ZOLL

RescueNet Code Review
Getting Started Guide

SOFTWARE VERSION 5.8.1 OR NEWER
MAY 16, 2017
# Table of Contents

Chapter 1: Overview 1
Chapter 2: Getting Started 2
Starting RescueNet Code Review 2
Opening Cases 3
Upload Cases 5
  CaseReview 5
  Infrared 7
    AED/AED Pro 7
    AutoPulse 8
  USB drive 9
    ProPaq M/MD, R Series, Plus, or X Series 10
  Bluetooth 11
    M Series/E Series with Bluetooth module 11
  Card reader 12
    M Series/E Series/R Series and 1600/1700 12
  Serial 13
    M Series/E Series 13
  Wi-Fi 14
    R Series Plus and X Series 14
Search for Cases Previously Uploaded in CaseReview 15
Search for cases previously uploaded 15
Chapter 3: View Cases 16
  Navigate the Case Tree 16
  Select the Type of Events to View 18
  Turn On/Off Audio Prompts (AED Plus/AED Pro) 20
    Default view – include audio prompts 20
    Optional view 1 – include extended audio prompts 21
| Optional view 2 – audio prompts off   | 21 |
| Select Data Tabs to Display         | 22 |
| General information                 | 23 |
| Tags                                | 24 |
| Entire ECG                          | 25 |
| Magnified ECG and Animation         | 26 |
| Magnified ECG – Display large view  | 28 |
| Magnified ECG – Display event text  | 29 |
| Advanced parameters                 | 30 |
| CPR (AED Plus/AED Pro/M Series/E Series/X Series/R Series) | 32 |
| See-Thru CPR® (filtered ECG)        | 32 |
| CPR Analysis                        | 33 |
| Target zones                        | 33 |
| View                                | 34 |
| CPR periods                         | 35 |
| Drawing a CPR pause                 | 38 |
| Summary                             | 40 |
| CPR Quality Calculation             | 41 |
| Timeline                            | 41 |
| Annotating Compressions and Ventilations | 42 |
| Adding annotations                  | 44 |
| Adding ROSC periods                 | 44 |
| CPR Performance Summary Data        | 46 |
| Choosing the Start Time for Minute-by-Minute Analysis | 47 |
| Creating a manual start time        | 47 |
| Print/Export CPR Performance Summary Data | 47 |
| 12-lead                             | 49 |
| Cabrera Format                      | 50 |
| Closing Cases                       | 51 |
| Snapshot                            | 52 |
# Table of Contents

- Closing Cases 53
- Snapshot 54

## Chapter 4: Documenting Cases

- Reviewing and Adding Information 55
  - Saving Changes 55
  - Adding Annotations 55
- Code Record 57
- Prehospital Utstein 58

## Chapter 5: Reporting

- Case Reports 60
  - CPR Analysis Summary Report 60
  - Incident Log 61
  - Strips 62
- Aggregate Reports 64
- Printing ECG Segments 65

## Chapter 6: Advanced

- Mark Cases Viewed/Not Viewed 68
- Renaming Cases 69
- Sending Case to a Folder or Email Recipient 70
- Exporting Data 71
- Inserting Defibrillator Records into Cases 72
- Inserting AutoPulse Records into Cases 73
- Documenting HIPAA Disclosure 73
- Linking Cases 75
  - Unlink Linked Cases 75

## Case Times and Synchronization

- Case Start Time 76
- Defibrillator Power On Time and Adjusted Power On Time 76
- The Relationship between Case Start Times and Adjusted Power On Times 77
- New Blank Case 77
Upload from Infrared, Serial, Bluetooth, or Downloaded via ZOLL Data Retriever 78
Upload from Card Reader, USB Drive, or Compact Flash 78
Insert Defibrillator Record into an Existing Case 78
Chapter 7: Administration 79
Controlling Access / Using in a Networked Environment 79
Using groups to control access to RescueNet Code Review 79
Using RescueNet Code Review in a networked environment 79
Ignoring Test Cases 80
Ignore Previously Uploaded Cases AED Pro/AutoPulse 80
Configure Case Transfer Settings 81
Card reader 81
Serial and Bluetooth 81
Serial transfer technical note 81
Checking for Software Updates 81
Upgrading 82
RescueNet Code Review Standard Edition 82
RescueNet Code Review Enterprise Edition 83
Chapter 8: Getting help 84
Chapter 1: Overview

1, 2, 3) Transfer the case data from the defibrillator into RescueNet Code Review via Bluetooth, infrared, USB, or serial cable connection. You can also transfer it from the defibrillator’s flash card via the card reader. Transfer methods are dependent upon your defibrillator model.

4) Use RescueNet Code Review to review the case and add information as needed.

5) The system provides a variety of case and aggregate reports, as well as an export function, which easily enables you to analyze your data.
Chapter 2: Getting Started

Starting RescueNet Code Review

RescueNet Code Review opens with no loaded cases.
Opening Cases

Search and open cases located in ZOLL CaseReview.

Upload a stored record by transferring it from an AED Plus™ or AED Pro™ via an infrared connection.

Upload a stored record by transferring it from a defibrillator's linear flash card via a card reader.

Upload a stored record by transferring it from a defibrillator via a serial cable connection.

Upload a stored record by transferring it from a defibrillator via a Bluetooth connection.

Open a stored case by transferring it from a defibrillator’s compact flash card via a card reader.

Open a stored case by transferring it from a USB drive.

Upload a stored case by transferring it from a network location.

Upload a stored record from the ZOLL AutoPulse® Noninvasive Cardiac Support Pump via an infrared connection.

Search for and open an existing case located on the local file system or network

Create a new blank case. You can import a defibrillator or AutoPulse record at any time.
Open one of the last five recently viewed cases from the File menu:

Important! If you load a case file that is larger than 75 MB, the following message displays:
Upload Cases

CaseReview

If you are using ZOLL CaseReview, you can upload cases from ZOLL CaseReview to RescueNet Code Review to add user-defined CPR periods and pause reasons. Once this is done, you can return to CaseReview to view the modified CPR quality metrics including aggregate CPR dashboards.

Note: Before you upload cases from CaseReview, the CaseReview location must be configured on the Options window. You must know the Host URL, Port, user name or DAK/Alternate ID, and password.

Some of this information exists in CaseReview under the Settings menu item on the navigation bar.
To upload cases from CaseReview:

1. On the navigation bar, click Search CaseReview. The Search CaseReview window displays.
2. On the Search CaseReview window:
   a. **Upload cases with specific attributes**: Upload cases with specific attributes: Use the options on the left side of the window to narrow your search. As you check an option, the field to the right of the option enables you to enter information. After entering the information, click **Search**. Because the search will return a maximum of 1000 cases, it is important to enter search attributes to limit the number of returned cases.
   b. A progress bar displays. Once loaded, the cases display at the bottom of the page. Double-click a case to open it in Code Review.
Infrared

AED/AED Pro

1. Position the AED Plus or AED Pro so that its infrared port lines up with the RescueNet Code Review workstation’s infrared port or reader.
2. In Code Review, click the Upload Case from Infrared button.
3. On the defibrillator, press and hold the On button.
4. Keep holding the ‘On’ button until you hear the defibrillator say, "Non-rescue mode. Communications established."
5. In Code Review, a dialog box displays the transfer progress.
AutoPulse

1. Position the AutoPulse so that its infrared port lines up with the RescueNet Code Review workstation's infrared port or reader.

2. In Code Review, click the Upload Case from AutoPulse button.


4. In Code Review, a dialog box displays the transfer progress.
USB drive

AED Plus/AED Pro

1. Remove the battery cover from the top of AED Pro by releasing the front latch and lifting up on the cover.
2. Press and hold the Power button on the AED Pro for 5 seconds.
3. Press the left softkey labeled USB.
4. Press the left softkey labeled New.
5. Insert USB drive into USB port located above the battery in upper right corner. (You may need to remove the rubber USB port protector.)
6. The defibrillator recognizes that you inserted the device and downloads data. It announces, “Data download complete”. Remove the USB drive and insert into the USB port on your computer.
7. In Code Review, click Upload Case from USB. The Select drive dialog appears. Select the drive letter of the USB drive and click OK.
8. A dialog box displays the transfer progress.
ProPaq M/MD, R Series, Plus, or X Series

Open case
1. To copy available cases from the device to a removable USB, follow the instructions in the Operator’s Guide associated with the device.

2. Connect the USB device to the computer.
4. Browse to the USB device.
5. Select the .tdp case file(s) to open.
6. Code Review creates a .zol file for each case and stores it in the default data directory.

USB
1. To copy available cases from the device to a removable USB, follow the instructions in the Operator’s Guide associated with the device.

2. Connect the USB device to the computer.
3. In Code Review, click the Upload Case from USB button. The select drive dialog appears. Select the drive letter of the USB drive and click OK.
4. A dialog box displays the transfer progress.
Bluetooth

M Series/E Series with Bluetooth module

1. Position the defibrillator near the Bluetooth-enabled RescueNet Code Review workstation. Bluetooth is omnidirectional with a range of 20 – 30 feet.

2. In Code Review, click **Upload Case from Bluetooth**.

3. On the defibrillator, press and hold the leftmost softkey and turn on the defibrillator. Continue holding the softkey until the System Utilities screen displays and then press the Upload Card softkey.


5. In Code Review and on the defibrillator, progress bars display the transfer progress.
Card reader

M Series/E Series/R Series and 1600/1700

1. Insert the defibrillator’s flash card into the RescueNet Code Review workstation’s card reader.

**Note:** Inserting the card may prompt the Windows “New Hardware Found” wizard to appear and request to search for drivers. The system installs the necessary drivers with Code Review. You can prevent this message from appearing every time you insert the card by informing Windows not to prompt for drivers again. To do this, click **Next, Next, Finish**.

2. In Code Review, click the Upload Case from Card Reader button. A progress bar displays transfer progress.

3. When the transfer is complete, you can erase the card and re-use it in either an M Series/E Series or 1600/1700 defibrillator.
Serial

M Series/E Series

1. Connect the defibrillator to the RescueNet Code Review workstation's serial port. For the M Series/E Series, you must use the ZOLL RS-232 Data Transfer Cable (ZOLL part number 8000-0605-01), which terminates in a female DB9 connector. For the 1600/1700, you must use a ZOLL 1600 Serial Link Cable and Connector (ZOLL part number 8000-1614).

2. In Code Review, click the Upload Case from Serial button.

3. On the defibrillator, press and hold the leftmost softkey and turn on the defibrillator. Continue holding the softkey until the System Utilities screen displays, and then press the Upload Card softkey. On the Upload screen, press the Send softkey. On E Series, you will need to press RS 232 before pressing Send.

4. In Code Review and on the defibrillator, progress bars display transfer progress.

Note: For serial uploads using the 1600/1700 defibrillator, refer to the 1600/1700 Operator’s Guide.
Wi-Fi

R Series Plus and X Series

On the defibrillator, use the transfer instructions found in the Operator’s Guide for your device.

1. When you save to Wi-Fi, the system places the files in a “Full disclosure files” location on the configured server. In Code Review, you can rectify that location by going to Tools > Options > Network > Full disclosure files location.

2. To upload the files to Code Review, click the Upload Case From Network icon. The system retrieves the files from the full disclosure files location.
Search for Cases Previously Uploaded in CaseReview

See the ZOLL CaseReview User Guide for more information on how to configure and use the Search CaseReview application.

Search for cases previously uploaded

1. Click the Search button.

2. Select any combination of criteria (A), and then click Search (B).

3. The system lists all cases that match that criterion. You can click any column header to sort by that column (A), select the case or cases you want to open (B), and then click Open (C).

Note: If you are archiving or sorting your cases into subfolders of the Default data files location folder, the Also search subfolders option (D) enables you to search those folders at the same time as the Default data files location folder.
Chapter 3: View Cases

Navigate the Case Tree

1. Case date:

2. Patient name:

3. Case ID (date/time, preference by run number, if any):

The case initially opens with a status of Not Viewed.

After five seconds, the status changes to Viewed.

4. Case events (click any event to display its data on the tabs):
M Series event
M Series shock
M Series 12-lead event
E Series event
E Series shock
E Series 12 lead event
R Series event
R Series shock
X Series/Propaq event
X Series/Propaq shock
X Series/Propaq 12-lead event
AutoPulse event
AED Pro event
AED Pro shock
AED Plus event
AED Plus shock
1600/1700 event
1600/1700 shock
User-added note
Select the Type of Events to View

1. [Image of the first step]
2. [Image of the second step]
3. [Image of the third step]
Chapter 3: View Cases

Select Events

Available events:
- Alarm: PVC
- Alarm: SpO2
- Analysis: defibr engine reset
- Analysis: did not complete
- Patient settings
- PVI alarm settings
- Snapshot: acquisition
- SpO2 alarm settings
- SpO2 alarm settings

Selected events:
- 12-Lead acquisition
- 12-Lead analysis
- 12-Lead data
- Advisory analysis halted
- Advisory analyzing
- Advisory: no shock advised
- Advisory: noisy ECG
- Advisory: shock advised
- Alarm button status
- Alarm: clear IBP
- Alarm: ECG1
- Alarm: ECG2
- Alarm: hear rate
- Alarm: IBP
- Alarm: NIBP

2003-10-01

21:07:01 Analysis: shock advised
21:07:04 Shock: 1 150 Joules
21:07:04 Energy delivered: 149 Joules
21:07:36 Analysis: shock advised
21:07:40 Shock: 2 200 Joules
21:07:40 Energy delivered: 213 Joules
21:07:59 Analysis: shock advised
21:08:03 Shock: 3 200 Joules
21:08:03 Energy delivered: 213 Joules
Turn On/Off Audio Prompts (AED Plus/AED Pro)

Note: To see how the case tree size changes depending on the audio prompt settings, see below.

Default view – include audio prompts

2005-02-17

Sample, AEDProCPR

09:07:01 Power on
09:07:03 CPR-D Padz on
09:07:14 Analysis: started
09:07:23 Analysis: shock advised
09:07:29 Shock: 120 J
09:07:29 Patient impedance: 56 ohms
09:07:34 Analysis: started
09:07:43 Analysis: no shock advised
09:07:48 Prompt: If no pulse, start CPR
09:08:00 Prompt: Stop CPR
09:08:56 Analysis: started
Optional view 1 – include extended audio prompts

2005-02-17
Sample, AEDProCPR

2005-02-17 09:07:01

- 09:07:01 Power on
- 09:07:03 CPR-D Padz on
- 09:07:06 Prompt: Unit OK
- 09:07:07 Prompt: Adult pads
- 09:07:11 Prompt: Don't touch patient, analyzing
- 09:07:14 Analysis: started
- 09:07:18 Prompt: Don't touch patient, analyzing
- 09:07:23 Analysis: shock advised
- 09:07:23 Prompt: Shock advised
- 09:07:24 Prompt: Don't touch patient
- 09:07:26 Prompt: Press flashing shock button
- 09:07:29 Shock: 1 120 J
- 09:07:29 Patient impedance: 56 ohms
- 09:07:29 Prompt: Shock delivered
- 09:07:31 Prompt: Don't touch patient, analyzing
- 09:07:34 Analysis: started
- 09:07:38 Prompt: Don't touch patient, analyzing
- 09:07:43 Analysis: no shock advised
- 09:07:43 Prompt: No shock advised
- 09:07:45 Prompt: Open airway
- 09:07:46 Prompt: Check breathing
- 09:07:47 Prompt: Check pulse
- 09:07:48 Prompt: If no pulse, start CPR
- 09:08:50 Prompt: Stop CPR
- 09:08:53 Prompt: Don't touch patient, analyzing
- 09:08:56 Analysis: started

Optional view 2 – audio prompts off

2005-02-17
Sample, AEDProCPR

2005-02-17 09:07:01

- 09:07:01 Power on
- 09:07:03 CPR-D Padz on
- 09:07:14 Analysis: started
- 09:07:29 Shock: 1 120 J
- 09:07:29 Patient impedance: 56 ohms
- 09:07:34 Analysis: started
- 09:07:43 Analysis: no shock advised
- 09:08:56 Analysis: started
Select Data Tabs to Display

Chapter 3: View Cases

General information

Case

- Patient: Patient 0657
- Data duration: 00:16:55
- File name: C:\ZOLL\ZDData\2014-10-01\131616_AR12E3038341_zol
- Tags: Edit Tags
- Comments:

Defibrillator

- Device type: ZOLL® X-Series® Defibrillator
- Serial number: AF12E030634 (02.09.00.00)
- Device ID: LHR AMR11
- Power on time: 2014-10-14 13:16:16
- Adjusted power on time: 2014-10-14 13:16:16
- Operator:

Patient

- Patient ID / MR number:
- Last name:
- First name:
- Mil.:
- Gen.:
- Sex:
- Race:
- DOB: 1980-01-01
- Height: in
- Weight: lbs

AutoPulse

- Serial number:
- Model:
- Software version:
- Deployment ID:
Tags

Under the General > Case section, apply a tag to mark a case so you can easily find it in the future for further analysis. You can apply a tag to any type of case.

If you upload a case from CaseReview that has applied tags, the tags will display in the Tags field.

If you apply a tag using Code Review and then upload the case to CaseReview, the tag displays on the CaseReview Manage page when you view the case.

You can view all the tags configured in the system, add a new tag, or edit an existing tag.

1. Click **Edit Tags**. The system displays a list of configured tags.

2. Use an existing tag:
   a. Click a tag to highlight
   b. Click > to move the tag to the Selected tags column
   c. If you wish to apply multiple tags to the case, continue selecting the tags and moving them to the Selected tags column
   d. When you are finished, click OK. The tags display in the Tags field.

3. Create a new tag:
   a. Click Create New
   b. Enter the tag name in the window and click OK
   c. The tag name displays in the Available Tags list
Entire ECG

a) Grid size is 1.00 s x 1.00 mV at Gain x 1
b) 6-second reference box
c) Midpoint
d) Click scroll arrow to move 00:00:30. Click in scroll box to move 00:02:00
Magnified ECG and Animation

To view a magnified portion of the ECG, click the portion you want to magnify on the entire ECG.

On the other hand, in the case tree, click the event you want to magnify.

Alternatively, to display the portion of the entire ECG in the reference box, click the 3 – Magnified ECG tab.
The system displays the selected portion of the ECG on the Magnified ECG tab.

Animated ECG controls.
Magnified ECG – Display large view

1. Analysis: shock advised
   Defib: state: ready
   Grid size is 0.20 sec x 0.59 mV at Gain x1

2. Display Large View
   Display Event Text
   Grid size is 0.20 sec x 0.59 mV at Gain x1

3. Grid size is 0.04 sec x 0.20 mV at Gain x1
   Grid size is 0.20 sec x 0.59 mV at Gain x1
Chapter 3: View Cases

Magnified ECG – Display event text

Grid size is 0.20 s x 0.50 mV at Gain x1

Shock: 1120 J
Energy delivered: 120 J
Patient current: 15 A
Patient impedance: 53 ohms

Grid size is 0.20 s x 0.50 mV at Gain x1

Shock: 1120 J
Energy delivered: 120 J
Patient current: 15 A
Patient impedance: 53 ohms

Grid size is 0.20 s x 0.50 mV at Gain x1
Advanced parameters


A) Midpoint
B) Advanced parameters measurements at midpoint
C) The lower graph displays the advanced parameters waveforms. If the data is available, the system can show as many as three advanced parameter waveforms at one time.

⚠️ Note: When using Propaq M/MD or X Series, the numeric values change at 30-second intervals.
To change views for an advanced parameter waveform graph:
CPR (AED Plus/AED Pro/M Series/E Series/X Series/R Series)

The Magnified ECG tab displays CPR compression depth and rate measurements along with the CPR Bar graph.

**Note:** CPR recording is contingent on the defibrillator software version and configuration.

**See-Thru CPR® (filtered ECG)**

If the defibrillator records See-Thru CPR® (filtered ECG), the system draws two waveforms on the ECG. As demonstrated in the above image, the system draws graph an unfiltered waveform on the top and a filtered waveform on the bottom.
CPR Analysis

CPR Analysis is available for cases recorded on an AED Plus, AED Pro, AED 3, M Series, E Series, R Series, or X Series when CPR-D Padz was used. CPR Analysis also includes manual and AutoPulse compression information if the AutoPulse data is transferred via infrared.

Target zones

Target zones can be set to measure accuracy of compression rate and depth.
View

Click the magnifying glass to change the view from entire case to 30-second segment.
CPR periods

The CPR period defines which compression data to include in the CPR Summary. Compressions recorded outside of the defined CPR period are ignored. There are two ways to define the CPR periods in a case:

- **CPR prompt** – automatic; defined by the number of defibrillator prompts for start/stop compressions that were recorded during the case.
- **User-defined** – manual; defined by user drawn start/end CPR periods on the Entire ECG or Magnified ECG tabs.

You can choose the mode for defining the CPR periods and whether to display the yellow boundaries on all graphs in Code Review. The system calculates the total number of boundaries (automatic or manually drawn) for you.

![Diagram of CPR Summary](image)

**Notes:**

- For defibrillator running in ‘Manual mode’, the automatic boundaries (mode: CPR prompt) are defined by the first CPR-D Padz onto the last CPR-D Padz Off or Case End.
- Compression data originating from the AutoPulse is not included in automatically drawn CPR boundaries (mode: CPR prompt) and must be manually drawn in mode: User-defined.
- The system connects the plotted points on the Rate graph within the boundaries of a CPR period only.
- In AED mode, the R Series records CPR periods that users can view in Code Review using the ‘CPR Prompt’ mode on the ‘CPR Analysis’ tab. The R Series does not display CPR Periods when it is in ‘Manual mode’.
To create a user-defined CPR period on the Magnified ECG tab, first start a boundary:
To end the boundary:
Drawing a CPR pause

Sometimes there are gaps in the delivery of compressions during a CPR Period. To annotate these time periods of missing compressions, a CPR Pause Period can be drawn and a reason for the pause can be included.

To create a user-defined CPR Pause period on the Magnified ECG tab, first start a boundary:
To end the boundary:

Select a CPR pause reason and click OK.
The system draws a blue-shaded segment that indicates the boundaries of the CPR Pause. The selected reason displays on the strip as Event Text.

Summary

The system displays an analysis of the defined CPR periods in the Summary section.

Summary

Include in CPR Aggregate reports

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>Manual</th>
<th>AutoPulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to first compression</td>
<td>00:00:13</td>
<td>--</td>
</tr>
<tr>
<td>Average time to shock after compressions stopped</td>
<td>00:00:17</td>
<td>--</td>
</tr>
<tr>
<td>Average time to compressions after shock delivered</td>
<td>00:00:06</td>
<td>--</td>
</tr>
<tr>
<td>Mean compression depth</td>
<td>3.20 in</td>
<td>--</td>
</tr>
<tr>
<td>Mean compression rate</td>
<td>114.28 cpm</td>
<td>--</td>
</tr>
</tbody>
</table>

Entire case

- Case duration: 00:05:30
- Time in CPR: 00:03:43 (67.56 %)
- Time not in CPR: 00:01:47 (32.42 %)

CPR periods

<table>
<thead>
<tr>
<th>Manual</th>
<th>AutoPulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in compressions</td>
<td>00:02:27 (83.92 %)</td>
</tr>
<tr>
<td>Time not in compressions</td>
<td>00:01:16 (34.00 %)</td>
</tr>
<tr>
<td>Compressions in target</td>
<td>3.76 %</td>
</tr>
</tbody>
</table>

- Depth
  - Standard deviation: 0.57 in
  - Above target zone: 227 (85.34 %)
  - In target zone: 35 (11.15 %)
  - Below target zone: 4 (1.50 %)

- Rate
  - Standard deviation: 23.07 cpm
  - Above target zone: 185 (69.55 %)
  - In target zone: 61 (22.93 %)
  - Below target zone: 20 (7.92 %)
CPR Quality Calculation

The CPR Quality Calculations tab shows the physiologic waveform data timeline and the minute-by-minute analysis of the CPR quality parameters. The system automatically annotates the timeline with markers to indicate compressions and ventilations when the recorded data is available. You can manually add ventilations as well as ROSC periods.

Timeline

Select which waveform to view on the timeline by right-clicking the context menu button on the first graph.

The system displays a full minute across the four physiological waveform graphs. You can select which minute of waveform data the system displays by using the Minute drop down list available at the top of the tab.

You can also use the scroll bar arrows under the waveform graphs to move forward or backward by one minute or jump to the beginning or end of the case.
Annotating Compressions and Ventilations

The system produces compression markers from compression data stored by the defibrillators. When data is available, the system also annotates ventilation markers to indicate the impedance, derived from Pads or Leads, and/or breath detection from CO2. You can also manually annotate the timeline with ventilation markers.

C markers

Compressions are marked with a bold C icon. Green indicates a compression with depth in range and orange indicates a compression with depth that is out of range. The depth range for compressions is set on the CPR Analysis tab. See the CPR Analysis tab, Target Zones, for instructions on setting the depth range target zone.

Note: You cannot manually add or delete a compression marker.

V markers

Ventilations/Respirations are marked with a bold V icon.

Note: The system places automatically generated ventilation markers higher on the timeline with manually annotated markers lower on the timeline.

The ventilation markers displayed are based on the user selected Vent. Source. The Vent. Source menu is available at the top of the tab and defaults to CO2.
CO2: The system automatically annotates CO2 based ventilation markers when the CO2 data contains breath detection information.

Pads Impedance: The system automatically annotates Pads impedance based ventilation markers when Pads impedance data is available.

Leads Impedance: The system automatically annotates Leads impedance based ventilation markers when Leads impedance data is available.

Manual: The system displays the user created ventilation markers on the timeline.

Note: Choosing a new Vent. Source causes the timeline to be redrawn showing the chosen set of ventilation markers.

Adding, deleting, ventilation markers

Ventilation markers can be added or deleted by right clicking on the timeline and then choosing Ventilation, then Add, Delete or Delete All.

Note: Selecting Delete All will delete all ventilations in the current minute only.
Adding annotations

You can insert an annotation event into the timeline by selecting *Add Annotation* in the context menu. For more information on how to add an annotation, see Adding Annotations.

After saving the annotation, the event is marked with the push pin icon.

Adding ROSC periods

Draw ROSC boundaries with a simple right-click at a point in time on the graph or with a more precise method, by manually entering a specific time.
Create a ROSC Start event with a right-click on the graph at the point in time to begin the ROSC boundary; in the context menu, select **ROSC, Start**. Next, create a ROSC End event with a right-click on the graph at the point in time to end the ROSC boundary. In the context menu, select **ROSC, End**. The ROSC period is shaded as shown below.

Alternately, you can enter the ROSC Start and ROSC End times manually by right clicking anywhere on the graph and clicking **ROSC**. Select **Enter Start Manually** or **Enter End Manually** as appropriate.

You can delete any user created ROSC period via the context menu by right clicking anywhere within the ROSC period drawn on the graph and clicking **ROSC, Delete**.
**CPR Performance Summary Data**

Use the CPR Performance Summary table for minute-by-minute analysis of the CPR data after you have made the desired edits for compressions, ventilation, and or ROSC periods to the timeline.

<table>
<thead>
<tr>
<th>Minute</th>
<th>Sec w/o Comp</th>
<th>Vents CO2</th>
<th>Vents Leads</th>
<th>Comp Count</th>
<th>Mean Comp Depth</th>
<th>Comp Rate</th>
<th>Mean Release Vel.</th>
<th>Comp. Fraction</th>
<th>Unanl. Sec</th>
<th>Comp. In Target Depth</th>
<th>Comp. In Target Rate</th>
<th>Comp. In Target</th>
<th>Mean CO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
<td>0</td>
<td>18</td>
<td>0</td>
<td>63</td>
<td>108</td>
<td>472</td>
<td>56.3%</td>
<td>0</td>
<td>12.70%</td>
<td>36.5%</td>
<td>11.1%</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>37</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>39</td>
<td>101</td>
<td>571</td>
<td>38.3%</td>
<td>0</td>
<td>0.00%</td>
<td>17.95%</td>
<td>0.00%</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>0</td>
<td>28</td>
<td>0</td>
<td>52</td>
<td>107</td>
<td>534</td>
<td>48.3%</td>
<td>0</td>
<td>11.54%</td>
<td>36.54%</td>
<td>0.00%</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>35</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>42</td>
<td>100</td>
<td>521</td>
<td>41.6%</td>
<td>0</td>
<td>2.38%</td>
<td>7.14%</td>
<td>0.00%</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>28</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>59</td>
<td>110</td>
<td>531</td>
<td>53.3%</td>
<td>0</td>
<td>1.63%</td>
<td>5.08%</td>
<td>0.00%</td>
<td>3</td>
</tr>
</tbody>
</table>

**Note:** Click on a row to display the selected minute the same as if you selected the minute from the dropdown at the top of the tab.

- **Minute:** Minute count from start time
- **Sec w/o Comp:** Seconds in this minute without compressions
- **Vents:** Manually marked vent count for minute
- **Vents CO2:** Ventilations reported from CO2 monitoring (Breath detection)
- **Vents Leads:** Respirations detected from leads impedance signal
- **Comp. Count:** Compression count for minute
- **Mean Comp. Depth:** Depth: Average compression depth
- **Comp. Rate:** Rate: Average compression rate
- **Mean Release Velocity:** Average over the minute shown in millimeters per second.
- **Comp. Fraction:** Percentage of minute with compressions
- **Unanl. Sec.:** Un-analyzable Seconds, the number of seconds that were not analyzed
- **Comp. In Target Depth:** Percentage of compressions in target depth for minute
- **Comp. In Target Rate:** Percentage of compressions in target rate for minute
Choosing the Start Time for Minute-by-Minute Analysis

You can choose to set the start time for the minute-by-minute analysis to Power On, Pads On, or manually set. When you change the start time selection, the system recalculates the minute-by-minute results. The system automatically calculates and provides the Pads On and Power On times from the case data in the dropdown.

Creating a manual start time

To set the manual start time, right click on the timeline and choose Manual Start Time, then Set. The system adds the Manual start selection to the start time list as shown above.

Print/Export CPR Performance Summary Data

You can save and/or generate a report of the columns shown in the CPR Performance Summary Data.

Export: Click the Export icon and choose a file location. The system exports the data to a .xml file.
Print: There are two ways to generate a report:

1. On tab 5, click the Print icon under the CPR Performance Summary Data heading, choose a local network printer, and click OK.

2. On the navigation bar:
   a. Click File
   b. Hover over Print and Case
   c. Click CPR Performance Summary Data
   d. On the Print Setup window, choose a local printer and click OK
12-lead

The 12-lead tab is available in RescueNet Code Review - Enterprise Edition.

a) Zoom in/out

b) View previous/next 12-lead event in currently selected case
Cabrera Format

To change the display of the 12-Lead 4x3 to Cabrera format on the 12-Lead tab, Go to Tools > Options > View and select Display 12-Leads in Cabrera format.

Note: This setting is for X Series only. If an E or M Series recorded a 12-Lead in standard format, it will still display in standard format on the 12-Lead tab.
Closing Cases

When you exit RescueNet Code Review, cases are automatically closed.

You can manually close an open case.

You can also manually close all open cases.
Snapshot

The Snapshot tab is available in RescueNet Code Review - Enterprise Edition. This tab displays snapshots recorded by the X Series.

Use the provided buttons to print the snapshot(s), zoom in/out, and view the previous or next snapshot.
Closing Cases

When you exit RescueNet Code Review, cases are automatically closed.

You can manually close an open case.

You can also manually close all open cases.
Snapshot

The Snapshot tab is available in RescueNet Code Review - Enterprise Edition. This tab displays snapshots recorded by the X Series.

Use the provided buttons to print the snapshot(s), zoom in/out, and view the previous or next snapshot.
Chapter 4: Documenting Cases

Reviewing and Adding Information

To review and make changes to code information, download or open the case. To quickly search for a case that a user previously downloaded, combine the date range and, optionally, other search parameters.

Saving Changes

Whenever there are unsaved changes, the Save button is enabled.

- At any time, you can click the Save button to manually save changes.
- If you close a case with unsaved changes, a message asks if you want to save them.

Note: When you move from viewing one case to another, unsaved changes in the first are preserved, but not saved. If you return to the original case, your changes will still be there. However, if you close that case without saving, your changes will be lost.

Adding Annotations

1. On the magnified ECG, right-click on the time you want to add an annotation.
2. Add the title and optional text.

3. The system displays the annotation title on the ECG and in the case tree.

4. To edit, view, or delete an annotation:
## Code Record


### Responder and Transport

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle</td>
<td></td>
</tr>
<tr>
<td>Vehicle type</td>
<td></td>
</tr>
<tr>
<td>Crew leader</td>
<td></td>
</tr>
</tbody>
</table>

### Transport

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicle</td>
<td></td>
</tr>
<tr>
<td>Crew leader</td>
<td></td>
</tr>
<tr>
<td>Receiving hospital</td>
<td></td>
</tr>
<tr>
<td>Responsible physician</td>
<td></td>
</tr>
</tbody>
</table>

### Comments

**Events**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call received</td>
<td></td>
</tr>
<tr>
<td>Disposed</td>
<td></td>
</tr>
<tr>
<td>At scene</td>
<td></td>
</tr>
<tr>
<td>At patient side</td>
<td></td>
</tr>
</tbody>
</table>

### Collapse

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurred before ambulance arrival</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
</tbody>
</table>

### Initial Status at Scene

- Unconscious
- No breathing
- No pulse

### EMS Treatment at Scene

- Distribution: Yes
- Number of shocks: 1
- Number of resuscitation attempts: 0
- Continued CPR
- Rest2PCD used
- Automated used

### Outcomes

**At Discharge**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive</td>
<td></td>
</tr>
<tr>
<td>Overall performance category #</td>
<td></td>
</tr>
<tr>
<td>Cerebral performance category #</td>
<td></td>
</tr>
</tbody>
</table>

**One Year After Discharge**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive</td>
<td></td>
</tr>
<tr>
<td>Overall performance category #</td>
<td></td>
</tr>
<tr>
<td>Cerebral performance category #</td>
<td></td>
</tr>
</tbody>
</table>

**Time of death**

- 2004-03-04 15:15:32
- Unknown
Prehospital Utstein


Accurate Utstein reports depend on complete data. As you begin capturing prehospital Utstein data for a case, additional field labels might be displayed highlighted red to indicate that they are also required. As long as the prehospital Utstein data is incomplete for a case, the tab title is displayed red. (Completeness is only measured for confirmed cardiac arrest cases.)

When you have captured complete Prehospital Utstein data, the tab title and all labels are black.
**Note:** You can still save a case with incomplete Prehospital Utstein data (in that case, a message notifies you of the incompleteness). To ensure accurate reports even if you have cases with incomplete Utstein data, when you search for cases to include in the Utstein report, configure your search criteria to include cases that have complete Utstein data only.

![Search for Files to Include in Report](image)

- **Search in this date range:** 10/4/2016 to 5/10/2017
- **Search for these specific events:** Events...
- **Search for this viewed status:** Not viewed
- **Search for this text:**
- **Search using any combination of these criteria:**

![Custom query](image)

- **Custom query:** Utstein Data Complete
Chapter 5: Reporting

Case Reports

CPR Analysis Summary Report
## ZOLL AED Plus (TM) Defibrillator CPR Analysis

### Key Indicators

<table>
<thead>
<tr>
<th>Manual</th>
<th>Auto/Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to first compression: 02:01:09</td>
<td>—</td>
</tr>
<tr>
<td>Average time to shock after compressions stopped: 02:00:52</td>
<td>—</td>
</tr>
<tr>
<td>Average time to compressions after shock delivered: 02:00:48</td>
<td>—</td>
</tr>
<tr>
<td>Mean compression depth: 1.67 in</td>
<td>—</td>
</tr>
<tr>
<td>Mean compression rate: 100.75 cpm</td>
<td>—</td>
</tr>
</tbody>
</table>

### Entire Case

| Case duration: 02:06:07 | Time in CPR 02:02:28 (54.85 %) |
| Time not in CPR 02:03:39 (41.14 %) |

### CPR Periods

<table>
<thead>
<tr>
<th>Manual</th>
<th>Auto/Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time in compressions: 02:01:57</td>
<td>Time not in compressions: 02:01:30</td>
</tr>
<tr>
<td>Compression at target: 04.02 %</td>
<td></td>
</tr>
</tbody>
</table>

### Depth (target zone from 1.5 to 2.0 in)

| Standard deviation: 0.01 in | Abnormal target zone: 0 (2.00 %) |
| Target zone: 174 |
| Abnormal target zone: 25 |

### Rate (target zone from 90 to 100 CPRs)

| Standard deviation: 17.08 cpm | Abnormal target zone: 4 (2.01 %) |
| Target zone: 4 |
| Abnormal target zone: 2 |

---

### Incident Log

#### ZOLL AED Plus (TM) Defibrillator Incident Log

**Event Summary**

- 12:13:50 Patient impedance: 5.60 ohms
- 12:13:50 Prompt: treatment delivered
- 12:14:02 Prompt: don't touch patient, analyzing
- 12:14:04 Analysis: Started
- 12:14:06 Prompt: don't touch patient, analyzing
- 12:14:13 Analysis: Shock Advised
- 12:14:13 Prompt: treatment advised
- 12:14:16 Prompt: don't touch patient
- 12:14:18 Prompt: press flashing treatment button
- 12:14:20 Prompt: change batteries
- 12:14:21 Shock: 2.0 Joules
- 12:14:21 Patient impedance: 5.60 ohms
- 12:14:21 Prompt: treatment delivered
- 12:14:24 Prompt: don't touch patient, analyzing
- 12:14:26 Analysis: Started
- 12:14:31 Prompt: don't touch patient, analyzing
- 12:14:35 Analysis: Shock Advised
- 12:14:35 Prompt: treatment advised
- 12:14:36 Prompt: don't touch patient

---

**Comments**

**Physician Signature**

First Name __________________________
Strips

For strips, you can print a full disclosure (for entire case or a specific time range) or an event summary report (for all events or selected events).
The Event Summary report displays at least 15 seconds before and after each instance of the selected events.

If there is a gap of no activity for the selected events, the system displays a time gap notification.

**Note:** RescueNet Code Review - Enterprise edition includes these additional case reports:

- 12-Lead Events
- NIBP History Table
- Vital Trends Table
- Vital Trends Graph
Aggregate Reports

Aggregate reports are available in RescueNet Code Review - Enterprise edition.

1. Select an aggregate report to print.

2. The Search for File to Include in Report dialog box automatically opens. Select any combination of criteria (a), and then click Search (b).

3. Cases that match your criteria display. Select the cases that you want included on the report (c), and click Run Report (d).

   The report displays in a browser window.
Printing ECG Segments

1. Right-click to select a segment you want to print.

2. The selected segment highlights.
3. Optionally, you can select additional segments anywhere on the ECG.

4. You can view all selected segments on the Entire ECG tab.

5. To print all selected segments:

Chapter 6: Advanced

Mark Cases Viewed/Not Viewed

To manually control the status:

Once you manually change the status to Not Viewed, it remains in that status until:

- You manually change it to Viewed.
- You close it, and then reopen it.
- You view another case, and then return to viewing the one with the manually changed status.

You can also force status changes to be manual.
Renaming Cases

Cases are stored as .zol files. By default, the files are named with the date and time of the defibrillator when the case was created, plus the serial number of the defibrillator (if available), for example, 20060328132727_00000017.zol.

You can rename a case file and, optionally, save the renamed file in another location.
Sending Case to a Folder or Email Recipient

1. Remove personally identifying data?
   - Yes
   - No

2. Browse For Folder
   - Send to this folder: [Folder]

3. [List of folders: Desktop, OneDrive, localadmin, This PC, Libraries, Network]
Exporting Data

1. Open the case you want to export.
2. Select the type of export.

<table>
<thead>
<tr>
<th>File</th>
<th>Edit</th>
<th>Tools</th>
<th>Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upload</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open...</td>
<td>Ctrl+O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search...</td>
<td>Ctrl+F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Search Case Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close</td>
<td>Ctrl+W</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close All</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Save</td>
<td>Ctrl+S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rename...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send To</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Export**

1. C:\Program Files (x86)\14H009633.zol
2. C:\Program Files (x86)\14H009633.zol
3. C:\Program Files (x86)\14D007789(2).zol
4. C:\Program Files (x86)\14H009633(2).zol
5. C:\Program Files (x86)\14D007789(1).zol

**Export Options**
- Waveform Data, ASCII (.txt)...  
- Event Data, ASCII (.txt)...  
- 12-Lead Data, XML (.xml)...  
- Entire Defibrillator Record, Binary (.crd', .ful', .xml', .json)...  
- Patient/Case Data, XML (.xml)...  
- Trend Data, ASCII (.txt)...  
- Audio Data, WAV (.wav)...  
- CPR Performance Summary Data, XML (.xml)...
Inserting Defibrillator Records into Cases

If you have a case that does not have a defibrillator record, you can insert one into it.

1. Open the case.

2. Select the source of the defibrillator record.
Inserting AutoPulse Records into Cases

If you have a case that does not have an AutoPulse record, you can insert one into it.

1. Open the case.

2. Select Insert AutoPulse Record and place the AutoPulse in upload mode.

---

Documenting HIPAA Disclosure

---
HIPAA Disclosure
2004-03-04 15:15:32
Run number/CPR number: 
Report Date: 2004-11-19 14:50:17

Patient
Name: Patient
MR#: 
Sex: 
Race: Unknown 
Date of birth: Unknown Height: 
Weight: Undocumented

HIPAA Disclosure Notes

<table>
<thead>
<tr>
<th>Time</th>
<th>User</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-03-04</td>
<td></td>
<td>User viewed case.</td>
</tr>
<tr>
<td>16:36:14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-03-05</td>
<td></td>
<td>User viewed case.</td>
</tr>
<tr>
<td>14:17:02 588</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004-03-05</td>
<td></td>
<td>User entered note: NPP</td>
</tr>
<tr>
<td>14:30:09 589</td>
<td></td>
<td>delivered to patient</td>
</tr>
</tbody>
</table>
Linking Cases

1. Drag the case you want to link (a) to the case you want to link it to. As you're dragging, you'll see a lighter version of the case symbol (b).

2. The system displays linked cases with a double caduceus symbol followed by the number of linked cases in parentheses.

Unlink Linked Cases
Case Times and Synchronization

Whenever possible, the system automatically synchronizes the defibrillator event times to the clock on the RescueNet Code Review workstation. You can also manually adjust the case start time and the defibrillator times. This enables you to ensure that the times for your cases displayed in RescueNet Code Review are consistent.

**Note:** To ensure correct current time, keep the RescueNet Code Review workstation synchronized to an accurate time source.

There are three key times: the case start time, the defibrillator power on time, and the adjusted power on time.

**Case Start Time**

The case start time is the time the case actually started, which could coincide with the defibrillator power on time or an earlier, non-defibrillator event.

**Defibrillator Power On Time and Adjusted Power On Time**
The read-only defibrillator power on time, which is always the first defibrillator event, is based on
the defibrillator clock. When possible, the system synchronizes it to the clock on the RescueNet
Code Review workstation. (Depending on your view options, the system may not display the power
on time in the case tree, but will still display the time on the General tab.)

The times displayed in RescueNet Code Review for all defibrillator events are based on the adjusted
power on time, which initially is usually the same as the defibrillator power on time. You can
manually control the displayed defibrillator event times by adjusting this time.

The Relationship between Case Start Times and Adjusted
Power On Times

- The case start time must always be equal to or earlier than the adjusted power
  on time.
- You can manually adjust the case start time to a time that is earlier than the
  adjusted power on time.
- If you manually adjust the adjusted power on time to be earlier than the current
  case start time, the system automatically adjusts the case start time to be equal to
  the new adjusted power on time.
- If you add an event that occurred before the current case start time, the system
  adjusts the case start time to be equal to the time of the added event.
- It is not possible to adjust the case start time to be later than the adjusted power
  on time nor the time of the first non-defibrillator event time.

New Blank Case

Created with the case start time = the current time. Initially, there is no defibrillator data or times.
Upload from Infrared, Serial, Bluetooth, or Downloaded via ZOLL Data Retriever

If RescueNet Code Review is able to determine defibrillator power on time:

- The system synchronizes the defibrillator power on time to the RescueNet Code Review workstation clock.
- Adjusted power on time = defibrillator power on time.
- For all others, case start time = adjusted power on time (= defibrillator power on time).

If RescueNet Code Review is unable to determine defibrillator power on time:

- Defibrillator power on time = "Unable to determine."
- Adjusted power on time = current time.
- Case start time = adjusted power on time (= current time).

Note: For cases downloaded via ZOLL Data Retriever, it is presumed that the mobile device time is in-sync with the RescueNet Code Review workstation. Prior to using Data Retriever, ensure that this is the case by docking the mobile device to the RescueNet Code Review workstation. This triggers an automatic synchronization of the mobile device clock to the workstation clock.

Upload from Card Reader, USB Drive, or Compact Flash

Time synchronization cannot be performed as time continuity is lost when the card is out of the defibrillator or there is not a direct data transfer from the defibrillator to RescueNet Code Review.

- The system displays the defibrillator power on time as recorded on the card.
- Adjusted power on time = defibrillator power on time.
- Case start time = adjusted power on time (= defibrillator power on time).

Insert Defibrillator Record into an Existing Case

Follows the same rules as when creating a new case from the same source, with one exception: the new case start time = the earlier of the adjusted power on time or the existing case start time.

Note: Insert Defibrillator Record from Card File follows the same rules as Insert Defibrillator Record from Card Reader.
Chapter 7: Administration

Controlling Access / Using in a Networked Environment

Using groups to control access to RescueNet Code Review

For a standalone installation, set up these groups on the workstation. For an environment in which multiple users are sharing case files over a network, set up these groups in the Windows domain or Active Directory. When these groups exist, the user logged on to Windows must be a member of a group to access its associated item.

- **ZDUsers.** Only members of this group can start RescueNet Code Review.
- **ZDAdmins.** Only members of this group can access Tools › Options.

**Note:** Group names are specific and cannot be altered. You need to add them as a global security group. The system does not support Novell networks.

Using RescueNet Code Review in a networked environment

All instances of the program should point to one default data files location, which all users can access, share, read, and write to.
Ignoring Test Cases

You can control whether the system ignores test cases when a user opens a new case from infrared, a card reader, a serial connection, or Bluetooth or attempts to attach a case. Test cases are defined as cases with 30 joule shocks, patient impedance of less than 15 ohms, and in which internal paddles were not used.

Ignore Previously Uploaded Cases AED Pro/AutoPulse

You can control whether to upload only new cases from the AED Pro and AutoPulse or all recorded cases including cases that have been previously uploaded.
Configure Case Transfer Settings
When you upload a case from infrared, a card reader, a serial connection, or Bluetooth, the transfer is controlled by the settings on the associated Options tab.

Card reader
The Internal option works for most internal card readers in notebook PCs. If the default memory window does not work, you can click Detect to find the first free memory window. You can also try manually selecting the memory window to find one that works. Click Test to determine whether the selected memory window is a valid choice for use with a card reader.

You can optionally choose to erase cards automatically after they are successfully read. This makes it possible to use the card next in either an M Series/E Series/R Series or 1600/1700 defibrillator.

Serial and Bluetooth
The COM port must match the COM port used on the PC by the serial or Bluetooth device. The defibrillator baud setting in CodeNet Central must match the baud setting configured in the defibrillator (see your defibrillator manual for details).

- For the M Series/E Series, the default setting is 115200
- For the 1600/1700, the default setting is 57600

Serial transfer technical note
- **M Series/E Series.** You must use a ZOLL RS-232 Data Transfer Cable (ZOLL part number 8000-0605-01), which terminates in a female DB9 connector.

- **1600/1700.** You must use a ZOLL 1600 Serial Link Cable and Connector (ZOLL part number 8000-1614).

Checking for Software Updates
To enable or disable the Check for Software Updates option: Tools › Options › Enable software updates. If you enable this option, the menu item will appear under Help.
Upgrading

To purchase an upgrade license, contact your ZOLL Medical Regional Sales Manager.
To upgrade, enter the license code on the Tools › Options › System tab.

RescueNet Code Review Standard Edition

The RescueNet Code Review Standard Edition has the following features:

Tabs
- General
- Entire ECG
- Magnified ECG
- CPR Analysis
- CPR Quality Calculation

Case Reports
- 12-Lead Events
- HIPAA Disclosure
- Incident Log
- Snapshots
- CPR Analysis Summary
- CPR Performance Summary Data
- Strips

Exports
- Waveform Data
- Event Data
- 12-Lead Data
- Entire Defibrillator Record
- Patient/Case Data
- Audio Data
- CPR Performance Summary Data
RescueNet Code Review Enterprise Edition
RescueNet Code Review Enterprise Edition has the following additional features:

Tabs
- General
- Entire ECG
- Magnified ECG
- CPR Analysis
- CPR Quality Calculation
- 12-Lead
- Snapshot
- Code Record
- Prehospital Utstein

Case Reports
- 12-Lead Events
- HIPAA Disclosure
- Incident Log
- Snapshots
- CPR Analysis Summary
- CPR Performance Summary Data
- NIBP History Table
- Strips
- Vital Trends Graph
- Vital Trends Table

Aggregate Reports
- CPR Analysis Summary
- EMS Frequency by Collapse Location
- EMS Resuscitation Summary
- Pre-hospital Utstein
- Search Results

Exports
- Waveform Data
- Event Data
- 12-Lead Data
- Entire Defibrillator Record
- Patient/Case Data
- Trend Data
- Audio Data
- CPR Performance Summary Data
Chapter 8: Getting help

If you are a ZOLL customer in the United States, use the following contact information for questions or information concerning software sales, upgrades, and support:

- ZOLL Medical Corporation
  269 Mill Road
  Chelmsford, MA 01824-4105 USA
  Telephone: toll free (800) 348-9011 or (978) 421-9655
  E-mail: SupportData@zoll.com
  Fax: (978) 421-0015
  Web: www.zoll.com

If you are a ZOLL customer in any other location, either send e-mail to SupportData@zoll.com or contact your nearest authorized local ZOLL representative.

Web for International offices: http://www.zoll.com/contact/worldwide-locations/