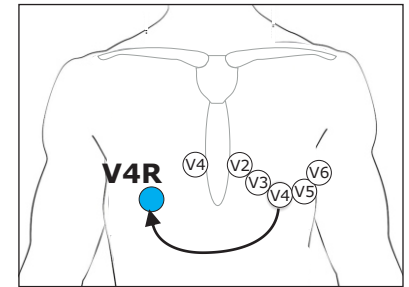


The ST1501 STEMI ECG Simulator is an easy to use training tool for learning to recognize STEMI, imposter and core ACLS waveforms, as well as for practicing defibrillation and external pacing.

## Right Ventricular STEMI **new**

Standard chest electrode placements, V1 - V6, do not look directly at the right ventricle. When a right ventricular STEMI is suspected, guidelines recommend relocating the V4 lead to **V4R**. The **ST1501** includes an ECG snap, **V4R**, to simulate a direct view of the right ventricle.

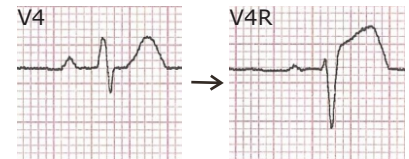


ST elevation in V1 and ST depression in V2 may indicate right ventricular STEMI.



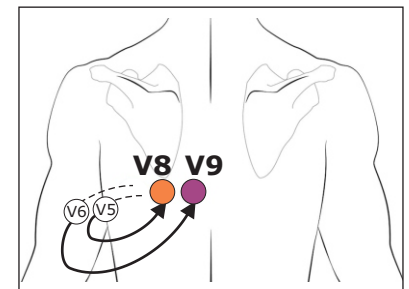
*action: Move V4 lead to V4R*

ST elevation in **V4R** confirms **right ventricular STEMI**.

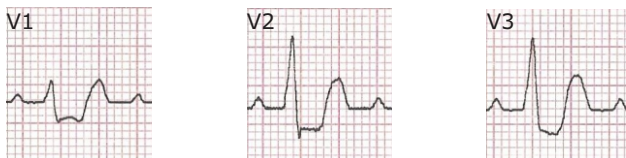


## Posterior STEMI **new**

Standard chest electrode placements also do not look directly at the posterior ventricle. When a posterior STEMI is suspected, guidelines recommend relocating the V5 and V6 leads to **V8** and **V9**. The **ST1501** includes two ECG snaps, **V8** and **V9**, to simulate a direct view of the posterior ventricle.

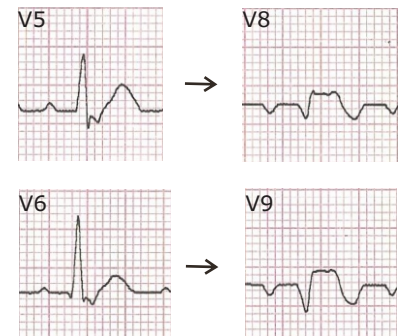


Horizontal ST depression in V1 - V3 may indicate posterior STEMI.



*action: Move V5 and V6 leads to V8 and V9*

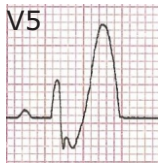
ST elevations in **V8** and **V9** confirm **posterior STEMI**.



## STEMI Progression **new**

---

Changes in T waves, ST segments and Q waves occur during the minutes and hours after an occlusion. Understanding the evolution of a STEMI is essential for correct diagnosis and treatment. The **ST1501** presents each of its seven STEMI's in three phases of **progression**.



### **Hyperacute (T↑)**

T waves are broad, peaked  
(seconds after occlusion)



### **Acute (ST↑)**

ST waves are elevated  
(minutes to hours  
after occlusion)



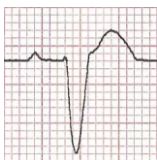
### **Post-acute (Q↓)**

Q waves deepen  
(less than 24 hours  
after occlusion)

## STEMI Imposters **new**

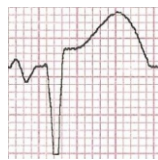
---

Changes to T waves and ST segments aren't always an indication of STEMI. The **ST1501** presents four common imposters that resemble STEMI's, but aren't.



### **Left Bundle Branch Block**

ST elevation and  
positive T waves  
in V1 and V2



### **Left Ventricular Hypertrophy**

ST elevation in  
V1 - V3



### **Pericarditis**

Concave ST elevation  
and PR depression  
in leads I and II



### **Wolff-Parkinson-White**

Prominent R waves  
and inverted T waves  
in V1 - V3

## Defibrillator and Pacer Training

Safely discharge your defibrillator/pacer directly into the **ST1501** for interactive cardiac emergency training.

- **defibrillator discharge** indicator illuminates when defibrillator discharge is detected
- **convert** changes running rhythm to waiting rhythm when a defibrillator discharge is detected
- **pacing capture** selects capture current levels: 70, 80, 90 and 100 mA and “ignore” **new**
- **paced beats** are displayed and indicator blinks off when a pacer pulse is detected

## ECG Waveforms

Select from among 24 waveforms: Core ACLS waveforms, STEMIs and Imposters

- **Core ACLS waveforms (13)**
  - Ventricular Fibrillation
  - Ventricular Tachycardia fast
  - Ventricular Tachycardia slow
  - Supra Ventricular Tachycardia
  - Sinus Tachycardia
  
  - Normal Sinus Rhythm
  - Asystole
  - Atrial Fibrillation
  - Atrial Flutter
  
  - Sinus Bradycardia
  - 2nd degree AV block type I
  - 2nd degree AV block type II
  - 3rd degree AV block
- **STEMIs (7)**

(three versions of each: T $\uparrow$ , ST $\uparrow$ , Q $\downarrow$ )

  - Anterior
  - Anteroseptal
  - Anterolateral
  - Anterior with RBBB
  
  - Inferior
  - Inferior with RV MI
  - Inferior with Posterior MI
- **Imposters (4)**
  - Left Bundle Branch Block
  - Left Ventricular Hypertrophy
  - Pericarditis
  - Wolff-Parkinson-White

