

A few reminders based from feedback, questions, and call review from the weekend:

1. **DO NOT** under any circumstances engage the "tactical switch" on the Pro

- We hear you as loud as you're hearing the alarms. This issue is under discussion, please be patient while it's worked through.
2. Some alarms are able to have the repeat alerts turned off if acknowledged. Please attempt this to see if it helps ease some of the excess noise
- Example: If the pulse ox probe was placed, then removed it will alert you that the probe is off the finger. If you click the alert at the top left corner it will bring a list of all alarms. Click the alarm and for SpO2 specifically and a few others this will acknowledge the alarm and it will not re-alert unless the probe is replaced and removed once again.
3. Please remember to include last 3 digits from the run number in the patient ID field and/or first, last name, and DOB (DOB to follow last name) in their respective fields anytime an ECG is obtained, also be added after a cardiac arrest.
- These can be added during or after the call. If the monitor has been turned off, when you power it back on, the first screen that prompts patient details, select the appropriate previous patient from the box on the right side of the screen, add details where needed and power off once the Corsium box at the top of the screen is illuminated green indicating the monitor is connected to Corsium.
4. The EtCO2 input is on the left side of the Pro at the bottom and indicated with a yellow label; all monitoring connections are on the left side of each device. When not in use please be sure the door that covers the EtCO2 port is snapped close.
5. Even though the pads connection end for our first responders looks similar to the connection end for our pads, they are not the same. You must swap pads with all of our first responders departments.
- This should be performed on arrival if their compression cycle is <100 compressions, or during the next rhythm check if >100 compression.
6. We are aware that compression depth is difficult to satisfy and the issue is being investigated. In the meantime please ensure that the CPR puck is being placed in the lower third of the sternum.

