# **Promote<sup>™</sup> RF CRT-D**

MODEL 3213-36 Cardiac Resynchronization Therapy Defibrillator (CRT-D)

# **SPECIFICATIONS**

**MODEL NUMBER** 3213-36 PHYSICAL SPECIFICATIONS POST-THERAPY PACING Independently programmable from Bradycardia and ATP Post-Shock Pacing Mode Post-Shock Base Rate (min<sup>-1</sup>) Off. AAI, VVI, DDI, or DDD Volume (cc) 43 30-100 in increments of 5 Weight (g) 82 Size (mm) 81 x 50 x 14 Post-Shock Pacing Duration Off, 30 sec., 1, 2.5, 5, 7.5, or 10 min. Defibrillation Lead Connections DF-1 Sense/Pace Lead Connections IS-1 High Voltage Can Electrically active titanium can DEVICE TESTING/INDUCTION METHODS RESYNCHRONIZATION THERAPY DC Fibber™ Pulse Duration (sec) Burst Fibber Cycle Length (ms) 0.5-5.0 20-100 QuickOpt™ Timing Cycle Optimization Sensed/paced AV delay, Interventricular Pace delay Shock-on-T Voltage Noninvasive Programmed 50-830 V [0,1-36 J (Delivered)] V-V Timing Interventricular Pace Delay (ms) Simultaneous\*, RV First, LV First RV First 10-80 / LV First 15-80 in steps of 5 2-20 stimuli with up to three extrastimuli Stimulation (NIPS) Ventricular Sensing Ventricular Pacing Chamber RV only (not programmable) RV only, LV only, biventricular PATIENT NOTIFIERS Negative AV/PV Hysteresis/Search (ms) Shortest AV Delay (ms) Off, -10 to -120 25-120 Programmable Notifiers (On, Off) Device at ERI, Charge time Limit Reached, Possible HV LV tip to RV coil, LV bipolar, LV ring to RV coil Circuit Damage, Device Reset, Atrial Lead Impedance out of range, Ventricular Lead Impedance out of range LV Pulse Configuration AF MANAGEMENT Entry into Backup VVI Mode Οn Vibration Duration 2, 4, 6, 8, 10, 12, 14, 16 s AF Suppression™ Pacing No. of Overdrive Pacing Cycles Number of Vibrations per Notification Number of Notifications Off On 2 1-16 15-40 in steps of 5 Maximum AF Suppression Rate 80-150 min Time Between Notifications 10, 22 hours SENSING/DETECTION ELECTROGRAMS AND DIAGNOSTICS SenseAbility™ Technology Up to 45 minutes including up to one minute programmable pre-trigger data per VT/VF Automatic Sensitivity Control adjustment for atrial and ventricular Stored Electrograms events (Post-Sensed, Atrial) 50, 62.5, 75, 100%; diagnosis/detection/therapy electrograms; triggers include diagnosis, therapy, atrial episode, PMT Threshold Start (Post-Paced, Atrial) 0.2-3.0 mV; (Post-Sensed, Ventricular) 50, 62.5, 75, 100%; termination, PC shock delivery, noise reversion, magnet reversion, and morphology template verification (Post-Paced, Ventricular) Auto, 0.2-3.0 mV Decay Delay Ventricular Sense Refractory (ms) Diagram of therapies delivered Directory listing of up to 60 episodes with access (Post-Sense/Post-Pace, Atrial/Ventricular) 0-220 Therapy Summary 125, 157 Episodes Summary VT-1. VT-2. VF Detection Zones to more details including stored electrograms SVT Discriminators AV Rate Branch, Sudden Onset, Interval Stability, Morphology History of bradycardia events and device-Lifetime Diagnostics initiated charging Trend data and counts Discrimination (MD) with Manual or Automatic Template Update Reconfirmation Continuous sensing during charging AT/AF Burden Trend AF Suppression Trend Ventricular HV Lead Impedance Trend Trend data and counts Multi-Vector Trend Data ANTITACHYCARDIA PACING THERAPY Histograms Event Histogram, AV Interval Histogram, Mode Switch ATP Configurations Ramp, Burst, Scan; pulse amplitude and pulse Duration Histogram, Peak Filtered Rate Histogram, Atrial Heart Rate Histogram, Ventricular Heart Rate Histogram, width Burst Cycle Length Adaptive, Readaptive or Fixed AT/AF Burden, Exercise and Activity Trending, V Rates Min. Burst Cycle Length (ms) Number of Bursts/Stimuli 150-400 in increments of 5 During AMS -15 with 2-20 stimuli Information regarding PMT detections Pacing lead impedances, unloaded battery PMT Data Add Stimuli per Burst On. Off Real-Time Measurements (RTM) voltage, signal amplitudes and RTM trends HIGH VOLTAGE THERAPY LV first with 10 ms interventricular delay \* Not available if Negative AV/PV Hysteresis/Search programmed ON or when ventricular pacing is programmed to biventri Maximum Energy/Voltage 42 J (Stored)/ 830 volts /36 J (Delivered) High Voltage Output Mode Fixed Pulse Width, Fixed Tilt Biphasic, Monophasic Waveform Cathode (-), Anode (+) RV to Can, RV to SVC/Can RV Polarity Electrode Configuration BRADYCARDIA PACING Off, DDD(R), DDI(R), VVI(R), AAI(R), Pacer Off Off, DDD, DDI, VVI, AAI, AAT, DOO, VOO, AOO Permanent Modes Temporary Modes On, Off, Passive Rate-Adaptive Sensor Off, Off, Passive Off, Base Rate (min<sup>-1</sup>), Rest Rate (min<sup>-1</sup>), Maximum Tracking Rate (min<sup>-1</sup>), Maximum Sensor Rate (min<sup>-1</sup>), Paced AV Delay (ms), Sensed AV Delay (ms), Rate Responsive AV Delay, Pulse Amplitude (Atrial, RV and LV) (V), Pulse Width (Atrial, RV and LV) (ms), Programmable Rate Parameters Hysteresis Rate (min<sup>-1</sup>), Rate Hysteresis with Search Auto Mode Switch (AMS) Off, DDI(R), VVI(R) AMS Detection Rate (min-1) 110-300 AMS Base Rate 40, 45, ...135 A Pace on PMT, Off, Passive Auto PMT Detection/Termination Rate Responsive PVARP/VREF Off, Low, Medium, High Ventricular Intrinsic Preference (VIP") Off, 50-200 (50-150 in increments of 25; 160-200 in increments of 10) ST. 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# Promote<sup>™</sup> RF Model 3213-36 **Cardiac Resynchronization Therapy Defibrillator**

### Indications and Usage

muncations and usage The Promote CF1-D systems are intended to provide ventricular antitachycardia pacing and ventricular defibrillation for automated treatment of life-threatening ventricular arthythmias. AF Suppression™ pacing is indicated for suppression of paroxysmal or presist-ent atrial fibrillation in patients with the above ICD indication and sinus node dysfurction. In patients indicated for an ICD, the

The Promote CH1-D systems are intrinced to provide version<sup>TM</sup> pacing is indicated for suppression of parosystal or persist-ent atrial fibrillation in patients with the above (CD indication and sinus node dysfurction. In patients indicated for suppression of parosystal or persist-ent atrial fibrillation in patients with the above (CD indication and sinus node dysfurction. In patients indicated for suppression<sup>TM</sup> pacing is indicated for suppression<sup>TM</sup> pacing is indicated for suppression of parosystal or persist-ent atrial fibrillation in patients with the above (CD indication and sinus node dysfurction. In patients indicated for suppression<sup>TM</sup> pacing is indicated for suppr

Refer to the User's Manual for detailed indications, contraindications, warnings, precautions and potential adverse events

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Consult the User's Manual for information on indications, contraindications, warnings and precautions. Unless otherwise noted, @ or "w indicates that the name is a trademark of, or incensed to, SL Jude Medical, or one of its subsidiaries. © 2007 SL Jude Medical Carcitae Rhythm Management Division, All rights reserved.