

Specialized Pads for Dual Sequential Defibrillation UW-Madison Biomedical Engineering Design; Fall 2023 Rebecca Poor, Hunter Belting, Jack Sperling, Maribel Glodowski, Nick Johnson, Daisy Lang Client: Dr. Michael Lohmeier, UW ER Physician; Advisors: Dr. John Puccinelli, Tyler Ross

Problem Statement

A device is needed to allow dual sequential defibrillation (DSD) to be executed on patients in refractory ventricular fibrillation (RVF) using one defibrillation monitor and be compatible with the Lund University Cardiopulmonary Assist System (LUCAS) device.

Motivation/Background

- RVF: heart's failure to return to normal rhythm despite 3 standard defibrillation attempts [1] with a mortality rate of 85-97% [2] • In DSD, two shocks of electrical current are sent through the heart
- sequentially through two sets of pads to increase myocardial cell response [1][3]

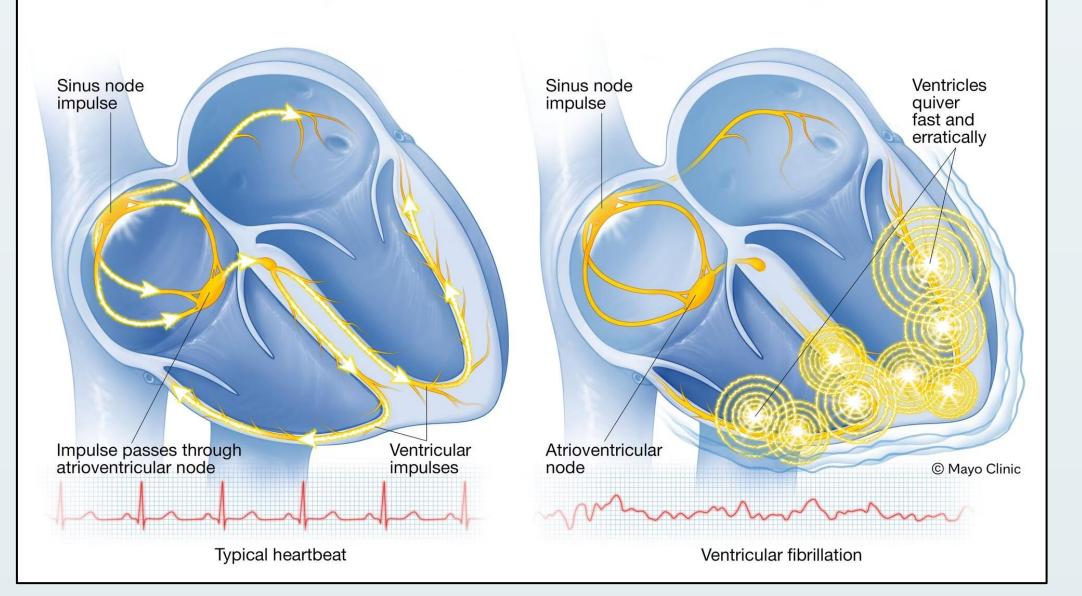


Figure 1: Diagram showing electrical signals in a standard heart rhythm and RVF along with the associated ECGs [4]

- Established medical intervention for RVF:
- Quality cardiopulmonary resuscitation (CPR)
- 120-200 J shocks deliver by defibrillator [5]
- Impedance is the resistance of the body to electrical current
- Challenges to testing and performing DSD:
- Use is rare: 1 in 200,000 cardiac arrests are RVF [2]
- Pad placement cannot interfere with the LUCAS device
- High cost to perform DSD as 2 monitors required
- Addressing DSD challenges could lead to better understanding of its effectiveness [6]

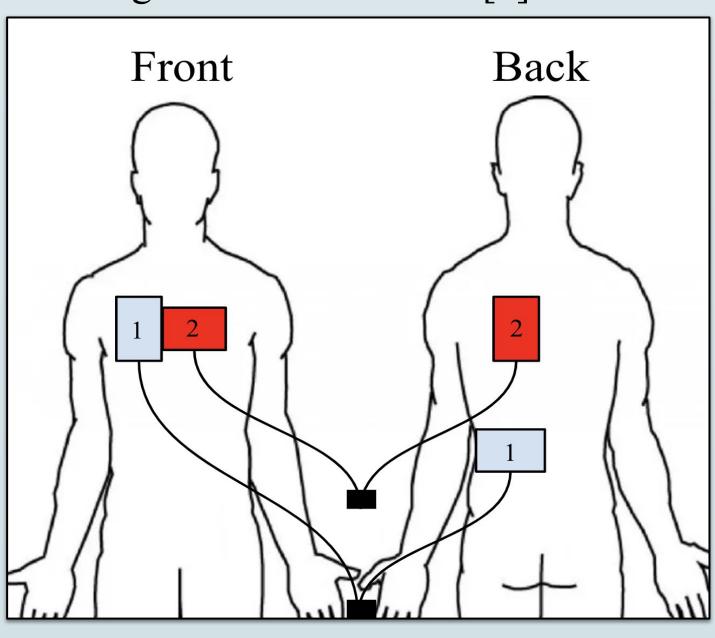
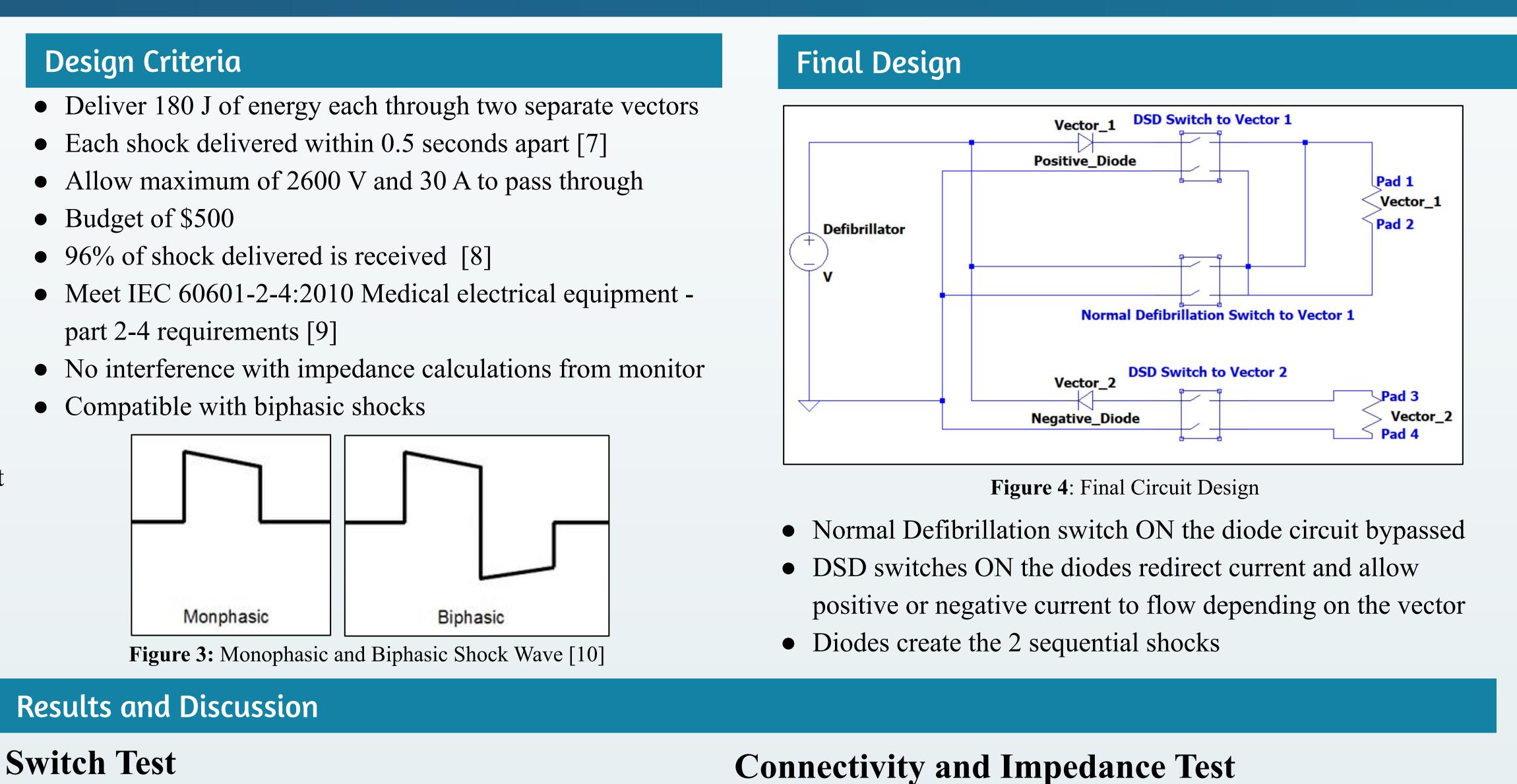


Figure 2: Diagram of pad placement for DSD



<u>Goal:</u> Determine if switch will arc current under high voltages • Tested under 1000 V, 2000 V, and 2600 V DC

- 5, 2 second long trials for each voltage
- Only **0.0005%** of current in circuit will are through an open switch, based on equation from Figure 6
- No variation in arc magnitude across trials for each voltage

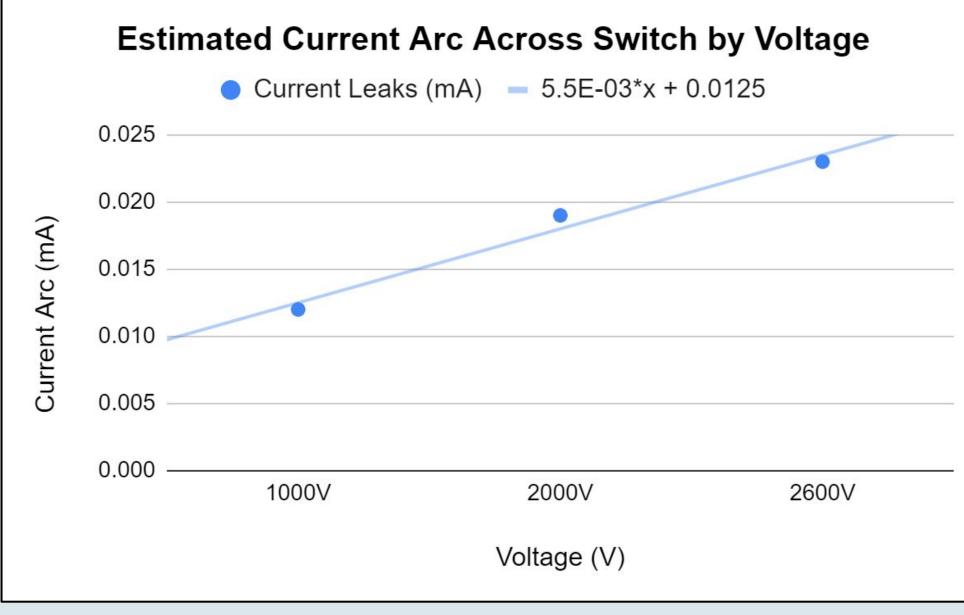


Figure 6: Magnitude of Current Arc

DSD Functionality Test

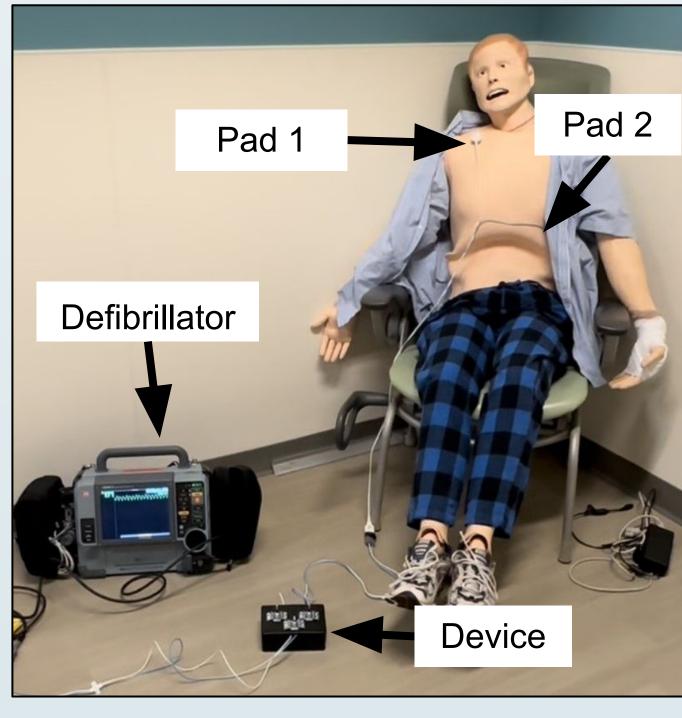
Goal: Determine if polarity of voltage impact output at vectors

- Measured voltage at both pads at -5 V to 5 V with 1 V step • For all test voltages, measured voltage was less than expected voltage, but magnitude of difference did not scale with input • At voltages tested, the difference is significant with p value decreasing with increasing voltage
 - (1 V p = 3.6E-160 and 5 V p = 5.5E-16)
- Hypothesize that difference is due to diode resistance • Voltage difference will be insignificant at high voltages • Vector 1 and 2 passed only positive or negative voltages respectively (Figure 8)

Figure 7: Defibrillator with Device and Manikin Configuration

<u>Goal:</u> Test connections and ability of monitor to read impedance

• A 150 J shock sent to manikin through device • Manikin received 175 J • No difference in received shock with device compared to standard defibrillation, proves connections are sufficient • Increase in received shock proves impedance not altered by device



Average Voltage Across Pads During DSD

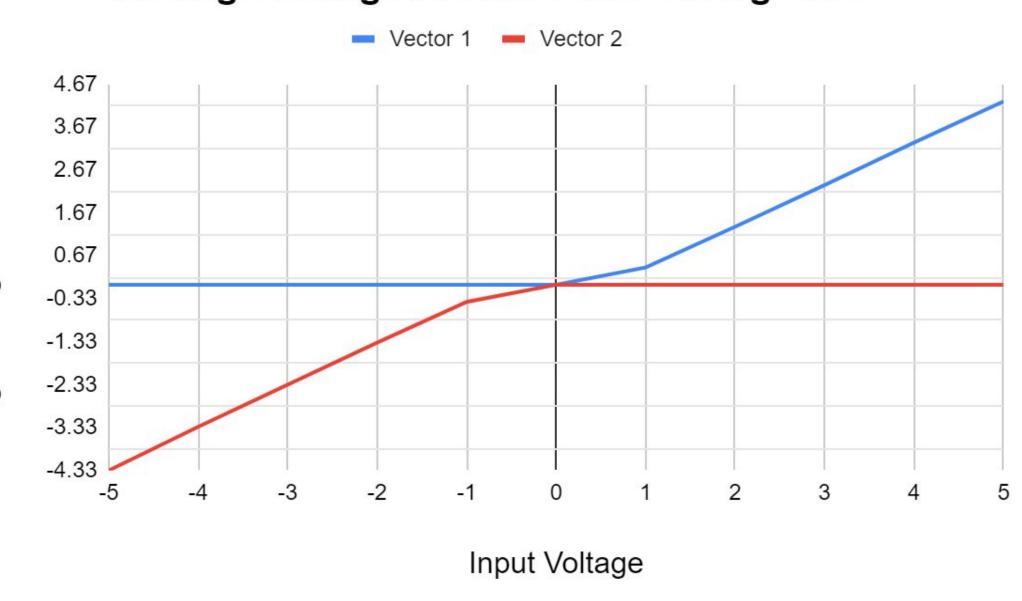
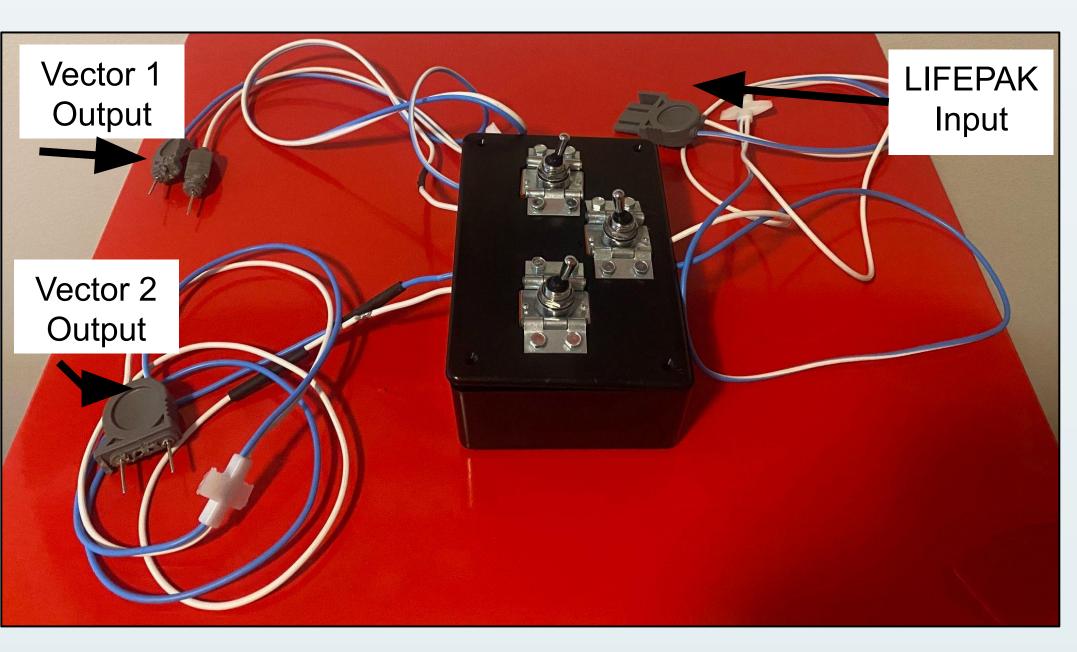


Figure 8: Polarity of Voltage Across Both Vectors



Future Work

Ack





• 3 switches to control DSD and standard use

• Connects 1 monitor with 2 sets of cardiac pads

• Distributes 360 J shock across 2 vectors (180 J each)

• Both shocks delivered sequentially with total time less than 16 milliseconds

• Compatible with LIFEPAK and Zoll cardiac pads and LIFEPAK 15 Monitor

• Can withstand ~2600 V and ~30 A the LIFEPAK 15 outputs during a 360 J defibrillation shock

Figure 5: DSD Device with labels

• Turn three switch system into two switch system, one for DSD and one for vector change

• Resolder circuit to include vector change

• Create two H-Bridges to transform the two monophasic shocks into two biphasic shocks

• More user friendly interface with switches and adaptor plugs

nowl	eda	emer	nts

BME Department Dr. Michael Lohmeier Dr. John Puccinelli Tyler Ross

Dr. Amit Nimunkar Mitchel Reuter Pia Strampp Makerspace Staff

References

[1] E. M. Simon and K. Tanaka, "Double Sequential Defibrillation," Cardiology Clinics, vol. 36, no. 3, pp. 387–393, 2018. doi:10.1016/j.ccl.2018.03.006

[2] A. Mohammed et al., "Refractory Ventricular Fibrillation in Traumatic Cardiac Arrest: ACase Report and Review of the Literature," National Library of Medicine

[3] M. Ramzy and P. G. Hughes, "Double Defibrillation," National Library of Medicine, Apr.2023. [4] "Ventricular fibrillation," Mayo Clinic,

https://www.mayoclinic.org/diseases-conditions/ventricular-fibrillation/symptoms-causes/syc-20364523 [5] Ventricular fibrillation - statpearls - NCBI bookshelf, https://www.ncbi.nlm.nih.gov/books/NBK537120/ [6] C. C. medical professional, "What is defibrillation used for?," Cleveland Clinic,

https://my.clevelandclinic.org/health/treatments/23021-defibrillation

[7] Hoch DH;Batsford WP;Greenberg SM;McPherson CM;Rosenfeld LE;Marieb M;Levine JH;, "Double sequential external shocks for refractory ventricular fibrillation," Journal of the American College of Cardiology, https://pubmed.ncbi.nlm.nih.gov/8144780/

[8] B. J. Cross and M. S. Link, "Erroneous shock by an AED: Importance of obtaining AED tracing to prevent inappropriate ICD implantation," HeartRhythm case reports, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5418544 [9] V. Padmavathi, P. Kundra, P. Vishnu Prasad, and T. Siva, "Defibrillator maintenance policy," *Indian Journal of* Anaesthesia, vol. 59, no. 10, p. 685, 2015, doi: https://doi.org/10.4103/0019-5049.167478.

[10] J. Francis, ECG Quiz 24| Dec 12, About The Author Johnson Francis, Former Professor of Cardiology, and J. F. F P. of Cardiology, "All about cardiovascular system and disorders," All About Cardiovascular System and Disorders, https://johnsonfrancis.org/professional/difference-between-a-monophasic-and-biphasic-defibrillator/