



US 20090163838A1

(19) **United States**(12) **Patent Application Publication**  
**Hecox et al.**(10) **Pub. No.: US 2009/0163838 A1**(43) **Pub. Date: Jun. 25, 2009**(54) **CPR SYSTEM WITH FEED BACK  
INSTRUCTION**(75) Inventors: **Lawrence E. Hecox**, Ventura, CA  
(US); **David Eckhous**, Long Beach,  
CA (US); **Blain Tomlinson**, Long  
Beach, CA (US)Correspondence Address:  
**FISH & ASSOCIATES, PC**  
**ROBERT D. FISH**  
**2603 Main Street, Suite 1000**  
**Irvine, CA 92614-6232 (US)**(73) Assignee: **CPAIR, INC.**, San Clemente, CA  
(US)(21) Appl. No.: **12/328,652**(22) Filed: **Dec. 4, 2008****Related U.S. Application Data**(60) Provisional application No. 60/992,842, filed on Dec.  
6, 2007, provisional application No. 60/992,855, filed  
on Dec. 6, 2007.**Publication Classification**(51) **Int. Cl.**  
**A61G 15/00** (2006.01)  
**A61H 31/00** (2006.01)  
**A61B 5/00** (2006.01)  
(52) **U.S. Cl.** ..... **601/41; 128/845; 600/301**(57) **ABSTRACT**

CPR systems that provide guidance to a CPR provider are presented. Contemplated CPR systems include sensors that collect a victim's biometric data during CPR. The data is processed by an electronic assembly which provides feed-back to the CPR provider. The electronic assembly can be packaged within a cranio-cervical extension device having language independent instructions encoded on a surface of the device.

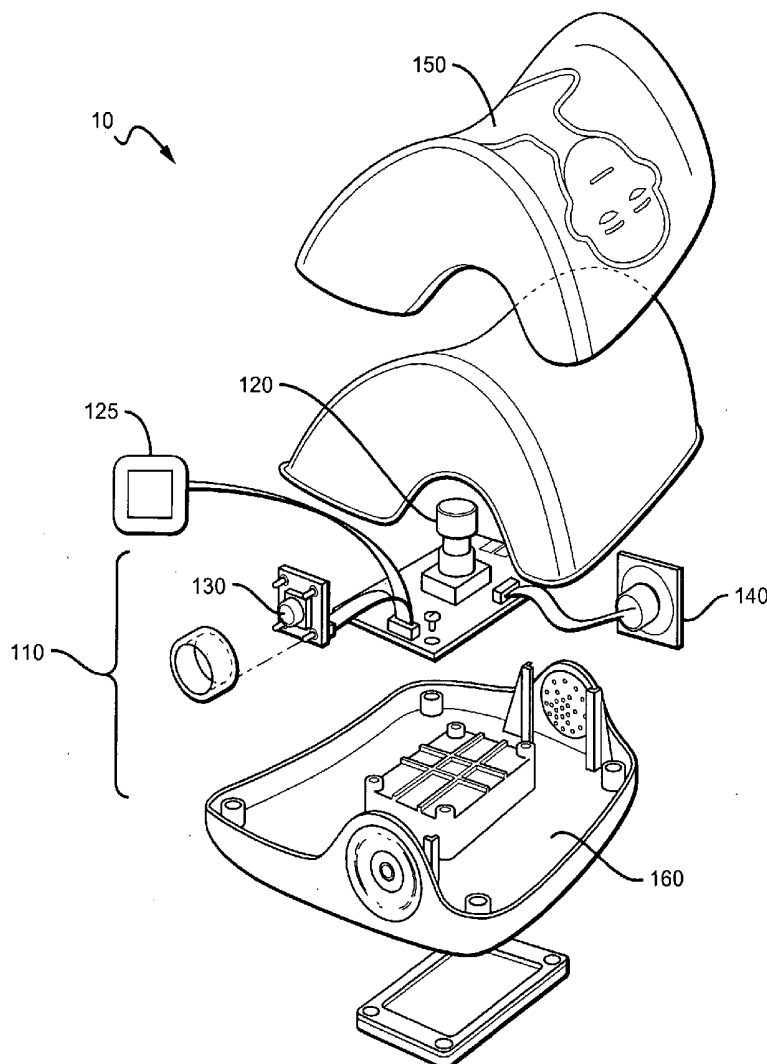
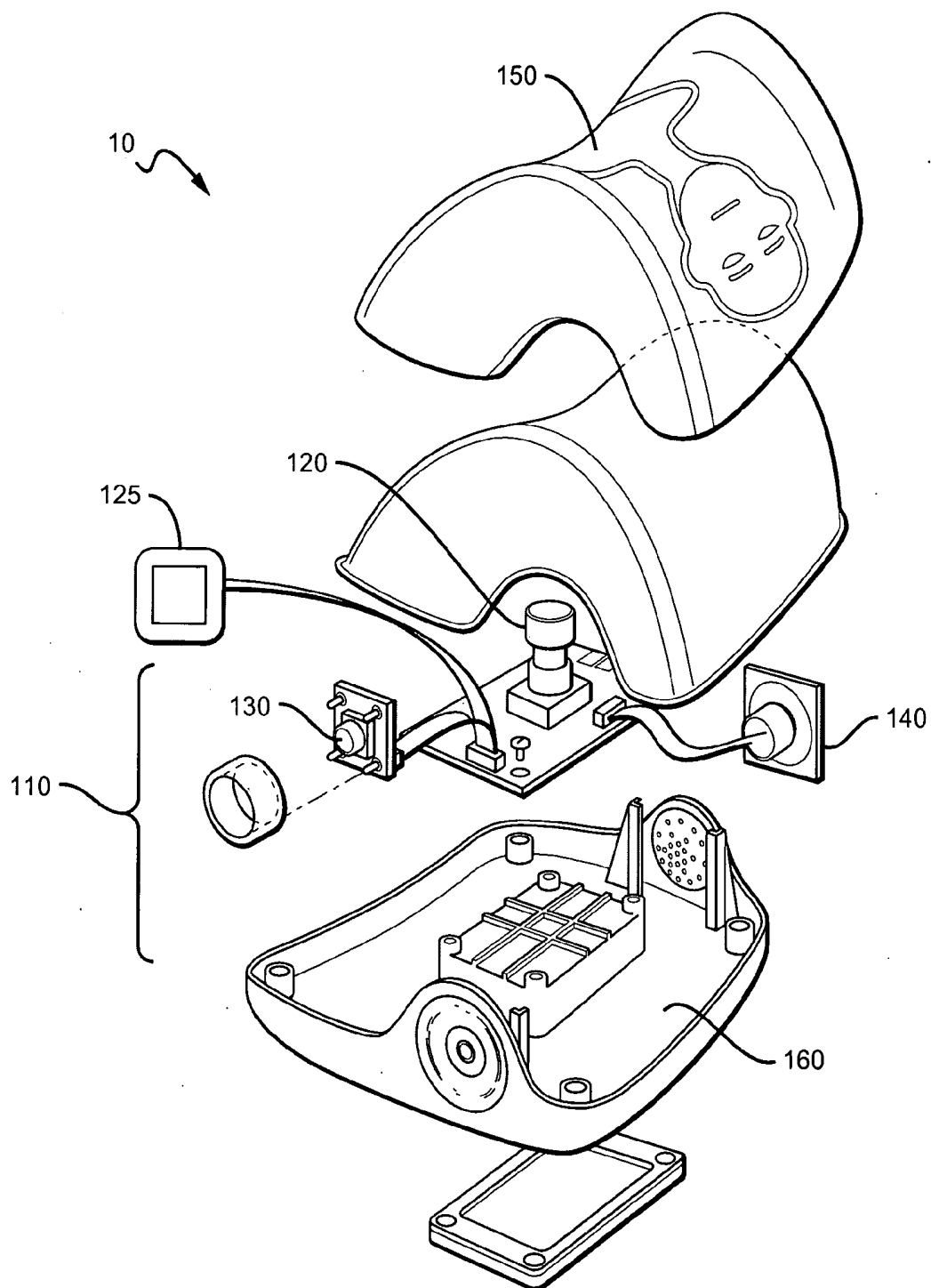
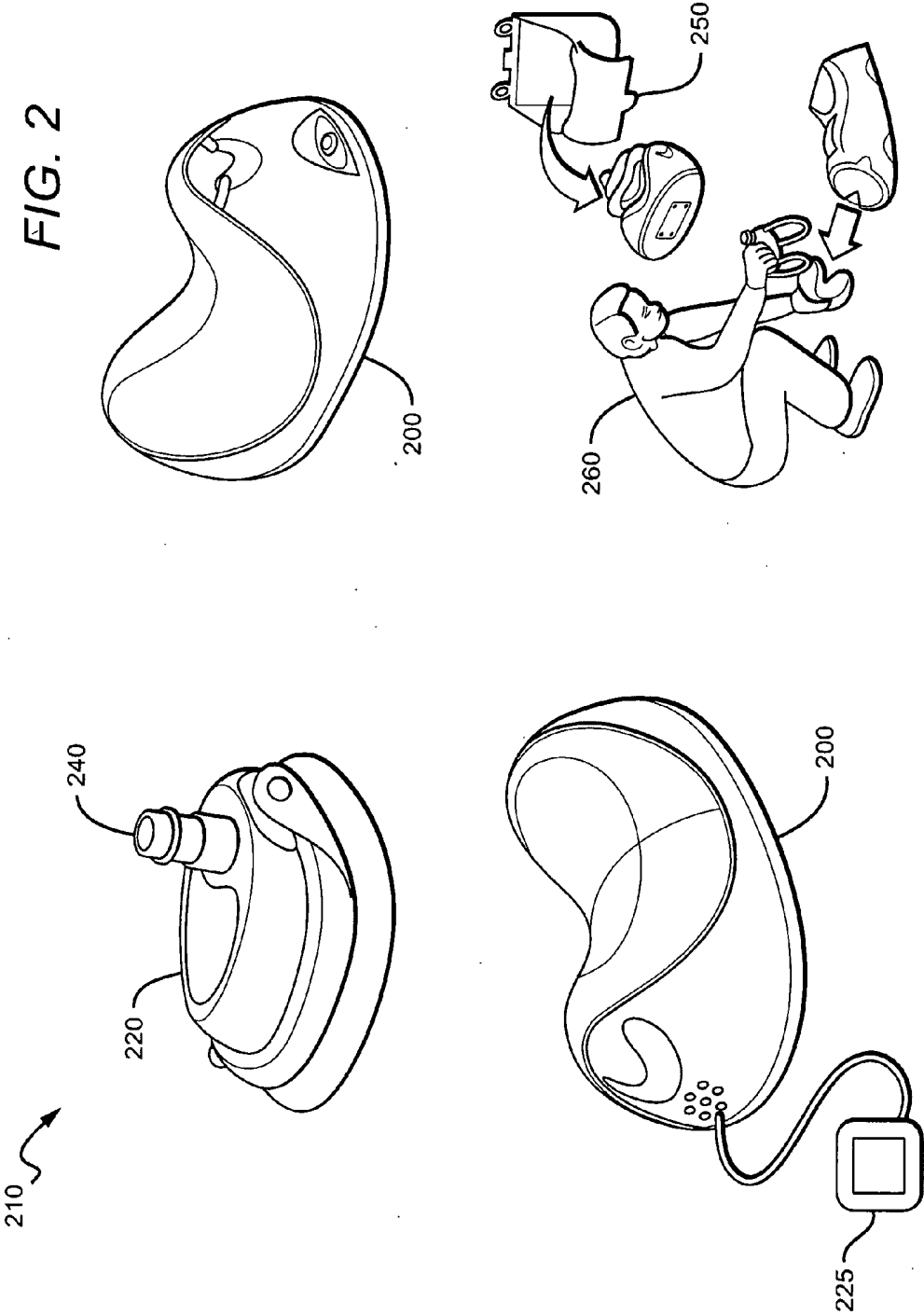


FIG. 1





## CPR SYSTEM WITH FEED BACK INSTRUCTION

[0001] This application claims the benefit of priority to U.S. Provisional Application having Ser. No. 60/992,842 and to U.S. Provisional Application having Ser. No. 60/992,855, both filed on Dec. 6, 2007. These and all other extrinsic materials discussed herein are incorporated by reference in their entirety. Where a definition or use of a term in an incorporated reference is inconsistent or contrary to the definition of that term provided herein, the definition of that term provided herein applies and the definition of that term in the reference does not apply.

### FIELD OF THE INVENTION

[0002] The field of the invention is CPR technologies.

### BACKGROUND

[0003] When a person falls victim to a cardiopulmonary crisis, it is quite likely that trained cardiopulmonary resuscitation (CPR) providers are scarce. Ideally, a nearby person would know CPR and would help the victim. However, in most cases no trained individual is available. Even when a trained provider is available, there is no guarantee the treatment they provide is effective.

[0004] CPR requires repeated chest compressions that have to be done correctly to ensure passive return of blood to the heart and proper gas exchange in the lungs. Untrained CPR providers would have a greater success if they could receive instructions quickly on how to proceed and had access to real-time feedback on the effectiveness of the treatment.

[0005] U.S. Pat. No. 7,289,850 to Burnes et al. titled "System for Enhanced Cardiac Function with Combined PESP/NES" describes a system where an internal set of sensors are used to determine when cardiac pulse therapy is required for a victim. Although useful for providing feedback for internal medicine, the concepts presented are not applicable to an unexpected emergency situation in a public place, especially when a CPR provider lacks sufficient training.

[0006] U.S. Pat. No. 6,213,960 to Sherman et al. titled "Compression Device with Electro-Stimulation" describes a device that has a chest compression mechanism and one or more sensors providing feedback to the device. The described device addresses consistency of compression but is not useable in an emergency by an untrained CPR provider.

[0007] U.S. Pat. No. 4,424,814 to Secunda titled "Perfusion Ratio Detector" teaches a perfusion detector that provides a feedback display which is usable by CPR technician or team. Unfortunately the device also requires training and is not easy to use in an emergency because it requires the technician to remove their attention from the victim to observe the feedback.

[0008] U.S. Patent Application Publication 2003/0062040 to Lurie et al. titled "Face Mask Ventilation/Perfusion Systems and Method" make further progress in the field by describing a system that can include a headrest and a communication device that allows a CPR provider to obtain instructions from a remote emergency service. However, Lurie fails to provide immediate instruction to a provider.

[0009] A preferable CPR system should provide feedback in manner useable by an untrained CPR provider immediately and during CPR and should require a single provider. Thus,

there is still a need for providing a system that offers feedback to a CPR provider on the effectiveness of CPR activities as a function of biometric data collected from a victim.

### SUMMARY OF THE INVENTION

[0010] The present invention provides apparatus, systems and methods in which a CPR provider receives feedback on the effectiveness of their actions as a function of biometric data.

[0011] One aspect of the inventive subject matter includes a system that provides guidance to a CPR provider during CPR. The system includes a sensor that acquires biometric data from a victim. An electronic assembly, preferably disposed within a cavity of a cranio-cervical extension device, collects the biometric data from one or more sensors and supplies feedback to the provider as a function of the data. The system can also include the cranio-cervical extension device that provides proper capital extension to open the victim's air passage when placed beneath the victim's neck, preferably sized and dimensions as a saddle shaped pillow. In preferred embodiments, the device includes instructions as least partially encoded on the surface of the device to give immediate guidance to the CPR provider on the use of the system. The instructions can be a language independent icon molded into a surface of the device.

[0012] Preferred embodiments of the system utilize a perfusion sensor that collects blood flow data from the victim. During CPR the blood flow data is used to determine the effectiveness of the provider's CPR methods. The electronic assembly collects the blood flow data and advises the CPR provider on how to modify their tactics to increase the effectiveness of the CPR procedures. Especially preferred embodiments employ audible feedback to the provider.

[0013] Various objects, features, aspects and advantages of the inventive subject matter will become more apparent from the following detailed description of preferred embodiments, along with the accompanying drawings in which like numerals represent like components.

### BRIEF DESCRIPTION OF THE DRAWING

[0014] FIG. 1. is a schematic of a CPR system embodied as a CPR kit.

[0015] FIG. 2. is a schematic of an exploded view of a cranio-cervical extension pillow housing an electronic assembly.

### DETAILED DESCRIPTION

[0016] A preferred CPR system includes a cranio-cervical extension device, one or more sensors including a perfusion sensor, and an electronic assembly that collects biometric data from the sensors.

[0017] Cranio-cervical extension devices help to ensure that a victim's air passage is open and receptive to air flow. Preferred devices include saddle shaped pillows that are placed beneath the victim's neck. The shape of the pillow causes proper capital extension of the victim's cranio-cervical area for improved air flow without requiring the provider to be trained in proper positioning of the victim. A preferred device is described more fully in co-owned U.S. patent application Ser. No. 12/327,363 titled "Cranio-Cervical Extension Pillow with Dual Arcs".

[0018] In FIG. 1, provides an exploded view of a cranio-cervical extension device in the form of pillow 100. Pillow

**100** (also referred to as “device **100**”) forms a housing that defines cavity **160**, in which is disposed electronic assembly **110**. Preferred device **100** includes power button **130**, possibly placed on a lateral side of the device **100** for easy access. Preferably, device **100** also includes speaker **140** to provide audio feedback to a CPR provider. In a preferred embodiment, device **100** also includes one or more of sensors **120** or **125**.

[0019] Preferred device **100** include instructions to the CPR provider by at least partially encoding the instruction on a surface of the device. Preferably the instructions comprise one or more of language independent icon **150**. In the example show, icon **150** illustrates the proper positioning of a victim on the device. Instructions are preferably molded into the surface, possibly as a raised rib. Other icons can include indications of where the power button is located, a numbered sequence of steps, locations of sensors, or other instructions. Providing instructions on the surface of device **100** provides immediate guidance to the CPR provider upon accessing device **100** without requiring reading a manual or contacting a trained profession.

[0020] Preferably, cavity **160** has sufficient volume for packaging the various components of a CPR system or kit. For example, the device can include slots for storing one or more of sensors **120** or **125**, a space for an internal electronic assembly, an air source, or other CPR related items.

[0021] Sensor **125** preferably includes a perfusion sensor to collect blood flow data while the CPR provider performs CPR. In a preferred embodiment, a perfusion sensor **125** couples to an electronic assembly **110** within cranio-cervical extension device **100**. Sensor **125** can be at least partially coated with an adhesive so the sensor can couple to a cranio-cervical surface of the victim. Any suitable perfusion sensor can be used if it can acquire data from a victim, preferably from the neck area. A suitable perfusion sensor is described in U.S. Pat. No. 4,424,814 to Secunda.

[0022] It is also contemplated that additional sensors beyond a perfusion sensor can be included in a CPR kit. Contemplated additional sensors include temperature, oxygen, CO<sub>2</sub>, pulse-wave, compression, or other biometric sensors. For example, sensor **120** could comprise a compression sensor placed at the saddle point. In some embodiments, the compression sensor can be a load switch that gathers force data. It is also contemplated that sensor **120** could operate as power button **130**.

[0023] In some embodiments each of sensors **125** can be formed to have a different shape (e.g., triangle, square, rectangle, pentagon, circle, etc.) so an untrained CPR provider can quickly and easily distinguish the sensors from each other. In such embodiments, the surface of device **100** can be encoded with sensor placement instructions showing the proper location of where each sensor should be placed on the victim. Each placement instruction could be represented by an icon having a shape or other representation corresponding to the actual sensor.

[0024] A preferred electronic assembly **110** acquires biometric data from sensors **125** or **120** and processes the data to determine the effectiveness of the CPR provider's methods. The electronic assembly comprises a memory storing software instruction or data, and a processing unit that executes the software instruction. The assembly's roles and responsibilities will be discussed in greater detail below.

[0025] Once power is supplied to the assembly **110** and sensors are attached to the victim, the electronics are able to

collect biometric data from sensors **125** or **120**. Assembly **110** can also provide audible instructions to the CPR provider as a function on the data collected. In the preferred embodiment, instructions take the form of real-time audible feedback. Providing audible feedback allows the provider to keep their attention focused on the victim rather than turning their head to view a visual display.

[0026] Contemplated audible feedback includes verbal feedback where a voice indicates how well the provider is performing. For example, if a perfusion sensor **125** data indicates that the victim's blood flow is poor, the voice could state “Please provide stronger compression strokes”. Alternatively, if the sensor data indicates that the blood flow is acceptable, the voice could state “Good job. Please continue compression strokes.”

[0027] It is also contemplated that the feedback can comprise non-verbal feedback. For example, the electrical assembly **110** in FIG. 1 could supply a metronome that indicates the rate at which the provider should do compressions. In some embodiments, the volume of the metronome could indicate if the compression strokes should be harder or softer. Additionally, feedback could include visual feedback in the form of colored lights, preferably lighting the sides of device **100** to reduce risk of causing the provider to become distracted.

[0028] In FIG. 2, the contemplated CPR system is embodied by a CPR kit **210** as shown in different views. Kit **210** preferably is placed in public locations including schools, transportation hubs, commercial venues, or other places where people congregate. Wall Mounted CPR Kit **250** can be mounted on a publicly accessible wall, for example, where CPR provider **260** can quickly access the kit when an emergency arises.

[0029] Beyond cranio-cervical extension devices **200**, sensors **225**, and electronics, CPR kits **210** are also contemplated to include additional items to aid a CPR provider while helping the victim. The additional items can include breathing mask **220**, an air source (not shown), instructions, or other items.

[0030] Masks **220** can be coupled to pillow device **200** via straps or more preferably could be strapless as shown. A strapless mask **220** could couple to a victim's face using a sticky or tacky gasket seal. Providing a strapless mask allows the CPR provider to quickly place the mask on the victim's face or remove the mask quickly should the need arise. For example, if the victim vomits, the provider can remove mask **220** and quickly clean the victim's air passage to prevent choking. All ventilation, resuscitation, or respiration masks are contemplated including those with straps or without straps.

[0031] In some embodiments, mask **220** is adapted with a gas source input **240**. Gas source input **240** allows a gas, including air, to flow from a gas source through the victim's air passage to their lungs. For example, mask **220** could include a port (as shown) in which provider **260** blows air to provide air to the victim's lungs. It is also contemplated that the CPR kit **210** could include a readily available air source for use by the provider including a pump, a pressurized tank, an air bag, or other gas sources.

[0032] Preferred kits **210** are packaged in manner where all elements of the kit are easily accessible, while utilizing a small volume. As previously mentioned, a cranio-cervical extension device associated with the kit preferably has a cavity in which various items of the kit can be disposed. It is contemplated, that mask **220**, air source, electronics, sensors

125, or other equipment can be placed within the device. Keeping the kit small allows the kit to be placed in confined spaces including within emergency vehicles, air planes, cars, backpacks, or other places where space is at a premium.

[0033] Preferred kits also include one or more instructions for the provider. Especially preferred kits have instructions encoded on the surface of the kits items. For example, instructional icon 150 in FIG. 1 shows an icon of a person molded on to the surface of the cranio-cervical extension device indicating how to properly position the victim. Visual icons on the kit items allow a CPR provider to place the items quickly without having to consult a manual. Additionally, preferred instructions can also be provided verbally from the electronic assembly.

[0034] Other embodiments are also responsive to voice commands from provider 260. As the electrical assembly provides instructions to provider 260, occasionally decision points are reached where the unit could require input from provider 260. Provider 260 inputs data to the electrical assembly by vocalizing their directives or choices rather than removing their attention from the victim. Consider a case where the instructions provided by the assembly could change based on the age of the victim. The assembly could ask "Is the victim a baby, a child, or an adult? Please speak your answer"; provider 260 can then respond with any of the choices. The assembly could then provide proper instruction for the specific case or alter its interpretation of the sensor data.

[0035] In some embodiments, sensor information is communicated using a telemetry unit (not shown) which contacts remote personnel that can aid the provider in helping to care for the victim. Contemplated telemetry units include cell phones, network connections (e.g. wired or wireless) or other communication units that can otherwise offer communication methods. Telemetry units can include cell phone transceivers responsive to CDMA, GSM, or other carrier signals. Additionally, telemetry unit could include a transceiver responsive to 802.11, 802.15, 802.15, or other wireless network signals.

[0036] It should be apparent to those skilled in the art that many more modifications besides those already described are possible without departing from the inventive concepts herein. The inventive subject matter, therefore, is not to be restricted except in the spirit of the appended claims. Moreover, in interpreting both the specification and the claims, all terms should be interpreted in the broadest possible manner consistent with the context. In particular, the terms "comprises" and "comprising" should be interpreted as referring to elements, components, or steps in a non-exclusive manner, indicating that the referenced elements, components, or steps may be present, or utilized, or combined with other elements, components, or steps that are not expressly referenced. Where the specification claims refers to at least one of something selected from the group consisting of A, B, C . . . and N, the text should be interpreted as requiring only one element from the group, not A plus N, or B plus N, etc.

What is claimed is:

1. A system that provides guidance to a CPR provider during CPR of a victim; the system comprising:
  - a cranio-cervical extension device having a shape that opens a victim's air passage when the device is disposed under the victim's neck and having language independent instructions at least partially encoded on a surface of the device;
  - a biometric sensor acquires biometric data from the victim; and
  - an electronic assembly disposed within the device that provides feedback to the provider as a function of the biometric data.
2. The system of claim 1, wherein the feedback is audible.
3. The system of claim 2, wherein the audible feedback comprises a metronome.
4. The system of claim 2, wherein the audible feedback comprises a voice.
5. The system of claim 1, wherein the feedback instructs the provider to use a stronger compression stroke.
6. The system of claim 1, wherein the feedback instructs the provider that the provider is using an adequate compression stroke.
7. The system of claim 1, wherein the cranio-cervical extension device comprises a saddle shaped pillow.
8. The system of claim 1, wherein the sensor is packaged within the device.
9. The system of claim 1, wherein the sensor comprises a perfusion sensor that acquires blood flow data.
10. The system of claim 1, further comprising an adhesive disposed to couple the sensor to a cranio-cervical surface of the victim.
11. The system of claim 1, further comprising a second sensor that collects additional biometric data.
12. The system of claim 11, wherein the second sensor includes at least one of the following: a compression sensor, an oxygen sensor; CO<sub>2</sub> sensor; a pulse wave sensor; and a temperature sensor.
13. The system of claim 1, further comprising a breathing mask adapted to provide air from an air source and to fit over the victim's nose and mouth.
14. The system of claim 13, further comprising the air source packaged with the device.
15. The system of claim 14, wherein the air source comprises at least one of the following: a bag; a pressurized tank; and a pump.
16. The system of claim 14, wherein the air source is packaged within the device.
17. The system of claim 13, wherein the mask is strapless.
18. The system of claim 1, wherein the instructions comprise an icon.
19. The system of claim 18, wherein the icon comprises a molded into the surface.
20. The system of claim 1, wherein the electronic assembly is adapted to respond to a voice command from the provider.
21. The system of claim 1, further comprising a telemetry unit.

\* \* \* \* \*

专利名称(译)	具有反馈指令的心肺复苏系统		
公开(公告)号	<a href="#">US20090163838A1</a>	公开(公告)日	2009-06-25
申请号	US12/328652	申请日	2008-12-04
[标]申请(专利权)人(译)	CPAIR		
申请(专利权)人(译)	CPAIR INC.		
当前申请(专利权)人(译)	CPAIR INC.		
[标]发明人	HECOX LAWRENCE E ECKHOUS DAVID TOMLINSON BLAIN		
发明人	HECOX, LAWRENCE E. ECKHOUS, DAVID TOMLINSON, BLAIN		
IPC分类号	A61G15/00 A61H31/00 A61B5/00		
CPC分类号	A61H31/005 A61H31/008 A61H2201/5071 A61H2201/5097 A61M16/10 A61H2230/207 A61H2230/25 A61H2230/50 A61H2230/205		
优先权	60/992842 2007-12-06 US 60/992855 2007-12-06 US		
其他公开文献	US8511308		
外部链接	<a href="#">Espacenet</a> <a href="#">USPTO</a>		

#### 摘要(译)

提供了为CPR提供者提供指导的CPR系统。预期的CPR系统包括在CPR期间收集受害者的生物特征数据的传感器。数据由电子组件处理，电子组件向CPR提供者提供反馈。电子组件可以包装在颅颈延伸装置内，该装置具有在装置表面上编码的语言无关指令。

