



The day my life changed forever

Emergency Response Team (ERT) uses Philips HeartStart AED, saves co-worker's life.



When Catherine Rochford, RN, a clinical research specialist for Philips Healthcare, heard her beeper go off. “I was sitting in a product development meeting when I received a page notifying me that a colleague was in distress,” recalls Kate. A veteran member of the Philips Andover Emergency Response Team (ERT), Kate says the majority of the company's medical calls are not life-threatening issues. “I saw that the victim was in another building so I took off running.”

As Kate approached the scene, she saw a man lying on the floor. “As I got closer I saw that the gentleman was blue, unconscious and not breathing. We started CPR and within seconds an ERT member arrived with a Philips HeartStart AED. We quickly applied the AED pads to the patient's chest. At that point, the AED went into analyze mode and indicated ‘shock advised’.”

The AED shock button was pressed and a shock was delivered. “We then resumed CPR for two minutes. The AED went into analyze mode again and that's when we could see a rhythm and feel a pulse,” says Kate. “The AED indicated ‘no shock advised’. Our patient was still unresponsive, but his heart was beating and he was breathing on his own.

The paramedics arrived a few minutes later and loaded him into the ambulance.”

The victim was Joe Moscato, a technical writer with Philips Healthcare. “I had just finished my regular two-hour workout at our company's onsite gym,” recalls Joe.

“I don't remember anything between the time I toweled off in the locker room and when I woke up in a hospital bed 24 hours later.” Joe continues, “When the cardiologist came in and explained that I had suffered Sudden Cardiac Arrest (SCA) due to a plaque rupture in one of my arteries, I was shocked. I never imagined I'd be a candidate for something like this. Then he told me that I was one of the few who survive with virtually no heart or brain damage. At that point, I realized how fortunate I was to have had the Philips ERT team and AED by my side that day.”

Seth Bilazarian, MD., FACC, Clinical & Intervention Cardiologist, Pentucket Medical Center, Haverhill, Mass., met Joe at the ER that afternoon. “The fact that he was able to be resuscitated was thanks in large part to his prompt defibrillation. That was really the difference in this particular patient from most patients who have Sudden Cardiac Death.”



Will you be prepared when sudden cardiac arrest strikes? Know the facts.

Fact: Each year, approximately 300,000 people in the U.S. die from sudden cardiac arrest (SCA).

Fact: The risk of sudden death is highest soon after a heart attack, yet SCA is often the first sign of heart disease. In fact, 50% of males and 64% of females who experience SCA report no prior symptoms of heart disease.

Fact: With every minute that passes without a shock to the heart, an SCA victim's chance of survival decreases by 7-10%. After 10 minutes, very few SCA victims survive.

Early Defibrillation Helps Save Lives.

Kate agrees. "Joe was in great shape. To look at him you would never suspect that he had any cardiac issues. He's walking proof that SCA can strike anyone at anytime, that AEDs save lives, and that ERT programs work."

As for Joe, he just celebrated his first year anniversary as an SCA survivor. "I didn't know how I'd feel when July 22 rolled around this year. As it turned out, it was just another ordinary day. I went through my normal routine, including my two-hour workout at the gym. And then I sent a one-year anniversary thank you note to the members of Philips ERT. It was a good day."

- 1 American Heart Association. 2010 Heart and Stroke Statistical Update. Dallas, Texas: American Heart Association, 2010, pg e13.
- 2 Occupational Safety and Health Association (OSHA). www.osha.gov/dts/tib/tib_data/tib20011217.pdf.
- 3 Cummins R.O., et al. Improving survival from sudden cardiac arrest: The 'Chain of Survival' concept. A statement for health professionals from the Advanced Cardiac Life Support Subcommittee and the Emergency Cardiac Care Committee, American Heart Association. *Circulation* 1991; 83:1832-1847.

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