

INTENDED USE

HemaShock® is indicated for patients with blood pressure of less than 80 mmHg (systolic).

It is intended for use during CPR, in circulatory arrest, and in patients in severe shock.

*NOTE: If the patient is conscious, **HemaShock®** is not needed.*

CONTRAINDICATIONS

Do not use **HemaShock®** on patients presenting active Deep Vein Thrombosis (DVT).

SAFETY

Do not leave on for more than two hours.

DIRECTIONS FOR USE

MANAGING CIRCULATORY ARREST

When applied during CPR, the **HemaShock®** is immediately placed on both legs while chest compression and other treatments (e.g. defibrillation) are provided. When **Return Of Spontaneous Circulation (ROSC)** is observed, and only in a medically controlled environment, the **HemaShock®** is gradually removed.

MANAGING SEVERE SHOCK

When a patient in severe shock is treated (i.e. systolic pressure less than 80 mmHg), first one **HemaShock®** is placed. A second **HemaShock®** is only used if systolic pressure is still below 80 mmHg (or has crept down). Once the patient is receiving definitive care in a medically controlled environment, the **HemaShock®** is gradually removed.



ORDER NOW from Orders@HemaShock.com

Product	Cat#	Units/Case*
HemaShock® EMS Adult	PRHS-EM-01A	5
HemaShock® EMS Upper Extremity	PRHS-UE-01A	5

**HemaShock® is sold per case*



USA

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EU REPRESENTATIVE

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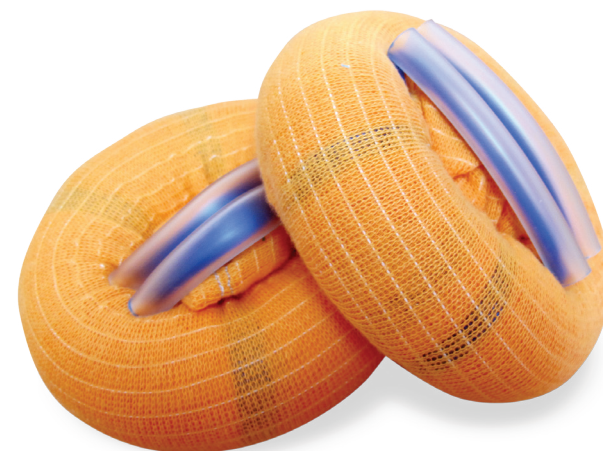
info@hemashock.com | www.HemaShock.com

HemaShock® is Protected by US and International Patents
HemaShock® is CE Marked | FDA Pending



AUTO-TRANSFUSION Tourniquet

Safe · Easy to Use · Fast



HemaShock® is a revolutionary innovation for emergency medicine.

HemaShock® provides a **solution for systemic hypoperfusion** – an insufficient blood supply to the essential organs during severe shock and circulatory arrest.

PHYSIOLOGICAL PRINCIPALS

Exsanguination – Tourniquet

When applied, **HemaShock®** shifts blood from the limbs into the central circulation and blocks the blood flow into the limbs.

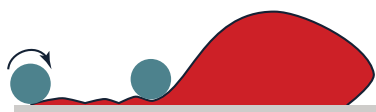
A SIMPLE MODEL OF THE HemaShock® EFFECT



Normal blood volume: When blood volume and vascular volume are matched and the pump is functional, blood pressure is normal.



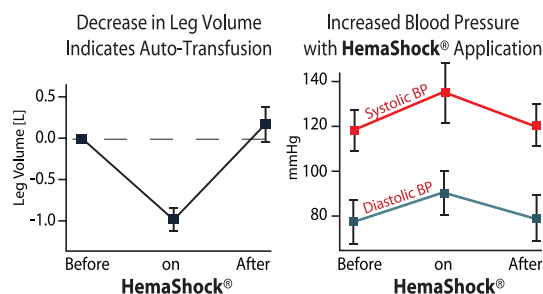
Reduced blood volume: When blood volume is down (hypovolemic shock) or when vascular volume is pathologically increased (distributive shock) blood pressure and tissue perfusion fall.



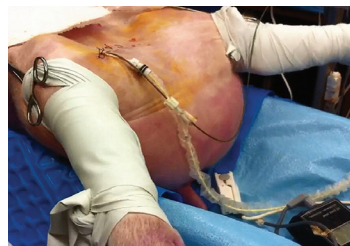
Squeezing the blood from periphery to center, while blocking the re-entry, increases venous return to the heart and directs blood flow to the essential organs.

HemaShock® results in:

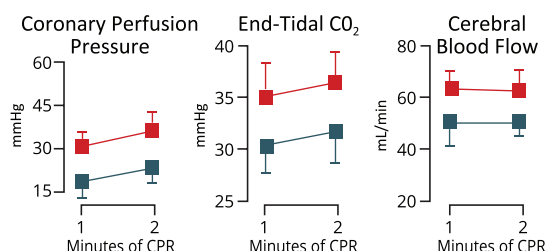
- Increased systolic and diastolic blood pressure
- Auto transfusion of 1000 ml of fresh blood



Research shows: Tourniquet-assisted CPR increases coronary perfusion pressure, cerebral blood flow and end-tidal CO₂ during resuscitation.¹



	T-CPR	CPR
Systolic BP (mm Hg)	75	61
Diasystolic BP (mm Hg)	34	20



Porcine Study: Significantly increased perfusion of the heart, brain, and tissue

■ Tourniquet CPR (T-CPR) ■ Non-tourniquet CPR

¹Yang, Z. et al. Resuscitation 86, 49–53 (2015)

APPLICATION



Assess status



Remove shoes



Place **HemaShock®** on toes



Roll device up the limb



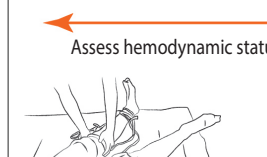
HemaShock® is on both legs

REMOVAL

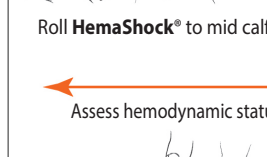
Only remove where definitive care can be given, stepwise and while monitoring hemodynamic parameters.



Roll **HemaShock®** to knee level



Roll **HemaShock®** to mid calf



Roll **HemaShock®** to ankle and remove carefully

Auto-transfusion assures supply of fresh blood:

- Right Temperature
- Matching type
- Rich with all clotting factors
- Excellent oxygen-carrying capacity
- Increase venous return
- Filled peripheral veins ease IV insertion