



**End-User Notes
for Enhanced Training on
FASTResponder™**

May 2015



Introduction

- Over the years, Pyng's FASTResponder™ end-users and trainers have learned that being aware of some key matters in advance can help with successful deployments.
- The existing training materials, e.g., Power Point, Training Videos, and Instructions for Use are designed to bring the user to a successful deployment; however, these End-User notes are an excellent training supplement and can help users be aware of specific challenges that might be experienced.
- Users should always follow their internal guidelines (medical director, etc.) first, and supplement only if permitted. These notes do not in any way alter the existing steps or instructions for deployment of FASTResponder devices.

User Notes

All Providers can experience this:

- While FASTResponder device can deploy easily and in a matter of seconds, knowledge of previous FASTResponder users experience can increase first time clinical successes when deploying FASTResponder :
 - **While there is no definite metric established that absolutely ensures a successful first time clinical deployment of FASTResponder, our experience shows that taking the time to practice, before needing to use the device for the first time in an emergency trauma situation, will yield better results.**
 - **For all "hands-on" (psychomotor) procedures that are performed in stressful situations, repetition is critical to ensure adequate muscle memory, user confidence and success. It is recommended that 5 practice insertions into the SimStern or Chest-MATT simulator be performed prior to actual insertion on a patient to ensure adequate muscle memory, user confidence and success.**

User Notes

All Providers can experience this:

- While FASTResponder device can deploy easily and in a matter of seconds, there are several things to keep in mind when first deploying FASTResponder:
 - **Take your time. Speed can cause a failed deployment.**
 - **Be certain you understand the deployment steps before you begin.**
 - **Fully understand that this device is not “spring loaded” and that it relies entirely on User Applied Force. You must drive the device into the patient’s manubrium, and this is done via a deliberate and forceful PUSH. Pushing “meekly” will cause a failed deployment.**
 - **Take your time, move slowly and deliberately, and in time your ability to increase the pace will come.**

User Notes

All Providers can experience this:

- While FASTResponder device can deploy easily and in a matter of seconds, there are several things to keep in mind when first deploying FASTResponder:
 - **When first deploying FASTResponder there will be more resistance to the insertion than you experienced with Trainers and Simulators. Keep in mind that when deploying FASTResponder you are pushing a metal tip through bone and into the manubrium. The required force must be supplied by you. Bone density and actual resistance will vary from patient to patient.**

User Notes

Users with smaller body types in particular can experience challenges deploying FASTResponder into a patient on a gurney or in a hospital bed; several factors contribute to this:

- Lower levels of upper body strength and lower body weight can make it challenging to PUSH a FASTResponder device into the manubrium. “User Force” is what drives FASTResponder stylette into the cortical bone.
 - **The remedy for this is to stand on something that places your body well above the patient so you can PUSH down and leverage your body weight.**
 - **In some cases patients have been placed onto floors, or the beds have been lowered to their lowest possible position.**
 - **In this case, successful deployments are about leverage. The strength required to drive the stylette into cortical bone does not come from your arms, it comes from your entire upper body.**

User Notes

All Providers can experience this challenge:

- During the PUSH step, where “User Applied Force” is necessary to drive the stylette into the cortical bone of the manubrium, the patients upper body can sink into the mattress of the hospital bed. This disrupts the PUSH stroke and can possibly causing the deployment to fail.
 - **The remedy for this is to place the patient on a full or half backboard, and remove all pillows or other padding materials away from the patient's upper body.**
 - **You do not want “soft material” or anything that may “give” under the force of your PUSH stroke.**

User Notes

All Providers can experience this challenge:

- During the PUSH step, where “User Applied Force” is necessary to drive the stylette into the cortical bone of the manubrium, the patients upper body can collapse under the pressure, potentially causing the deployment to fail.
 - **The remedy for this is to direct conscious patients to take a deep breath, and hold it, while you PUSH to deploy FASTResponder device.**
 - **For unconscious patients who are ventilated, the user should PUSH when the patient’s lungs are full.**
 - **For unconscious patients who are not ventilated; they will not react to the PUSH so the deployment is usually not adversely affected.**

User Notes

All Providers can experience this challenge:

- If Providers are in a rush, and pull the locking pin (locking ring) and paper covering the target foot adhesive off crooked, they can tear the paper thus leaving the adhesive on the target foot still covered.
 - **First, slow down, think about what you are doing, and remove the locking pin and paper carefully.**
 - **If you do tear the paper, drop the locking pin and reach to the other side of the target foot, where it is taped to the needle cover. Put your gloved finger between the needle cover and the paper and pull the paper off of the adhesive face on the target foot.**
 - **This allows you to uncover the target foot adhesive without sticking your gloved fingers to the adhesive face.**

User Notes

All Providers can experience this challenge:

- If Providers don't take the time to have all of their tools set before they attempt a deployment, it can disrupt their pacing and protocol, potentially causing a failed deployment.
 - **It is important to take the time to identify all you will need for a successful deployment, and to have these items with you or within easy reach before you begin.**
 - **Handy items for any FASTResponder deployment are (tape, scissors, a luer lock syringe with 5-10 cc of saline, 4x4 gauze, alcohol prep pads, gloves, and the protective dome from FASTResponder packaging).**

User Notes

All Providers can experience this challenge:

- Diaphoretic patients can present challenges in getting the target foot to stick (due to “slippery” skin).
 - It is important to know that it is not critical that the target foot “stick”— it does not disrupt the deployment or function of FASTResponder device if it does not.
 - However, it is always important to clean, dry, and prep the target site before deployment. Doing this will aid in the success of a deployment.
 - Use alcohol prep pads, and dry with 4x4 gauze and air, before attempting to PLACE the target foot onto the patient's manubrium.
 - If the patient is excessively “hairy”, you can quickly trim some of the hair with scissors, or shave them.

User Notes

All Providers can experience this challenge:

- Target Foot and Dome Adhesion.
 - **Cleanse and dry the area of the insertion site prior to deployment. If either the target foot or dome does not adhere to the skin for any reason, medical tape or OPSITE® may be used to provide additional security.**



PYNG MEDICAL

End of Briefing