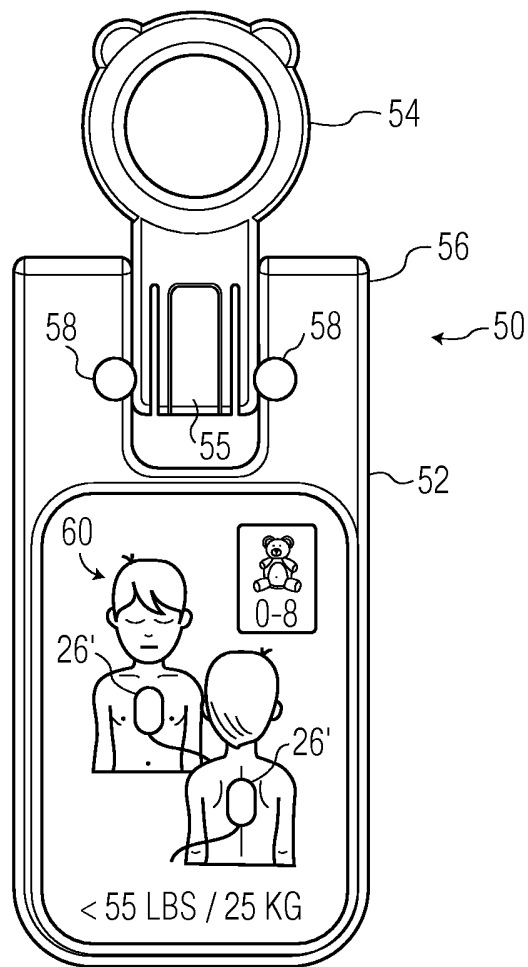


FIG. 4

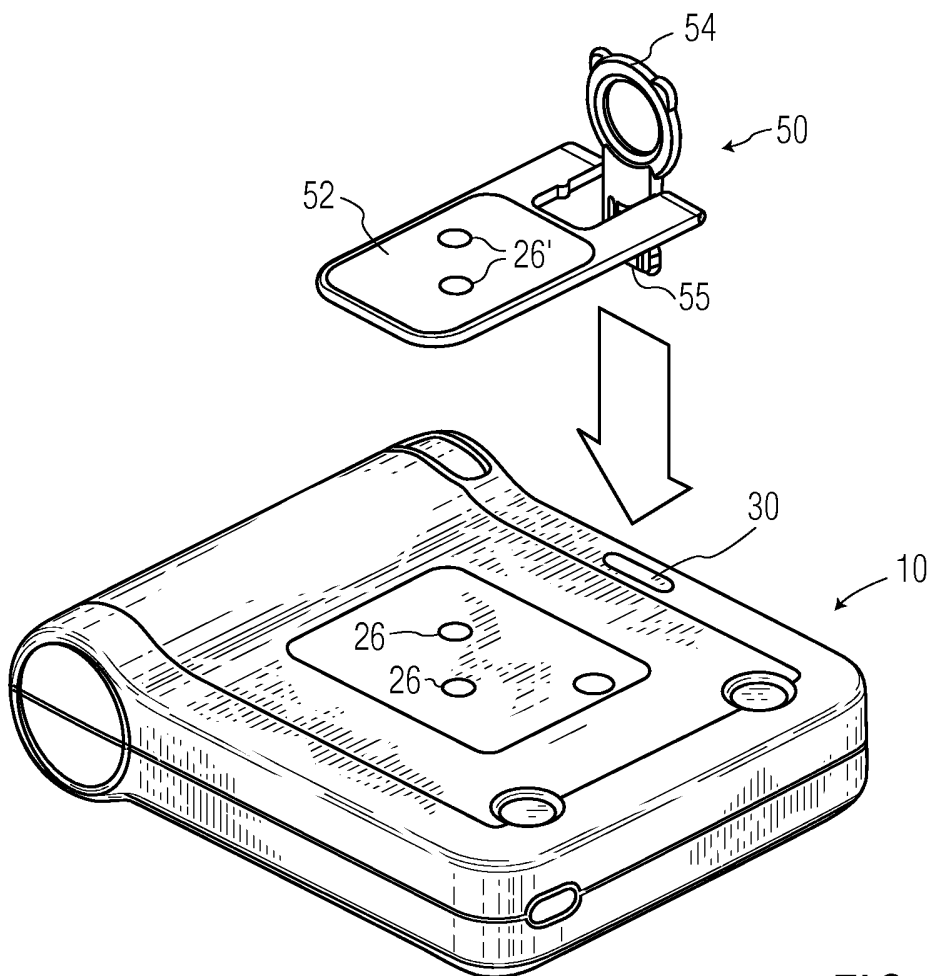


FIG. 5

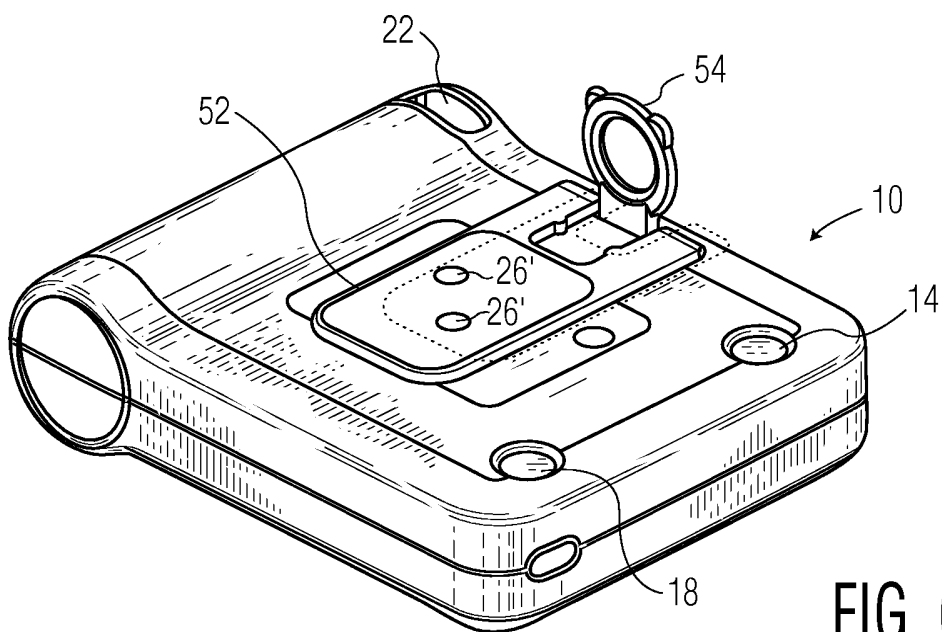


FIG. 6

INTERNATIONAL SEARCH REPORT

International application No

PCT/IB2005/054249

A. CLASSIFICATION OF SUBJECT MATTER A61N1/39		
According to International Patent Classification (IPC) or to both national classification and IPC		
B. FIELDS SEARCHED		
Minimum documentation searched (classification system followed by classification symbols) A61N		
Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched		
Electronic data base consulted during the international search (name of data base and, where practical, search terms used) EPO-Internal, WPI Data, PAJ		
C. DOCUMENTS CONSIDERED TO BE RELEVANT		
Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 6 125 298 A (OLSON ET AL) 26 September 2000 (2000-09-26) abstract; figures 1,3,4,6-10 column 1, line 65 - column 2, line 44 column 2, line 66 - column 11, line 43	1,2,4-9
Y A	-----	3,9 10,11
X	US 6 134 468 A (MORGAN ET AL) 17 October 2000 (2000-10-17) cited in the application the whole document	1,2,4-9
Y	EP 0 801 959 A (PHYSIO-CONTROL CORPORATION) 22 October 1997 (1997-10-22) abstract; figure 1 column 5, line 36 - line 50 ----- -/--	3
<input checked="" type="checkbox"/> Further documents are listed in the continuation of Box C. <input checked="" type="checkbox"/> See patent family annex.		
* Special categories of cited documents :		
"A" document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention	
"E" earlier document but published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone	
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.	
"O" document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family	
"P" document published prior to the international filing date but later than the priority date claimed		
Date of the actual completion of the international search 7 April 2006	Date of mailing of the international search report 25/04/2006	
Name and mailing address of the ISA/ European Patent Office, P.B. 5818 Patentlaan 2 NL - 2280 HV Rijswijk Tel. (+31-70) 340-2040, Tx. 31 651 epo nl, Fax: (+31-70) 340-3016	Authorized officer Wetzig, T	

INTERNATIONAL SEARCH REPORT

International application No

PCT/IB2005/054249

C(Continuation). DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 2003/216785 A1 (EDWARDS D. CRAIG ET AL) 20 November 2003 (2003-11-20) abstract; figure 6 paragraph [0046] - paragraph [0047] -----	9

INTERNATIONAL SEARCH REPORT

International application No.
PCT/IB2005/054249

Box II Observations where certain claims were found unsearchable (Continuation of item 2 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.: 12-20
because they relate to subject matter not required to be searched by this Authority, namely:
Rule 39.1(iv) PCT - Method for treatment of the human or animal body by therapy
2. Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box III Observations where unity of invention is lacking (Continuation of item 3 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- The additional search fees were accompanied by the applicant's protest.
- No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International application No

PCT/IB2005/054249

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