

[54] **AMBULANCE COT WITH
CARDIOPULMONARY RESUSCITATION
SEAT AND METHOD OF ADMINISTERING
CARDIOPULMONARY RESUSCITATION**

[76] Inventor: **Robert B. Fryer**, 723 Washington
Ave., Bridgeville, Pa. 15017

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5/327 R, 332

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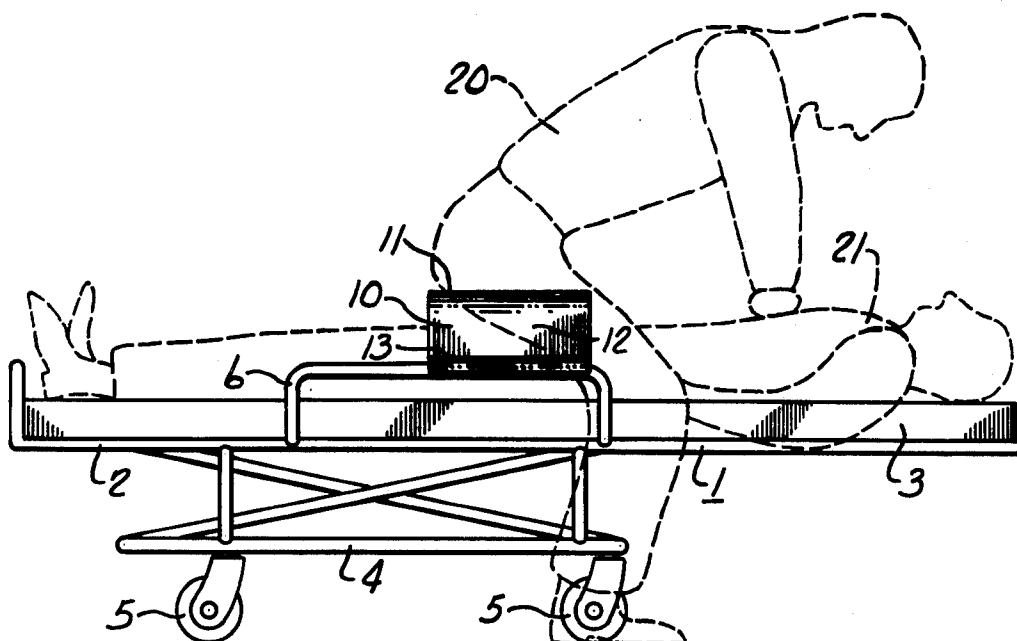
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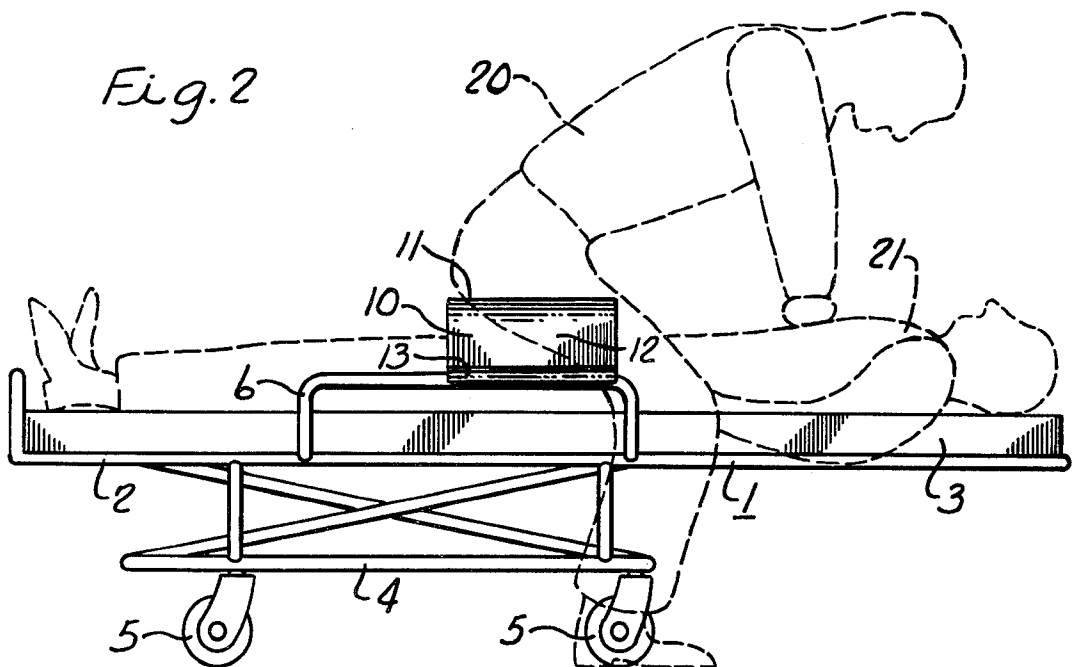
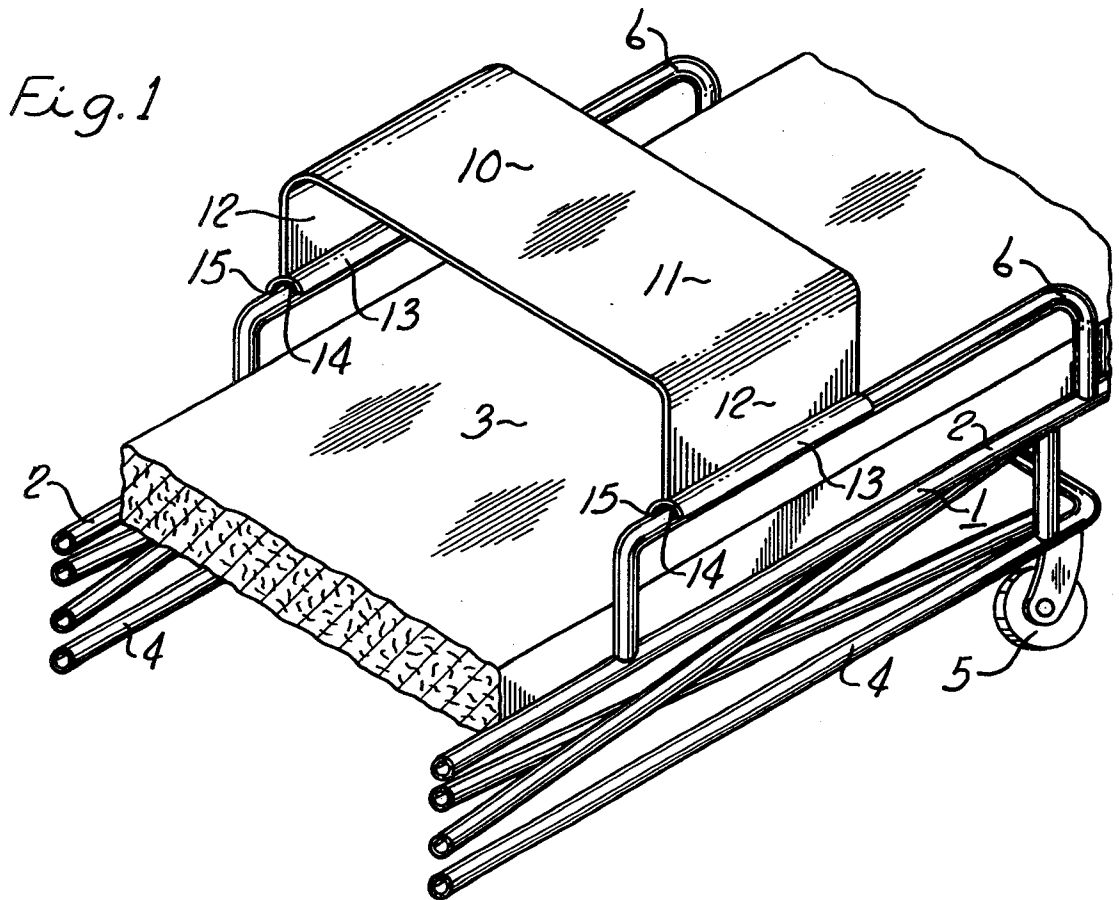
Primary Examiner—Lawrence W. Trapp
Attorney, Agent, or Firm—Carothers and Carothers

[57] **ABSTRACT**

An ambulance cot having side rails in combination with a rigid removable cardiopulmonary resuscitation seat which transversely bridges the cot and is supported from the cot side rails. Cardiopulmonary resuscitation is administered to a patient lying on the ambulance cot by positioning the seat across the cot upon which the patient is lying such that the seat is positioned over the pelvic or thigh region of the patient. The person administering the cardiopulmonary resuscitation straddles the cot with both feet on the ground while sitting on the seat facing the patient.

6 Claims, 2 Drawing Figures





AMBULANCE COT WITH CARDIOPULMONARY RESUSCITATION SEAT AND METHOD OF ADMINISTERING CARDIOPULMONARY RESUSCITATION

BACKGROUND OF THE INVENTION

This invention relates generally to beds and seats, and more particularly to ambulance cots having a detachable seat for the administration of cardiopulmonary resuscitation.

Cardiopulmonary resuscitation conducted on a patient requires that an attendant stand up alongside the cot upon which the patient is lying to conduct heart massage by overlapping the hands and pressing on the sternum of the patient. Approximately one compression per second is administered to the patient until approximately 15 cardiac compressions have been completed. Then mouth-to-mouth resuscitation is administered and the patient is usually given two breaths, i.e., the lungs are filled twice. Then the cycle is repeated such that the patient is again administered 15 cardiac compressions alternated with mouth-to-mouth resuscitation in order to continually pump blood and oxygen to the patient's brain to prevent death.

As previously mentioned, cardiopulmonary resuscitation is carried out by the attendant standing alongside the cot or bed in which the patient is lying. It is understandable that cardiopulmonary resuscitation must very often be administered within the confines of an ambulance while the ambulance is en route to a hospital. As can be well imagined, this causes considerable difficulty in administering the resuscitation in view of the fact that the attendant must stand alongside the ambulance cot within the ambulance while the same is moving at a rapid speed along roads of many different surface conditions and around many curves. The attendant is provided only with a two-point stance, and it thus becomes very awkward to administer the resuscitation properly while the vehicle is moving, thereby endangering the life of the patient.

SUMMARY OF THE INVENTION

Applicant has eliminated these hazards and disadvantages with the combination ambulance cot and cardiopulmonary resuscitation seat of the present invention, thereby providing a new and novel method for the administration of cardiopulmonary resuscitation. The present invention comprises in combination an ambulance cot having side rail members or means on the sides thereof and a rigid, removable cardiopulmonary resuscitation seat which transversely bridges the cot and is supported from the side rail means. Thus, resuscitation is administered by the attendant straddling the cot upon which the patient is lying and seating himself on the cardiopulmonary resuscitation seat such that he is facing the patient.

The seat may be readily positioned so that it is over the pelvic or thigh region of the patient as desired. In this manner, the attendant is provided with a very solid three-point stance with both feet on the ground and firmly seated on the resuscitation seat, such that he is in a much better position to resist rolling and pitching of the vehicle while maneuvering turns and rough roads than is the case where the attendant must stand beside the cot in the moving vehicle as taught in the prior art. In this manner, the attendant administering the resuscitation is assured that his resuscitation procedures will

not be interfered with due to the action of the moving vehicle.

The seat may be constructed as a unit with an upside-down U configuration which will bridge the cot and has foot means for resting on the side rail means of the cot. In one embodiment, the feet may consist merely of upside-down channels for receiving the side rails of the cot therein, and these channels may be lined with a skid resistant material to prevent the seat from sliding on the side rails of the cot. The seat may be readily molded as a unitary piece from plastic or it may be constructed of metal or any other suitable and durable material.

BRIEF DESCRIPTION OF THE DRAWINGS

Other objects and advantages appear in the following description and claims.

The accompanying drawings show, for the purpose of exemplification without limiting the invention or the claims thereto, certain practical embodiments illustrating the principles of this invention wherein:

FIG. 1 is a perspective view showing the combination ambulance cot with the resuscitation seat positioned on the side rails thereof with portions of the cot cut away.

FIG. 2 is a view in side elevation of the combination illustrated in FIG. 1 with a patient illustrated lying on the cot and an attendant administering cardiac resuscitation as illustrated in dashed lines.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

Referring to FIGS. 1 and 2, the ambulance cot 1 consists of an aluminum alloy tubular frame 2 which supports a mattress 3 by the use of metal webbing (not shown) spanning the frame 2. The frame 2 is provided with an under carriage 4 having four wheels 5 which support the entire cot 1.

The under carriage 4 may be extended to raise or lower the frame 2. However, this is not illustrated, as this is a conventional feature with present day ambulance cots and is not pertinent to the disclosure of the present invention.

The frame 2 of the ambulance cot 1 is provided with two side rails 6 on opposite sides of the cot which serve as handles by which the cot may be picked up from the sides, and which also serve as guardrails to prevent the patient from rolling off the cot.

A cardiopulmonary resuscitation seat 10 of the present invention rests on top of the side rails 6 and transversely bridges the cot. This seat is preferably a unitary structure which is rigid enough to support the weight of a human being, and may be made of any suitable material such as plastic or metal. While the seat in the Figures is illustrated as resting on the top of side rails 6, it will become apparent to those skilled in the art that the seat 10 could also rest on other portions of the ambulance cot such as the tubular frame 2 instead of the side rails 6.

The unitary seat 10 consists of the horizontal seat portion 11, the side walls 12 and the feet 13.

The seat generally has an upside-down U-shaped configuration, and the feet 13 consist of upside-down channels 14 which conform to the circular cross section contour of the side rails 6 upon which the seat 10 rests.

The channels 14 are lined with a skid resistant sheet material such as rubber, as indicated at 15 to prevent

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the seat 10 from shifting longitudinally along the top of the side rails 6.

As best illustrated in FIG. 2, cardiopulmonary resuscitation is administered to a patient by the attendant 20 (illustrated in dashed outline) straddling the cot with both feet on the ground and seated on the seat 10 facing the patient 21 (also indicated in dashed outline). The attendant is thus provided with a solid three-point stance, namely, the seat 10 and the contact between the attendant's feet and the floor, so that he is thereby assured that any outside disturbance created by the movement of the ambulance will not interfere with his proper administration of the resuscitation, which was heretofore not possible when attempted from the side position with the attendant standing alongside the cot.

It will be obvious to those skilled in the art that many other variations of the seat 10 may be made as to its structure. For example, the seat 10 could be manufactured of tubular stock in a fashion similar to that which the cot itself is manufactured, and there will be many obvious variations as to how the seat might be secured to the cot.

I claim:

1. In combination, an ambulance cot having side rail means on the sides thereof, and a rigid removable car-

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diopulmonary resuscitation seat transversely bridging said cot and supported from said side rail means, said seat adapted to support the weight of a human to administer cardiopulmonary resuscitation to a patient on said cot with means to support the administrator's feet on opposite sides of said cot.

2. The combination of claim 1 wherein said seat has an upside-down U-shaped configuration with foot means for resting on said side rail means.

3. The combination of claim 2 wherein said foot means consist of upside-down channels receiving said side rail means.

4. The combination of claim 3 wherein said channels are lined with a skid resistant material.

5. The combination of claim 2 wherein said seat is a unitary construction.

6. The method of administering cardiopulmonary resuscitation to a patient lying on an ambulance cot, comprising the steps of positioning a seat across the cot upon which the patient is lying with said seat positioned over the pelvic region of the patient, straddling the cot with both feet supported while sitting on the seat facing the patient, and applying cardiopulmonary resuscitation to the patient as required.

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