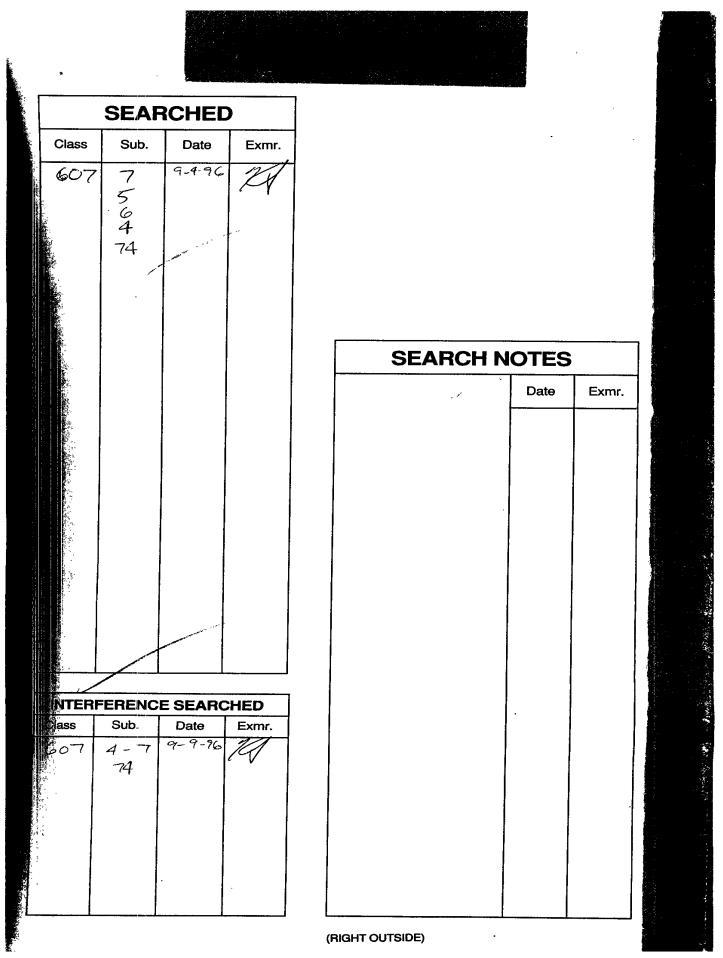


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## United States Patent [19]

Gliner et al.

#### [54] ELECTROTHERAPY METHOD

- [75] Inventors: Bradford E. Gliner, Bellevue; Thomas D. Lyster, Bothell; Clinton S. Cole, Kirkland; Daniel J. Powers, Bainbridge Island; Carlton B. Morgan, Bainbridge Island, all of Wash.
- [73] Assignee: Heartstream, Inc., Seattle, Wash.
- [21] Appl. No.: 601,617
- [22] Filed: Feb. 14, 1996

#### **Related U.S. Application Data**

- [62] Division of Ser. No. 103,837, Aug. 6, 1993.
- [51]
- U.S. Cl. ..... 607/7; 607/5; 607/74 
   [52] U.S. Cl.
   607/7, 5, 6, 4, 607/7

   [58] Field of Search
   607/74
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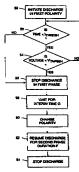
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Primary Examiner-William E. Kamm Assistant Examiner-Kennedy J. Schaetzle Attorney, Agent, or Firm-Morrison & Foerster

#### ABSTRACT

This invention provides an external defibrillator and defibrillation method that automatically compensates for patient-to-patient impedance differences in the delivery of electrotherapeutic pulses for defibrillation and cardioversion. In a preferred embodiment, the defibrillator has an energy source that may be discharged through electrodes on the patient to provide a biphasic voltage or current pulse. In one aspect of the invention, the first and second phase duration and initial first phase amplitude are predetermined values. In a second aspect of the invention, the duration of the first phase of the pulse may be extended if the amplitude of the first phase of the pulse fails to fall to a threshold value by the end of the predetermined first phase duration, as might occur with a high impedance patient. In a third aspect of the invention, the first phase ends when the first phase amplitude drops below a threshold value or when the first phase duration reaches a threshold time value, whichever comes first, as might occur with a low to average impedance patient. This method and apparatus of altering the delivered biphasic pulse thereby compensates for patient impedance differ-ences by changing the nature of the delivered electrothera-peutic pulse, resulting in a smaller, more efficient and less expensive defibrillator.

#### 18 Claims, 7 Drawing Sheets



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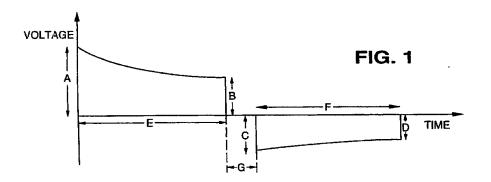
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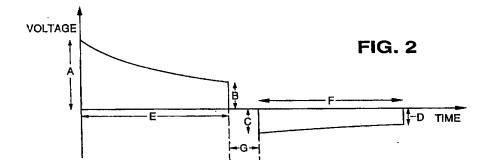
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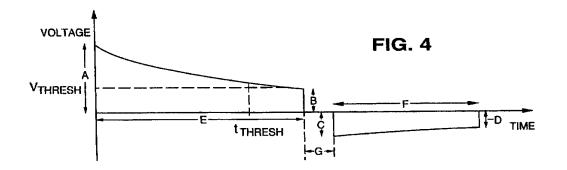
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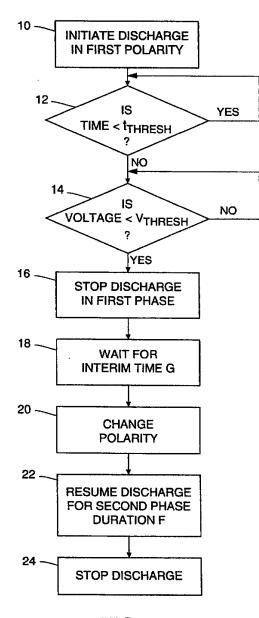
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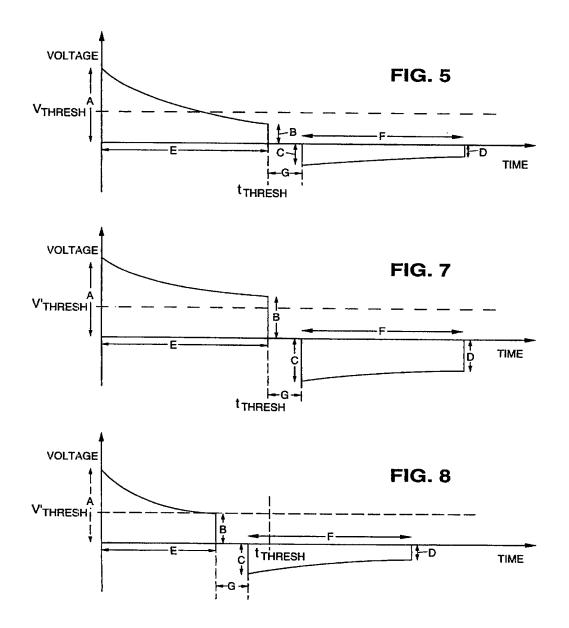




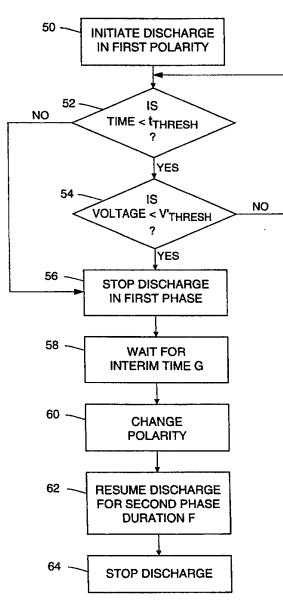




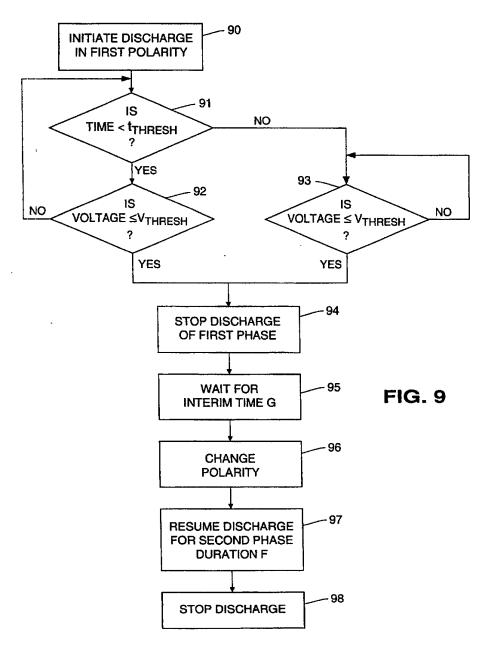
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**FIG.** 6



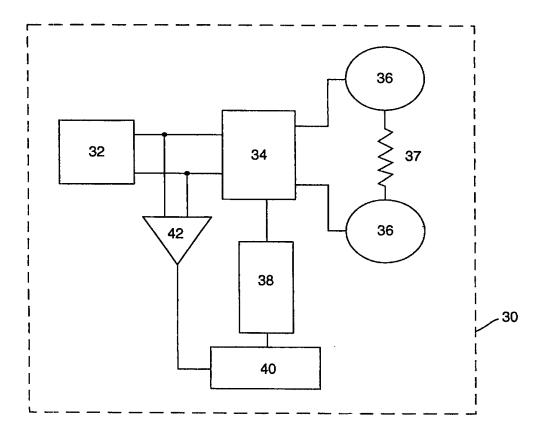
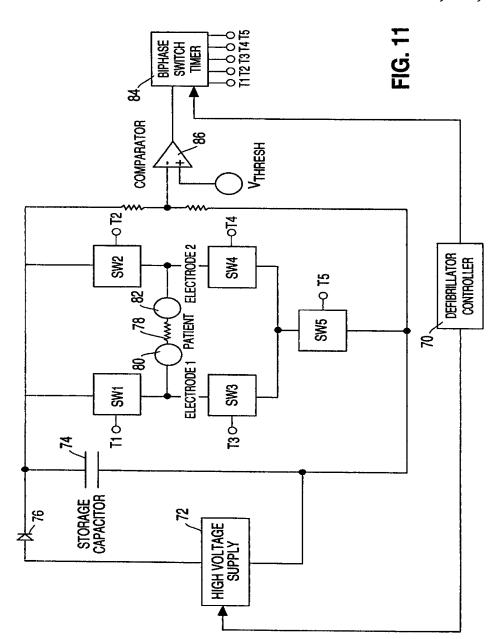


FIG. 10



This application is a divisional of application Ser. No. 08/103,837 filed Aug. 6, 1993.

#### BACKGROUND OF THE INVENTION

This invention relates generally to an electrotherapy method and apparatus for delivering a shock to a patient's heart. In particular, this invention relates to a method and apparatus for using an external defibrillator to deliver a <sup>10</sup> biphasic defibrillation shock to a patient's heart through electrodes attached to the patient.

Defibrillators apply pulses of electricity to a patient's heart to convert ventricular arrhythmias, such as ventricular fibrillation and ventricular tachycardia, to normal heart rhythms through the processes of defibrillation and cardioversion, respectively. There are two main classifications of defibrillators: external and implanted. Implantable defibrillators are surgically implanted in patients who have a high likelihood of needing electrotherapy in the future. Implanted defibrillators typically monitor the patient's heart activity and automatically supply electrotherapeutic pulses directly to the patient's heart when indicated. Thus, implanted defibrillators permit the patient to function in a somewhat normal fashion away from the watchful eye of medical personnel.

External defibrillators send electrical pulses to the patient's heart through electrodes applied to the patient's torso. External defibrillators are useful in the emergency room, the operating room, emergency medical vehicles or other situations where there may be an unanticipated need to provide electrotherapy to a patient on short notice. The advantage of external defibrillators is that they may be used on a patient as needed, then subsequently moved to be used 35 with another patient. However, because external defibrillators deliver their electrotherapeutic pulses to the patient's heart indirectly (i.e., from the surface of the patient's skin rather than directly to the heart), they must operate at higher energies, voltages and/or currents than implanted defibrillators. The high energy, voltage and current requirements have made current external defibrillators large, heavy and expensive, particularly due to the large size of the capacitors or other energy storage media required by these prior art devices. 45

The time plot of the current or voltage pulse delivered by a defibrillator shows the defibrillator's characteristic waveform. Waveforms are characterized according to the shape, polarity, duration and number of pulse phases. Most current external defibrillators deliver monophasic current or voltage electrotherapeutic pulses, although some deliver biphasic sinusoidal pulses. Some prior art implantable defibrillators, on the other hand, use truncated exponential, biphasic waveforms. Examples of biphasic implantable defibrillators may be found in U.S. Pat. No. 4,821,723 to Baker, Jr., et al.; U.S. Pat. No. 5,083,562 to de Coriolis et al.; U.S. Pat. No. 4,800,883 to Winstrom; U.S. Pat. No. 4,850,357 to Bach, Jr.; and U.S. Pat. No. 4,953,551 to Mehra et al.

Because each implanted defibrillator is dedicated to a single patient, its operating parameters, such as electrical 60 pulse amplitudes and total energy delivered, may be effectively titrated to the physiology of the patient to optimize the defibrillator's effectiveness. Thus, for example, the initial voltage, first phase duration and total pulse duration may be set when the device is implanted to deliver the desired 65 amount of energy or to achieve that desired start and end voltage differential (i.e, a constant tilt). 2

In contrast, because external defibrillator electrodes are not in direct contact with the patient's hear, and because external defibrillators must be able to be used on a variety of patients having a variety of physiological differences, external defibrillators must operate according to pulse amplitude and duration parameters that will be effective in most patients, no matter what the patient's physiology. For example, the impedance presented by the tissue between external defibrillator electrodes and the patient's heart varies from patient to patient, thereby varying the intensity and waveform shape of the shock actually delivered to the patient's heart for a given initial pulse amplitude and duration. Pulse amplitudes and durations effective to treat low impedance patients to not necessarily deliver effective and

Prior art external defibrillators have not fully addressed the patient variability problem. One prior art approach to this problem was to provide the external defibrillator with multiple energy settings that could be selected by the user. A common protocol for using such a defibrillator was to attempt defibrillation at an initial energy setting suitable for defibrillating a patient of average impedance, then raise the energy setting for subsequent defibrillation attempts in the event that the initial setting failed. The repeated defibrillation attempts require additional energy and add to patient risk. What is needed, therefore, is an external defibrillation method and apparatus that maximizes energy efficiency (to minimize the size of the required energy storage medium) and maximizes therapeutic efficacy across an entire population of patients.

#### SUMMARY OF THE INVENTION

This invention provides an external defibrillator and defibrillation method that automatically compensates for patient-to-patient impedance differences in the delivery of electrotherapeutic pulses for defibrillation and cardioversion. In a preferred embodiment, the defibrillator has an energy source that may be discharged through electrodes on the patient to provide a biphasic voltage or current pulse. In one aspect of the invention, the first and second phase duration and initial first phase amplitude are predetermined values. In a second aspect of the invention, the duration of the first phase of the pulse may be extended if the amplitude of the first phase of the pulse fails to fall to a threshold value by the end of the predetermined first phase duration, as might occur with a high impedance patient. In a third aspect of the invention, the first phase ends when the first phase amplitude drops below a threshold value or when the first phase duration reaches a threshold time value, whichever comes first, as might occur with a low to average impedance patient. This method and apparatus of altering the delivered biphasic pulse thereby compensates for patient impedance differences by changing the nature of the delivered electrotherapeutic pulse, resulting in a smaller, more efficient and less expensive defibrillator.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a schematic representation of a low-till biphasic electrotherapeutic waveform according to a first aspect of this invention.

FIG. 2 is a schematic representation of a high-tilt biphasic electrotherapeutic waveform according to the first aspect of this invention.

FIG. 3 Is a flow chart demonstrating part of an electrotherapy method according to a second aspect of this invention.

FIG. 4 is a schematic representation of a biphasic waveform delivered according to the second aspect of this invention.

FIG. 5 is a schematic representation of a biphasic waveform delivered according to the second aspect of this invention.

FIG. 6 is a flow chart demonstrating part of an electrotherapy method according to a third aspect of this invention. 10

FIG. 7 is a schematic representation of a biphasic waveform delivered according to the third aspect of this invention.

FIG. 8 is a schematic representation of a biphasic waveform delivered according to the third aspect of this invention.

FIG. 9 is a flow chart demonstrating part of an electrotherapy method according to a combination of the second  $^{20}$ and third aspects of this invention.

FIG. 10 is a block diagram of a defibrillator system according to a preferred embodiment of this invention.

FIG. 11 is a schematic circuit diagram of a defibrillator 25 system according to a preferred embodiment of this invention.

#### DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

FIGS. 1 and 2 illustrate the patient-to-patient differences that an external defibrillator design must take into account. These figures are schematic representations of truncated exponential biphasic waveforms delivered to two different 35 patients from an external defibrillator according to the electrotherapy method of this invention for defibrillation or cardioversion. In these drawings, the vertical axis is voltage, and the horizontal axis is time. The principles discussed here are applicable to waveforms described in terms of current 40 versus time as well, however.

The waveform shown in FIG. 1 is called a low-tilt waveform, and the waveform shown in FIG. 2 is called a high-tilt waveform, where tilt H is defined as a percent as follows:

$$H = \frac{|A| - |D|}{|A|} \times 100$$

As shown in FIGS. 1 and 2, A is the initial first phase voltage 50 and D is the second phase terminal voltage. The first phase terminal voltage B results from the exponential decay over time of the initial voltage A through the patient, and the second phase terminal voltage D results from the exponential decay of the second phase initial voltage C in the same furnitial voltages and first and second phase durations of the FIG. 1 and FIG. 2 waveforms are the same; the differences in end voltages B and D reflect differences in patient impedance.

Prior art disclosures of the use of truncated exponential 60 biphasic waveforms in implantable defibrillators have provided little guidance for the design of an external defibrillator that will achieve acceptable defibrillation or cardioversion rates across a wide population of patients. The defibrillator operating voltages and energy delivery requirements affect the size, cost, weight and availability of components. In particular, operating voltage requirements affect 4

the choice of switch and capacitor technologies. Total energy delivery requirements affect defibrillator battery and capacitor choices.

We have determined that, for a given patient, externallyapplied truncated exponential biphasic waveforms defibrillate at lower voltages and at lower total delivered energies than externally-applied monophasic waveforms. In addition, we have determined that there is a complex relationship between total pulse duration, first to second phase duration ratio, initial voltage, total energy and total tilt.

Up to a point, the more energy delivered to a patient in an electrotherapeutic pulse, the more likely the defibrillation attempt will succeed. Low-tilt biphasic waveforms achieve effective defibrillation rates with less delivered energy than high-tilt waveforms. However, low-tilt waveforms are energy inefficient, since much of the stored energy is not delivered to the patient. On the other hand, defibrillators delivering high-tilt biphasic waveforms deliver more of the stored energy to the patient than defibrillators delivering low-tilt waveforms while maintaining high efficacy up to a certain critical tilt value. Thus, for a given capacitor, a given initial voltage and fixed phase durations, high impedance patients receive a waveform with less total energy and lower peak currents but better conversion properties per unit of energy delivered, and low impedance patients receive a waveform with more delivered energy and higher peak currents. There appears to be an optimum tilt range in which high and low impedance patients will receive effective and efficient therapy. An optimum capacitor charged to a predetermined voltage can be chosen to deliver an effective and efficient waveform across a population of patients having a variety of physiological differences.

This invention is a defibrillator and defibrillation method that takes advantage of this relationship between waveform tilt and total energy delivered in high and low impedance patients. In one aspect of the invention, the defibrillator operates in an open loop, i.e., without any feedback regarding patient impedance parameters and with preset pulse phase durations. The preset parameters of the waveforms shown in FIG. 1 and 2 are therefore the initial voltage A of the first phase of the pulse, the duration E of the first phase, the interphase duration G, and the duration F of the second phase. The terminal voltage B of the first phase, the initial voltage C of the second phase, and the terminal voltage D of the second phase are dependent upon the physicological parameters of the patient and the physical connection between the electrodes and the patient.

For example, if the patient impedance (i.e., the total impedance between the two electrodes) is high, the amount of voltage drop (exponential decay) from the initial voltage A to the terminal voltage B during time E will be lower (FIG. 1) than if the patient impedance is low (FIG. 2). The same is true for the initial and terminal voltages of the second phase during time F. The values of A, E, G and F are set to optimize defibrillation and/or cardioversion efficacy across a population of patients. Thus, high impedance patients receive a low-tilt waveform that is more effective per unit of delivered energy, and low impedance patients receive a high-tilt waveform that delivers more of the stored energy and is therefore more energy efficient.

Another feature of biphasic waveforms is that waveforms with relatively longer first phases have better conversion properties than waveforms with equal or shorter first phases, provided the total duration exceeds a critical minimum. Therefore, in the case of high impedance patients, it may be desirable to extend the first phase of the biphasic waveform (while the second phase duration is kept constant) to increase the overall efficacy of the electrotherapy by delivering a more efficacious waveform and to increase the total amount of energy delivered. FIGS. 3-5 demonstrate a defibrillation method according to this second aspect of the invention in which information related to patient impedance is fed back to the defibrillator to change the parameters of the delivered electrotherapeutic pulse.

FIG. 3 is a flow chart showing the method steps following the decision (by an operator or by the defibrillator itself) to apply an electrotherapeutic shock to the patient through 10 electrodes attached to the patient and charging of the energy source, e.g., the defibrillator's capacitor or capacitor bank, to the initial first phase voltage A. Block 10 represents initiation of the first phase of the pulse in a first polarity. Discharge may be initiated manually by the user or auto- 15 matically in response to patient heart activity measurements (e.g., ECG signals) received by the defibrillator through the electrodes and analyzed by the defibrillator controller in a manner known in the art.

Discharge of the first phase continues for at least a 20 threshold time  $t_{THRESH}$ , as shown by block 12 of FIG. 3. If, at the end of time  $t_{THRESH}$ , the voltage measured across the energy source has not dropped below the minimum first phase terminal voltage threshold  $V_{THRESH}$ , first phase discharge continues, as shown in block 14 of FIG. 3. For high 25 impedance patients, this situation results in an extension of the first phase duration beyond  $t_{THRESH}$ , as shown in FIG. 4, until the measured voltage drops below the threshold  $V_{THRESH}$ . Discharge then ends to complete the first phase, as represented by block 16 of FIG. 3. If, on the other hand, the 30 patient has low impedance, the voltage will have dropped below  $V_{THRESH}$  when the time threshold is reached, resulting in a waveform like the one shown in FIG. 5.

At the end of the first phase, and after a predetermined interim period G, the polarity of the energy source connec- 35 tion to the electrodes is switched, as represented by blocks 18 and 20 of FIG. 3. Discharge of the second phase of the biphasic pulse then commences and continues for a predetermined second phase duration F, as represented by block 26 of FIG. 3, then ceases. This compensating electrotherapy 40 method ensures that the energy is delivered by the defibrillator in the most efficacious manner by providing for a minimum waveform tilt and by extending the first phase duration to meet the requirements of a particular patient. Because this method increases the waveform tilt for high 45

Because this method increases the waveform tilt for high *a* impedance patients and delivers more of the energy from the energy source than a method without compensation, the defibrillator's energy source can be smaller than in prior art external defibrillators, thereby minimizing defibrillator size, weight and expense. It should be noted that the waveforms shown in FIGS. 4 and 5 could be expressed in terms of current versus time using a predetermined current threshold value without departing from the scope of the invention.

FIGS. 6-8 illustrate a third aspect of this invention that prevents the delivered waveform from exceeding a maximum tilt (i.e., maximum delivered energy) in low impedance patients. As shown by blocks 52 and 54 in FIG. 6, the first phase discharge stops either at the end of a predetermined time  $t_{THRESH}$  or when the first phase voltage drops below  $V_{THRESH}$ . The second phase begins after an interim period of G and continues for a preset period F as in the second aspect of the invention. Thus, in high impedance patients, the first phase ends at time  $t_{THRESH}$ , even if the voltage has not yet fallen below  $V'_{THRESH}$ , as shown in FIG. 7. In low impedance patients, on the other hand, the first phase of the delivered waveform could be shorter in duration than the time  $t_{THRESH}$ , as shown in FIG. 8. Once again, the waveforms shown in FIGS. 7 and 8 could be expressed in terms of current versus time using a predetermined current threshold value without departing from the scope of the invention.

scope of the invention. FIG. 9 is a flow chart illustrating a combination of the defibrillation methods illustrated in FIGS. 3 and 6. In this combination method, the first phase of the biphasic waveform will end if the voltage reaches a first voltage threshold  $V'_{THRESH}$  prior to the first phase duration threshold  $t_{THRESH}$ as shown by blocks 91 and 92. This defibrillator decision path delivers a waveform like that shown in FIG. 8 for low impedance patients. For high impedance patients, on the other hand, if at the expiration of  $t_{THRESH}$  the voltage has not fallen below  $V'_{THRESH}$  the duration of the first phase is extended beyond  $t_{THRESH}$  until the voltage threshold  $V_{THRESH}$ as shown in decision blocks 91 and 93. This defibrillator method path will deliver a waveform like that shown in FIG. 4.

In alternative embodiments of this invention, the second phase pulse could be a function of the first phase voltage, current or time instead of having a fixed time duration. In addition, any of the above embodiments could provide for alternating initial polarities in successive monophasic or biphasic pulses. In other words, if in the first biphasic waveform delivered by the system the first phase is a positive voltage or current pulse followed by a second phase negative voltage or current pulse, the second biphasic waveform delivered by the system would be a negative first phase voltage or current pulse followed by a positive second phase voltage or current pulse. This arrangement would minimize electrode polarization, i.e., build-up of charge on the electrodes.

For each defibrillator method discussed above, the initial first phase voltage A may be the same for all patients or it may be selected automatically or by the defibrillator user. For example, the defibrillator may have a selection of initial voltage settings, one for an infant, a second for an adult, and a third for use in open heart surgery. FIG. 10 is a schematic block diagram of a defibrillator

FIG. 10 is a schematic block diagram of a defibrillator system according to a preferred embodiment of this invention. The defibrillator system 30 comprises an energy source 32 to provide the voltage or current pulses described above. In one preferred embodiment, energy source 32 is a single capacitor or a capacitor bank arranged to act as a single capacitor. A connecting mechanism 34 selectively connects and disconnects energy source 32 to and from a pair of electrodes 36 electrically attached to a patient, represented here as a resistive load 37. The connections between the electrodes and the energy source may be in either of two polarities with respect to positive and negative terminals on the energy source.

The defibrillator system is controlled by a controller 38. Specifically, controller 38 operates the connecting mechanism 34 to connect energy source 32 with electrodes 36 in one of the two polarities or to disconnect energy source 32 from electrodes 36. Controller 38 receives timing information from a timer 40, and timer 40 receives electrical information from electrical sensor 42 connected across energy source 32. In some preferred embodiments, sensor 42 is a voltage sensor; in other preferred embodiments, sensor 42 is a current sensor.

FIG. 11 is a schematic circuit diagram illustrating a device according to the preferred embodiments discussed above. Defibrillator controller 70 activates a high voltage power supply 72 to charge storage capacitor 74 via diode 76 to a predetermined voltage. During this period, switches SW1,

SW2, SW3 and SW4 are turned off so that no voltage is applied to the patient (represented here as resistor 78) connected between electrodes 80 and 82. SW5 is turned on during this time.

After charging the capacitor, controller 70 deactivates 5 supply 72 and activates biphase switch timer 84. Timer 84 initiates discharge of the first phase of the biphasic waveform through the patient in a first polarity by simultaneously turning on switches SW1 and SW4 via control signals T1 and T4, while switch SW5 remains on to deliver the initial 10 voltage A through electrodes 80 and 82 to the patient 78.

voltage A through electrodes 80 and 82 to the patient 78. Depending on the operating mode, delivery of the first phase of the biphasic pulse may be terminated by the timer 84 after the end of a predetermined period or when the voltage across the electrodes has dropped below a predeter-mined value as measured by comparator 86. Timer 84 terminates pulse delivery by turning off switch SW5 via control signal T5, followed by turning off switches SW1 and SW4. The voltage across electrodes 80 and 82 then returns to zero to zero.

During the interim period G, SW5 is turned on to prepare 20 for the second phase. After the end of interim period G, timer 84 initiates delivery of the second phase by simultaneously turning on switches SW2 and SW3 via control signals T2 and T3 while switch SW5 remains on. This configuration applies voltage from the capacitor to the electrodes at an initial second phase voltage C and in a polarity opposite to the first polarity. Timer 84 terminates delivery of the second phase by turning off switch SWS via control signal T5, followed by turning off switches SW2 and SW3. The second phase may be terminated at the end of a predetermined period or when the voltage measured by comparator 86 drops below a second phase termination voltage threshold. In a preferred embodiment, switch SW5 is an insulated gate bipolar transistor (IGBT) and switches SW1-SW4 are

silicon-controlled rectifiers (SCRs). The SCRs are avalanche-type switches which can be turned on to a conductive <sup>35</sup> state by the application of a control signal, but cannot be state by the spintation of a control signal, but cannot be turned off until the current through the switch falls to zero or near zero. Thus, the five switches can be configured so that any of the switches SW1-SW4 will close when SW5 is closed and will reopen only upon application of a specific 40 control signal to SW5.

This design has the further advantage that switch SW5 does not need to withstand the maximum capacitor voltage. does not need to withstand the maximum suparity structure of the second struct SWS off, at which time the capacitor voltage has decayed to some fraction of its initial value.

Other switches and switch configurations may be used, of course without departing from the scope of the invention. In addition, the defibrillator configurations of FIGS. 10 and 11 50

auchiou, he denormation configurations of PIGS. 10 and 11 <sup>50</sup> amplitude, and duration singly and in any combination. While the invention has been discussed with reference to external defibrillators, one or more aspects of the invention would be applicable to implantable defibrillators as well. Other modifications will be apparent to those skilled in the <sup>55</sup> art art.

What is claimed is:

1. A method for applying electrotherapy to a patient through electrodes external to a patient, the electrodes being electrically connected in a predetermined polarity to an 60 energy source charged to an initial level, the method comprising the following step:

discharging the energy source across the electrodes in the predetermined polarity until the end of a predetermined time period or until an electrical unit measured across 65 the electrodes decays to a predetermined terminal level, whichever occurs first.

2. The method of claim 1 further comprising the following steps after the first discharging step:

reversing the polarity of connection of the energy source to the electrodes; and

discharging the energy source across the electrodes in the reversed polarity.

3. The method of claim 2 wherein the discharging step in the reversed polarity continues for a second predetermined time period.

4. The method of claim 2 wherein the discharging step in the reversed polarity continues until an electrical unit measured across the electrodes decays to a second predetermined terminal level.

5. The method of claim 2 wherein the duration of the discharging step in the reversed polarity is a function of the duration of the first discharging step. 6. The method of claim 2 wherein the measured electrical

unit decays to a first phase end value at the end of the first discharging step, the duration of the discharging step in the reversed polarity being a function of the first phase end value.

7. The method of claim 1 wherein the energy source is a voltage source and the measured electrical unit is voltage. 8. The method of claim 7 wherein the voltage source

comprises a capacitor. 9. A method for applying electrotherapy to a patient through electrodes connected to an energy source, the method comprising the following steps:

- discharging the energy source across the electrodes to deliver electrical energy to the patient in a multiphasic waveform;
- monitoring a patient-dependent electrical parameter during the discharging step;
- adjusting a discharge parameter based on a value of the monitored electrical parameter,
- the adjusting step comprising discharging the energy source across the electrodes in a phase of the multiphasic waveform until the end of a predetermined time period or until the monitored electrical parameter reaches a predetermined value, whichever occurs first. 10. The method of claim 9 wherein the electrical param-

eter is energy source voltage. 11. The method of claim 9 wherein the electrical param-

eter is energy source current.

12. The method of claim 9 wherein the adjusting step further comprises adjusting a discharge parameter of a later phase of the multiphasic waveform as a function of a value of the electrical parameter during an earlier phase. 13. The method of claim 12 wherein the discharge param-

eter of the later phase is phase duration. 14. The method of claim 9 wherein the adjusting step

further comprises adjusting a discharge parameter of a later phase of the multiphasic waveform as a function of duration of an earlier phas

15. The method of claim 14 wherein the discharge param-

eter of the later phase is phase duration. 16. The method of claim 7 wherein a phase of the multiphasic waveform has a fixed duration.

17. The method of claim 9 wherein the multiphasic waveform has an earlier phase and a later phase, the later phase having a fixed duration. 18. The method of claim 9 wherein the multiphasic

waveform comprises a truncated exponential biphasic waveform,

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## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION

PATENT NO. : 5,593,427
DATED : January 14, 1997
INVENTOR(S) : Bradford E. Gliner, Thomas D. Lyster, Clinton S. Cole, Daniel J. Powers, and Carlton B. Morgan
It is certified that error appears in the above-indentified patent and that said Letters Patent is hereby corrected as shown below:
Item [56] "5,272,157" should be - 5,275,157 -...

Item [56] "Alfeness" should be — Alferness —.

Column 8, line 58, (claim 16) "claim 7" should be -- claim 9 ---.

Signed and Sealed this

Thirtieth Day of September, 1997

Attest:

Attesting Officer

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BRUCE LEHMAN Commissioner of Potents and Trademarks

08/501517

PATENT APPLICATION SERIAL NO.

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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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## -23-Abstract

ELECTROTHERAPY METHOD AND APPARATUS This invention provides an external 5 defibrillator and defibrillation method that automatically compensates for patient-to-patient impedance differences in the delivery of electrotherapeutic pulses for defibrillation and cardioversion. In a preferred embodiment, the defibrillator has an energy source that may be discharged 10 through electrodes on the patient to provide a biphasic voltage or current pulse. In one aspect of the invention, the first and second phase duration and initial first phase amplitude are predetermined values. 15 In a second aspect of the invention, the duration of the first phase of the pulse may be extended if the amplitude of the first phase of the pulse fails to fall to a threshold value by the end of the predetermined first phase duration, as might occur with a high impedance 20 patient. In a third aspect of the invention, the first phase ends when the first phase amplitude drops below a threshold value or when the first phase duration reaches a threshold time value, whichever comes first, as might occur with a low to average impedance patient. This 25 method and apparatus of altering the delivered biphasic pulse thereby compensates for patient impedance differences by changing the nature of the delivered electrotherapeutic pulse, resulting in a smaller, more efficient and less expensive defibrillator.

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Background of the Invention

ELECTROTHERAPY METHOD AND APPARATUS

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This invention relates generally to an electrotherapy method and apparatus for delivering a shock to a patient's heart. In particular, this invention relates to a method and apparatus for using an external defibrillator to deliver a biphasic defibrillation shock to a patient's heart through electrodes attached to the patient.

Defibrillators apply pulses of electricity to a patient's heart to convert ventricular arrhythmias, such as ventricular fibrillation and ventricular tachycardia, to normal heart rhythms through the processes of defibrillation and cardioversion, respectively. There are two main classifications of defibrillators: external and implanted. Implantable defibrillators are surgically implanted in patients who have a high likelihood of needing electrotherapy in the Implanted defibrillators typically monitor the future. patient's heart activity and automatically supply electrotherapeutic pulses directly to the patient's heart Thus, implanted defibrillators permit when indicated. the patient to function in a somewhat normal fashion away from the watchful eye of medical personnel.

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External defibrillators send electrical pulses to the patient's heart through electrodes applied to the patient's torso. External defibrillators are useful in the emergency room, the operating room, emergency medical vehicles or other situations where there may be an unanticipated need to provide electrotherapy to a patient

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on short notice. The advantage of external defibrillators is that they may be used on a patient as needed, then subsequently moved to be used with another patient. However, because external defibrillators deliver their electrotherapeutic pulses to the patient's heart indirectly (i.e., from the surface of the patient's skin rather than directly to the heart), they must operate at higher energies, voltages and/or currents than implanted defibrillators. The high energy, voltage and current requirements have made current external defibrillators large, heavy and expensive, particularly due to the large size of the capacitors or other energy storage media required by these prior art devices.

The time plot of the current or voltage pulse 15 delivered by a defibrillator shows the defibrillator's characteristic waveform. Waveforms are characterized according to the shape, polarity, duration and number of pulse phases. Most current external defibrillators deliver monophasic current or voltage electrotherapeutic 20 pulses, although some deliver biphasic sinusoidal pulses. Some prior art implantable defibrillators, on the other hand, use truncated exponential, biphasic waveforms. Examples of biphasic implantable defibrillators may be found in U.S. Patent No. 4,821,723 to Baker, Jr., et al.; U.S. Patent No. 5,083,562 to de Coriolis et al.; U.S. 25 Patent No. 4,800,883 to Winstrom; U.S. Patent No. 4,850,357 to Bach, Jr.; and U.S. Patent No. 4,953,551 to

Mehra et al. Because each implanted defibrillator is

when the device is implanted to deliver the desired

dedicated to a single patient, its operating parameters, such as electrical pulse amplitudes and total energy delivered, may be effectively titrated to the physiology

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effectiveness. Thus, for example, the initial voltage, first phase duration and total pulse duration may be set

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of the patient to optimize the defibrillator's

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amount of energy or to achieve that desired start and end voltage differential (i.e, a constant tilt).

In contrast, because external defibrillator electrodes are not in direct contact with the patient's heart, and because external defibrillators must be able to be used on a variety of patients having a variety of physiological differences, external defibrillators must operate according to pulse amplitude and duration parameters that will be effective in most patients, no matter what the patient's physiology. For example, the impedance presented by the tissue between external defibrillator electrodes and the patient's heart varies from patient to patient, thereby varying the intensity and waveform shape of the shock actually delivered to the patient's heart for a given initial pulse amplitude and duration. Pulse amplitudes and durations effective to treat low impedance patients do not necessarily deliver effective and energy efficient treatments to high impedance patients.

Prior art external defibrillators have not fully addressed the patient variability problem. One prior art approach to this problem was to provide the external defibrillator with multiple energy settings that could be selected by the user. A common protocol for using such a defibrillator was to attempt defibrillation at an initial energy setting suitable for defibrillating a patient of average impedance, then raise the energy setting for subsequent defibrillation attempts in the event that the initial setting failed. The repeated defibrillation attempts require additional energy and add to patient risk. What is needed, therefore, is an external defibrillation method and apparatus that maximizes energy efficiency (to minimize the size of the required energy storage medium) and maximizes therapeutic efficacy across an entire population of patients.

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## Summary of the Invention

This invention provides an external defibrillator and defibrillation method that automatically compensates for patient-to-patient impedance differences in the delivery of electrotherapeutic pulses for defibrillation and cardioversion. In a preferred embodiment, the defibrillator has an energy source that may be discharged through electrodes on the patient to provide a biphasic voltage or current pulse. In one aspect of the invention, the first and second phase duration and initial first phase amplitude are predetermined values. In a second aspect of the invention, the duration of the first phase of the pulse may be extended if the amplitude of the first phase of the pulse fails to fall to a threshold value by the end of the predetermined first phase duration, as might occur with a high impedance patient. In a third aspect of the invention, the first phase ends when the first phase amplitude drops below a threshold value or when the first phase duration reaches a threshold time value, whichever comes first, as might occur with a low to average impedance patient. This method and apparatus of altering the delivered biphasic pulse thereby compensates for patient impedance differences by changing the nature of the delivered electrotherapeutic pulse, resulting in a smaller, more efficient and less expensive defibrillator.

### Brief Description of the Drawings

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Figure 1 is a schematic representation of a low-tilt biphasic electrotherapeutic waveform according to a first aspect of this invention.

Figure 2 is a schematic representation of a high-tilt biphasic electrotherapeutic waveform according to the first aspect of this invention.

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Figure 3 is a flow chart demonstrating part of an electrotherapy method according to a second aspect of this invention.

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Figure 4 is a schematic representation of a biphasic waveform delivered according to the second aspect of this invention.

Figure 5 is a schematic representation of a biphasic waveform delivered according to the second aspect of this invention.

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Figure 6 is a flow chart demonstrating part of an electrotherapy method according to a third aspect of this invention.

Figure 7 is a schematic representation of a biphasic waveform delivered according to the third aspect of this invention.

Figure 8 is a schematic representation of a biphasic waveform delivered according to the third aspect of this invention.

Figure 9 is a flow chart demonstrating part of an electr.therapy method according to a combination of the second and third aspects of this invention.

Figure 10 is a block diagram of a defibrillator system according to a preferred embodiment of this invention.

Figure 11 is a schematic circuit diagram of a defibrillator system according to a preferred embodiment of this invention.

Detailed Description of the Preferred Embodiment

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Figures 1 and 2 illustrate the patient-topatient differences that an external defibrillator design must take into account. These figures are schematic representations of truncated exponential biphasic waveforms delivered to two different patients from an external defibrillator according to the electrotherapy method of this invention for defibrillation or

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cardioversion. In these drawings, the vertical axis is voltage, and the horizontal axis is time. The principles discussed here are applicable to waveforms described in terms of current versus time as well, however.

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The waveform shown in Figure 1 is called a lowtilt waveform, and the waveform shown in Figure 2 is called a high-tilt waveform, where tilt H is defined as a percent as follows:

$$H = \frac{|A| - |D|}{|A|} \times 100$$

As shown in Figures 1 and 2, A is the initial first phase voltage and D is the second phase terminal voltage. The first phase terminal voltage B results from the exponential decay over time of the initial voltage A through the patient, and the second phase terminal voltage D results from the exponential decay of the second phase initial voltage C in the same manner. The starting voltages and first and second phase durations of the Figure 1 and Figure 2 waveforms are the same; the differences in end voltages B and D reflect differences in patient impedance.

Prior art disclosures of the use of truncated exponential biphasic waveforms in implantable defibrillators have provided little guidance for the design of an external defibrillator that will achieve acceptable defibrillation or cardioversion rates across a wide population of patients. The defibrillator operating voltages and energy delivery requirements affect the size, cost, weight and availability of components. In particular, operating voltage requirements affect the choice of switch and capacitor technologies. Total energy delivery requirements affect defibrillator battery and capacitor choices.

We have determined that, for a given patient, externally-applied truncated exponential biphasic

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waveforms defibrillate at lower voltages and at lower total delivered energies than externally-applied monophasic waveforms. In addition, we have determined that there is a complex relationship between total pulse duration, first to second phase duration ratio, initial voltage, total energy and total tilt.

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Up to a point, the more energy delivered to a patient in an electrotherapeutic pulse, the more likely the defibrillation attempt will succeed. Low-tilt biphasic waveforms achieve effective defibrillation rates with less delivered energy than high-tilt waveforms. However, low-tilt waveforms are energy inefficient, since much of the stored energy is not delivered to the patient. On the other hand, defibrillators delivering -

- high-tilt biphasic waveforms deliver more of the stored 15 energy to the patient than defibrillators delivering lowtilt waveforms while maintaining high efficacy up to a certain critical tilt value. Thus, for a given capacitor, a given initial voltage and fixed phase durations, high impedance patients receive a waveform 20
  - with less total energy and lower peak currents but better conversion properties per unit of energy delivered, and low impedance patients receive a waveform with more delivered energy and higher peak currents. There appears
- to be an optimum tilt range in which high and low 25 impedance patients will receive effective and efficient therapy. An optimum capacitor charged to a predetermined voltage can be chosen to deliver an effective and efficient waveform across a population of patients having a variety of physiological differences.

This invention is a defibrillator and defibrillation method that takes advantage of this relationship between waveform tilt and total energy delivered in high and low impedance patients. In one aspect of the invention, the defibrillator operates in an open loop, i.e., without any feedback regarding patient

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impedance parameters and with preset pulse phase durations. The preset parameters of the waveforms shown in Figure 1 and 2 are therefore the initial voltage A of the first phase of the pulse, the duration E of the first phase, the interphase duration G, and the duration F of the second phase. The terminal voltage B of the first phase, the initial voltage C of the second phase, and the terminal voltage D of the second phase are dependent upon the physiological parameters of the patient and the physical connection between the electrodes and the patient.

For example, if the patient impedance (i.e., the total impedance between the two electrodes) is high, the amount of voltage drop (exponential decay) from the. initial voltage A to the terminal voltage B during time E will be lower (Figure 1) than if the patient impedance is low (Figure 2). The same is true for the initial and terminal voltages of the second phase during time F. The values of A, E, G and F are set to optimize defibrillation and/or cardioversion efficacy across a population of patients. Thus, high impedance patients receive a low-tilt waveform that is more effective per unit of delivered energy, and low impedance patients receive a high-tilt waveform that delivers more of the stored energy and is therefore more energy efficient.

Another feature of biphasic waveforms is that waveforms with relatively longer first phases have better conversion properties than waveforms with equal or shorter first phases, provided the total duration exceeds a critical minimum. Therefore, in the case of high impedance patients, it may be desirable to extend the first phase of the biphasic waveform (while the second phase duration is kept constant) to increase the overall efficacy of the electrotherapy by delivering a more efficacious waveform and to increase the total amount of energy delivered. Figures 3-5 demonstrate a

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defibrillation method according to this second aspect of the invention in which information related to patient impedance is fed back to the defibrillator to change the parameters of the delivered electrotherapeutic pulse.

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Figure 3 is a flow chart showing the method steps following the decision (by an operator or by the defibrillator itself) to apply an electrotherapeutic shock to the patient through electrodes attached to the patient and charging of the energy source, e.g., the defibrillator's capacitor or capacitor bank, to the initial first phase voltage A. Block 10 represents initiation of the first phase of the pulse in a first polarity. Discharge may be initiated manually by the user or automatically in response to patient heart activity measurements (e.g., ECG signals) received by the defibrillator through the electrodes and analyzed by the defibrillator controller in a manner known in the art.

Discharge of the first phase continues for at least a threshold time  $t_{THRESH}$ , as shown by block 12 of Figure 3. If, at the end of time  $t_{THRESH}$ , the voltage measured across the energy source has not dropped below the minimum first phase terminal voltage threshold V<sub>THRESH</sub>, first phase discharge continues, as shown in block 14 of Figure 3. For high impedance patients, this situation results in an extension of the first phase duration beyond t<sub>THRESH</sub>, as shown in Figure 4, until the measured voltage drops below the threshold  $V_{\text{THRESH}}$ . Discharge then ends to complete the first phase, as represented by block 16 of Figure 3. If, on the other hand, the patient has low impedance, the voltage will have dropped below  $V_{THRESH}$ when the time threshold is reached, resulting in a waveform like the one shown in Figure 5.

At the end of the first phase, and after a predetermined interim period G, the polarity of the energy source connection to the electrodes is switched, as represented by blocks 18 and 20 of Figure 3.

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Discharge of the second phase of the biphasic pulse then commences and continues for a predetermined second phase duration F, as represented by block 26 of Figure 3, then ceases. This compensating electrotherapy method ensures that the energy is delivered by the defibrillator in the most efficacious manner by providing for a minimum waveform tilt and by extending the first phase duration to meet the requirements of a particular patient.

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Because this method increases the waveform tilt for high impedance patients and delivers more of the energy from the energy source than a method without compensation, the defibrillator's energy source can be smaller than in prior art external defibrillators, thereby minimizing defibrillator size, weight and expense. It should be noted that the waveforms shown in Figures 4 and 5 could be expressed in terms of current versus time using a predetermined current threshold value without departing from the scope of the invention.

Figures 6-8 illustrate a third aspect of this invention that prevents the delivered waveform from exceeding a maximum tilt (i.e., maximum delivered energy) in low impedance patients. As shown by blocks 52 and 54 in Figure 6, the first phase discharge stops either at the end of a predetermined time  $t_{THRESH}$  or when the first phase voltage drops below V'<sub>THRESH</sub>. The second phase begins after an interim period G and continues for a preset period F as in the second aspect of the invention. Thus, in high impedance patients, the first phase ends at time  $t_{THRESH}$ , even if the voltage has not yet fallen below V'<sub>THRESH</sub>, as shown in Figure 7. In low impedance patients, on the other hand, the first phase of the delivered waveform could be shorter in duration than the time  $t_{THRESH}$ , as shown in Figure 8.

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Once again, the waveforms shown in Figures 7 and 8 could be expressed in terms of current versus time

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using a predetermined current threshold value without departing from the scope of the invention.

Figure 9 is a flow chart illustrating a combination of the defibrillation methods illustrated in Figures 3 and 6. In this combination method, the first phase of the biphasic waveform will end if the voltage reaches a first voltage threshold V'THRESH prior to the first phase duration threshold  $t_{THRESH}$ , as shown by blocks 91 and 92. This defibrillator decision path delivers a waveform like that shown in Figure 8 for low impedance patients. For high impedance patients, on the other hand, if at the expiration of  $t_{\text{THRESH}}$  the voltage has not fallen below  $V'_{THRESH}$ , the duration of the first phase is extended beyond  $t_{\text{THRESH}}$  until the voltage measured across. the electrodes reaches a second voltage threshold  $V_{\text{THRESH}}$ , as shown in decision blocks 91 and 93. This defibrillator method path will deliver a waveform like that shown in Figure 4.

In alternative embodiments of this invention, the second phase pulse could be a function of the first phase voltage, current or time instead of having a fixed time duration. In addition, any of the above embodiments could provide for alternating initial polarities in successive monophasic or biphasic pulses. In other words, if in the first biphasic waveform delivered by the system the first phase is a positive voltage or current pulse followed by a second phase negative voltage or current pulse, the second biphasic waveform delivered by the system would be a negative first phase voltage or current pulse followed by a positive second phase voltage or current pulse. This arrangement would minimize electrode polarization, i.e., build-up of charge on the electrodes.

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For each defibrillator method discussed above, the initial first phase voltage A may be the same for all patients or it may be selected automatically or by the

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defibrillator user. For example, the defibrillator may have a selection of initial voltage settings, one for an infant, a second for an adult, and a third for use in open heart surgery.

Figure 10 is a schematic block diagram of a defibrillator system according to a preferred embodiment of this invention. The defibrillator system 30 comprises an energy source 32 to provide the voltage or current pulses described above. In one preferred embodiment, energy source 32 is a single capacitor or a capacitor bank arranged to act as a single capacitor. A connecting mechanism 34 selectively connects and disconnects energy source 32 to and from a pair of electrodes 36 electrically attached to a patient, represented here as a resistive load 37. The connections between the electrodes and the energy source may be in either of two

electrodes and the energy source may be in either of two polarities with respect to positive and negative terminals on the energy source.

The defibrillator system is controlled by a controller 38. Specifically, controller 38 operates the connecting mechanism 34 to connect energy source 32 with electrodes 36 in one of the two polarities or to disconnect energy source 32 from electrodes 36. Controller 38 receives timing information from a timer 40, and timer 40 receives electrical information from electrical sensor 42 connected across energy source 32. In some preferred embodiments, sensor 42 is a voltage sensor; in other preferred embodiments, sensor 42 is a

In some preferred embodiments, sensor 42 is a voltage sensor; in other preferred embodiments, sensor 42 is a current sensor. Figure 11 is a schematic circuit diagram illustrating a device according to the preferred

illustrating a device according to the preferred embodiments discussed above. Defibrillator controller 70 activates a high voltage power supply 72 to charge storage capacitor 74 via diode 76 to a predetermined voltage. During this period, switches SW1, SW2, SW3 and SW4 are turned off so that no voltage is applied to the

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patient (represented here as resistor 78) connected between electrodes 80 and 82. SW5 is turned on during this time.

After charging the capacitor, controller 70 deactivates supply 72 and activates biphase switch timer 84. Timer 84 initiates discharge of the first phase of the biphasic waveform through the patient in a first polarity by simultaneously turning on switches SW1 and SW4 via control signals T1 and T4, while switch SW5 remains on to deliver the initial voltage A through electrodes 80 and 82 to the patient 78.

Depending on the operating mode, delivery of the first phase of the biphasic pulse may be terminated by the timer 84 after the end of a predetermined period. or when the voltage across the electrodes has dropped below a predetermined value as measured by comparator 86. Timer 84 terminates pulse delivery by turning off switch SW5 via control signal T5, followed by turning off switches SW1 and SW4. The voltage across electrodes 80 and 82 then returns to zero.

During the interim period G, SW5 is turned on to prepare for the second phase. After the end of interim period G, timer 84 initiates delivery of the second phase by simultaneously turning on switches SW2 and SW3 via control signals T2 and T3 while switch SW5 remains on. This configuration applies voltage from the capacitor to the electrodes at an initial second phase voltage C and in a polarity opposite to the first polarity. Timer 84 terminates delivery of the second phase by turning off switch SW5 via control signal T5, followed by turning off switches SW2 and SW3. The second phase may be terminated at the end of a predetermined period or when the voltage measured by comparator 86 drops below a second phase termination voltage threshold.

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In a preferred embodiment, switch SW5 is an insulated gate bipolar transistor (IGBT) and switches

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SW1-SW4 are silicon-controlled rectifiers (SCRs). The SCRs are avalanche-type switches which can be turned on to a conductive state by the application of a control signal, but cannot be turned off until the current through the switch falls to zero or near zero. Thus, the five switches can be configured so that any of the switches SW1-SW4 will close when SW5 is closed and will reopen only upon application of a specific control signal to SW5.

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This design has the further advantage that switch SW5 does not need to withstand the maximum capacitor voltage. The maximum voltage that will be applied across switch SW5 will occur when the first phase is terminated by turning SW5 off, at which time the capacitor voltage has decayed to some fraction of its initial value.

Other switches and switch configurations may be used, of course without departing from the scope of the invention. In addition, the defibrillator configurations of Figures 10 and 11 may be used to deliver electric pulses of any polarity, amplitude, and duration singly and in any combination.

While the invention has been discussed with reference to external defibrillators, one or more aspects of the invention would be applicable to implantable defibrillators as well. Other modifications will be apparent to those skilled in the art.

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What is claimed is:

A method for applying electrotherapy to a patient from a source external to the patient, the method comprising the following steps:

placing two electrodes on a patient, the electrodes being electrically connected in a first polarity to an energy source external to the patient; charging the energy source to an energy level

corresponding to a first start amplitude; discharging the energy source across the electrodes, the discharging step automatically compensating for the patient impedance of the patient on whom the electrodes are placed;

reversing the polarity of connection of the energy source to the electrodes to a second polarity; and discharging the energy source across the electrodes.

2. The method of claim 1 wherein the discharging step automatically compensates for patient impedance by adjusting the discharge duration.

3. The method of claim 1 wherein the discharging step automatically compensates for patient impedance by adjusting the first end amplitude.

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A method for applying electrotherapy to a patient through electrodes external to a patient, the electrodes being electrically connected in a first predetermined polarity to an energy source charged to an initial level, the method comprising the following step: discharging the energy source across the electrodes until the end of a predetermined time period and until an electrical unit measured across the electrodes decays to a predetermined terminal level.

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5. The method of claim 4 further comprising the following steps after the first discharging step: reversing the polarity of connection of the energy source to the electrodes to a second polarity; and discharging the energy source across the electrodes.

6. The method of claim 5 wherein the discharging step in the reversed polarity continues for a second predetermined time period.

7. The method of claim 5 wherein the discharging step in the reversed polarity continues until an electrical unit measured across the electrodes decays to a second predetermined terminal level.

8. The method of claim 5 wherein the duration of the discharging step in the reversed polarity is a function of the duration of the first discharging step.

9. The method of claim 4 wherein the energy source is a voltage source and the measured electrical unit is voltage.

25 10. The method of claim 9 wherein the voltage source comprises a capacitor.

A method for applying electrotherapy to a patient through electrodes external to a patient, the electrodes being electrically connected in a first predetermined polarity to an energy source, the method comprising the following steps:

(1) charging the energy source to an initial level;

(2) discharging the energy source across the electrodes;

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(3) reversing the polarity of connection of the energy source to the electrodes to a second polarity and repeating steps (1) and (2) for successive electrotherapy applications to the same patient.

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12. A method for applying electrotherapy to a patient through electrodes external to a patient, the electrodes being connected in a polarity to an energy source, the method comprising the following steps:

(1) charging the energy source to an initial level;

(2) discharging the energy source across the electrodes;

(3) reversing the polarity of connection of the energy source to the electrodes;

(4) discharging the energy source across the electrodes; and

(5) repeating steps (1) - (4) for successive electrotherapy applications to the same patient, thereby alternating the initial polarity of successive waveforms.

13. A method for applying electrotherapy to a patient from a source external to the patient, the method comprising the following steps:

placing two electrodes on a patient, the electrodes being electrically connected in a first polarity to an energy source external to the patient; charging the energy source to an energy level corresponding to a first start amplitude;

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discharging the energy source across the electrodes at a first phase start time;

measuring the time elapsed from the first phase start time;

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reversing the polarity of connection of the energy source to the electrodes; and discharging the energy source for a second

predetermined time period.

14. The method of claim 13 wherein the energy source is a capacitor.

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A method for applying electrotherapy to a patient through electrodes external to a patient, the electrodes being electrically connected in a predetermined polarity to an energy source charged to an initial level, the method comprising the following steps: discharging the energy source across the

electrodes in the predetermined polarity until the end of a predetermined time period or until an electrical unit measured across the electrodes decays to a predetermined terminal level, whichever occurs first.

16. The method of claim 15 further comprising the following steps after the first discharging step: reversing the polarity of connection of the energy source to the electrodes; and

discharging the energy source across the electrodes in the reversed polarity.

T7. The method of claim 16 wherein the discharging step in the reversed polarity continues for a second predetermined time period.

18. The method of claim 16 wherein the discharging step in the reversed polarity continues until an electrical unit measured across the electrodes decays to a second predetermined terminal level.

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The method of claim 16 wherein the duration of the discharging step in the reversed polarity is a function of the duration of the first discharging step.

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20. The method of claim 16 wherein the measured electrical unit decays to a first phase end value at the end of the first discharging step, the duration of the discharging step in the reversed polarity being a function of the first phase end value.

31. The method of claim 18 wherein the energy source is a voltage source and the measured electrical unit is voltage.

22. The method of claim 21 wherein the voltage source comprises a capacitor.

22. An apparatus for administering electrotherapy to a patient's heart through electrodes external to the patient comprising:

an energy source;

first and second electrodes adapted to make

electrical controller controlling application of electrical energy from the energy source to the electrodes, the controller comprising

> a timer for generating a timing signal corresponding to the application of electrical energy from the energy source to the electrodes, and

means for selectively connecting the energy source to the electrodes in a first polarity and in a second polarity.

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24. The apparatus of claim 23 wherein the controller further comprises means for measuring an electrical unit of the energy source applied across the electrodes and for generating a signal corresponding to the measured electrical unit.

25. The apparatus of claim 24 wherein the energy source is a voltage source and the measured electrical unit is voltage.

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26. The apparatus of claim 25 wherein the voltage source comprises a capacitor.

27. The apparatus of claim 24 wherein the 15 energy source is a current source and the measured electrical unit is current,

28. The apparatus of claim 24 wherein the controller further comprises threshold means for determining whether the measured electrical unit signal is less than a predetermined threshold value.

29. The apparatus of claim 28 wherein the means for selectively connecting comprises a first switch for connecting a first terminal of the energy source with the first electrode; a second switch for connecting the first terminal of the energy source with the second electrode; a third switch for connecting the first electrode with a junction; a fourth switch for connecting the second electrode with the junction; and a fifth switch for connecting the junction with the second terminal of the energy source.

An apparatus for administering 35 electrotherapy to a patient's heart comprising:

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a voltage source having first and second terminals;

first and second electrodes adapted to make electrical contact with a patient; and

a controller controlling application of voltage from the voltage source to the electrodes, the controller comprising means for selectively connecting the voltage source to the electrodes in a first polarity and in a second polarity, the means for selectively connecting comprising

> a first switch for connecting the first terminal of the voltage source with the first electrode;

a second switch for connecting the first 15 terminal of the voltage source with the second electrode;

a third switch for connecting the first electrode with a junction;

a fourth switch for connecting the second electrode with the junction; and

a fifth switch for connecting the junction with the second terminal of the voltage source.

31. The apparatus of claim 30 wherein the 25 fifth switch is an insulated gate bipolar transistor.

> 32. The apparatus of claim 31 wherein the first, second, third and fourth switches are silicon controlled rectifiers.

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An external defibrillator comprising: an energy source; first and second electrodes adapted to make

electrical contact with external sites of a patient;

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-22a controller controlling application of electrical energy from the energy source to the electrodes, the controller comprising a timer for generating a timing signal corresponding to the application of electrical 5 energy from the energy source to the electrodes, and means for selectively connecting the energy source to the electrodes in a first polarity for a first predetermined time period 10 and in a second polarity for a second predetermined time period. 34. The apparatus of claim 33 wherein the . energy source comprises a capacitor. 15

Attorney Docket No. 241082000600

#### COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

AS A BELOW-NAMED INVENTOR, I HEREBY DECLARE THAT: My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTROTHERAPY METHOD AND APPARATUS, the specification of which

(check one) \_\_\_\_\_ is attached hereto \_\_\_\_\_\_X\_ was filed on August 6, 1993

as application serial no. 08/103,837 and was amended on \_\_\_\_\_\_ (if applicable).

#### I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE.

I acknowledge and understand that I am an individual who has a duty to disclose information which is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, §§ 1.56(a) and (b) which state:

"(a) A patent by its very nature is affected with a public interest. The public interest is best served, and the most effective patent examination occurs when, at the time an application is being examined, the Office is aware of and evaluates the teachings of all information material to patentability. Each individual associated with the filing and prosecution of a patent application has a duty of candor and good faith in dealing with the Office, which includes a duty to disclose to the Office all information known to that individual to be material to patentability as defined in this section. The duty to disclose information exists with respect to each pending claim until the claim is cancelled or withdrawn from consideration, or the application becomes abandoned. Information material to the patentability of a claim that is cancelled or withdrawn from consideration need not be submitted if the information is not material to the patentability of any claim remaining under consideration in the application. There is no duty to submit information which is not material to the patentability of any existing claim. The duty to disclose all information known to be material to patentability is deemed to be satisfied if all information known to be material to patentability of any claim issued in a patent was cited by the Office or submitted to the Office in the manner prescribed by §§ 1.97(b)-(d) and 1.98. However, no patent will be granted on an application in connection with which fraud on the Office was practiced or

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attempted or the duty of disclosure was violated through bad faith or intentional misconduct. The Office encourages applicants to carefully examine:

(1) prior art cited in search reports of a foreign patent office in a counterpart application, and

(2) the closest information over which individuals associated with the filing or prosecution of a patent application believe any pending claim patentably defines, to make sure that any material information contained therein is disclosed to the Office.

(b) Under this section, information is material to patentability when it is not cumulative to information already of record or being made of record in the application, and

(1) It establishes, by itself or in combination with other information, a prima facie case of unpatentability of a claim; or

(2) It refutes, or is inconsistent with, a position the applicant takes in: (i) Opposing an argument of unpatentability relied on by the

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(ii) Asserting an argument of patentability.

A prima facie case of unpatentability is established when the information compels a conclusion that a claim is unpatentable under the preponderance of evidence, burden-of-proof standard, giving each term in the claim its broadest reasonable construction consistent with the specification, and before any consideration is given to evidence which may be submitted in an attempt to establish a contrary conclusion of patentability."

I do not know and do not believe this invention was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to said application. This invention was not in public use or on sale in the United States of America more than one year prior to this application. This invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on any application filed by me or my legal representatives or assigns more than six months prior to this application.

I hereby appoint the following attorneys and agents to prosecute that application and to transact all business in the Patent and Trademark Office connected therewith and to file, to prosecute and to transact all business in connection with all patent applications directed to the invention:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Serial or Patent No .:	08/103,837	Attorney 241082000600
Filed or Issued:	August 6, 1993	
For	ELECTROTHERAPY METHOD AND APPARATUS	

#### VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS 37 CFR 1.9(f) and 1.27(c) - SMALL BUSINESS CONCERN

I hereby declare that I am

[ ] the owner of the small business concern identified below:

NTXan official of the small business concern empowered to act on behalf of the concern identified below:

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ADDRESS OF CONCERN	Market I	Place	Tower,	Suite	610,	2025	First	Avenue.
	Seattle,	, WA	98121					

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35. United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employeed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled <u>ELECTROTHERAPY METHOD</u> AND APPARATUS by inventor(s)

Bradford E. Gliner, Thomas D. Lyster, Clinton S. Cole, Daniel J. Powers and Carlton B. Morgan described in

[] the specification filed herewith 私以本語の senal no	08/103,837	, filed _	August	6,	1993	
Datent no.		issue	1			 

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below<sup>2</sup> and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor if that person made the invention under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or by a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME	
ADDRES	S

[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

ADDRESS\_

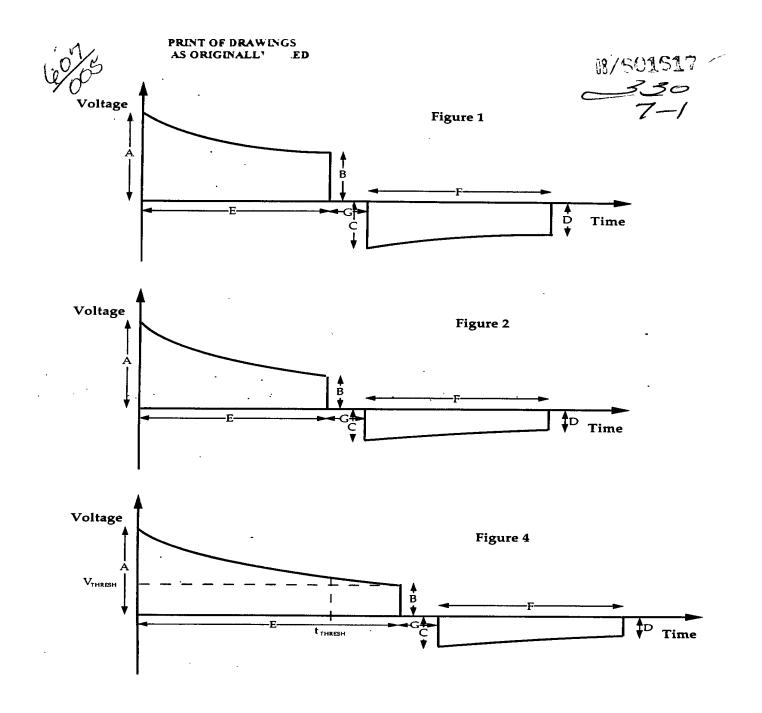
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

Lacknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFRI 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilfful false statements and the like so made are punishable by fine or imprisonment, or both, under socian 1001 of Titla 18 of the United States Code, and that such wilhul false statements day jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verifier: statement is directed.

NAME OF PERSON SIGNING BRADFORD E. GINER
TITLE OF PERSON OTHER THAN OWNER DIRECTOR OF RESEARCH
ADDRESS OF PERSON SIGNING Market Place Tower, Suite 610, 2025 First
Avenue, Seattle, Washington 98121
SIGNATURE DATE DATE PART

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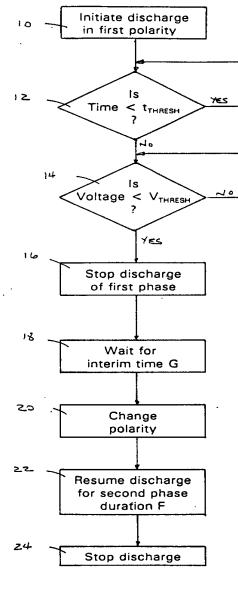


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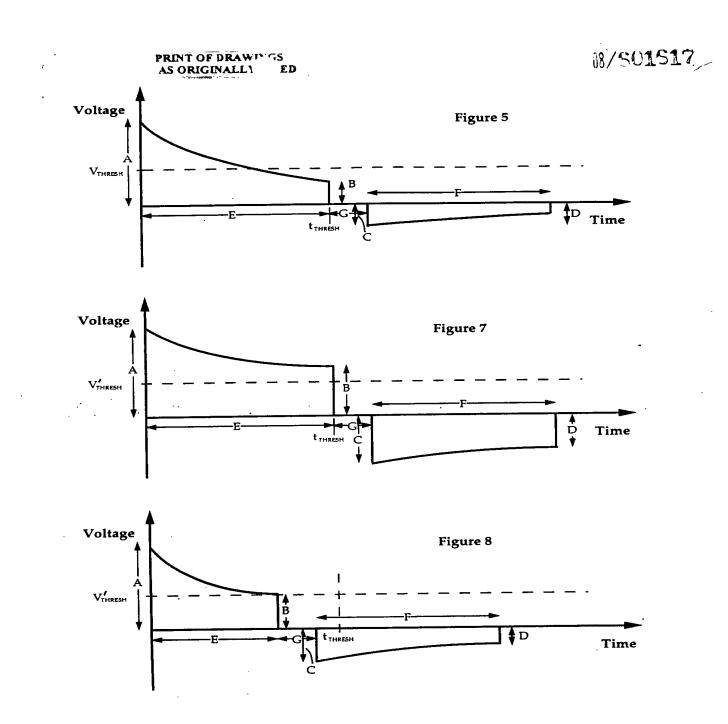
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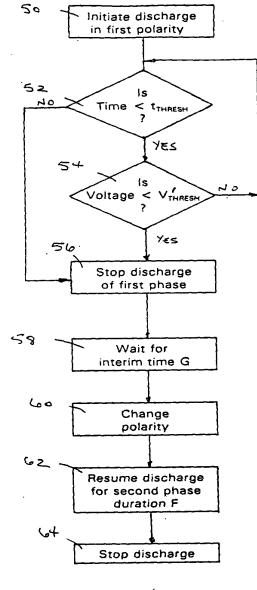
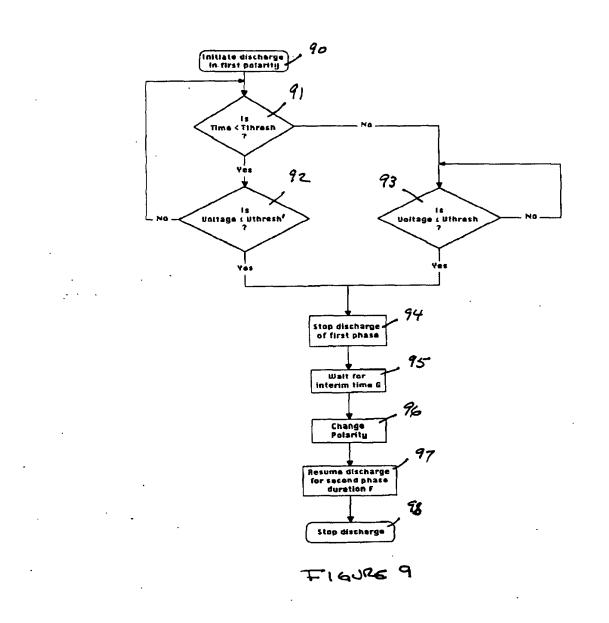


FIG. 6

#### PRINT OF DRAWINGS AS ORIGINALL LED

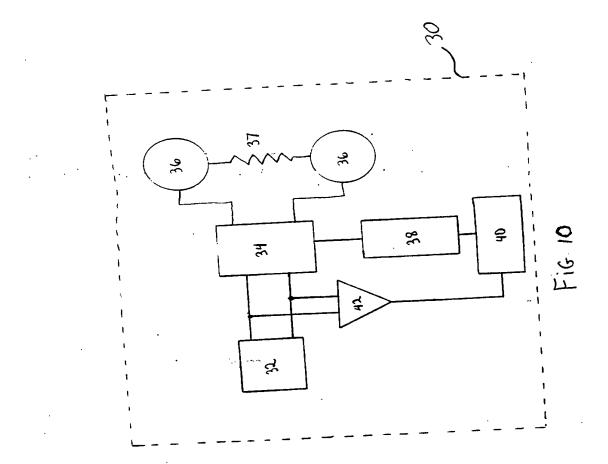
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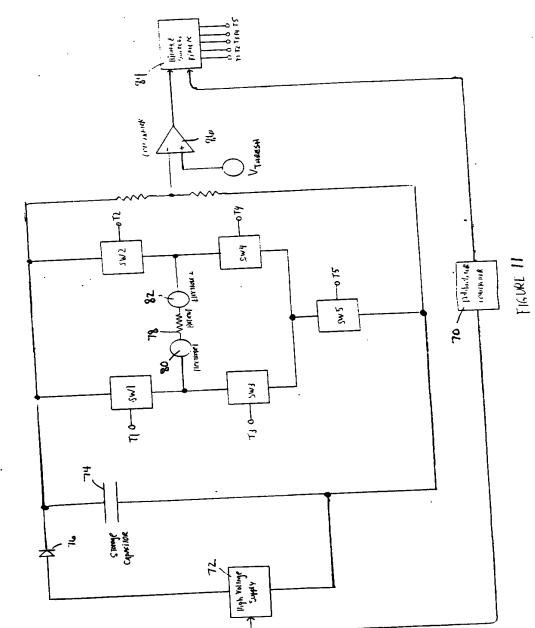
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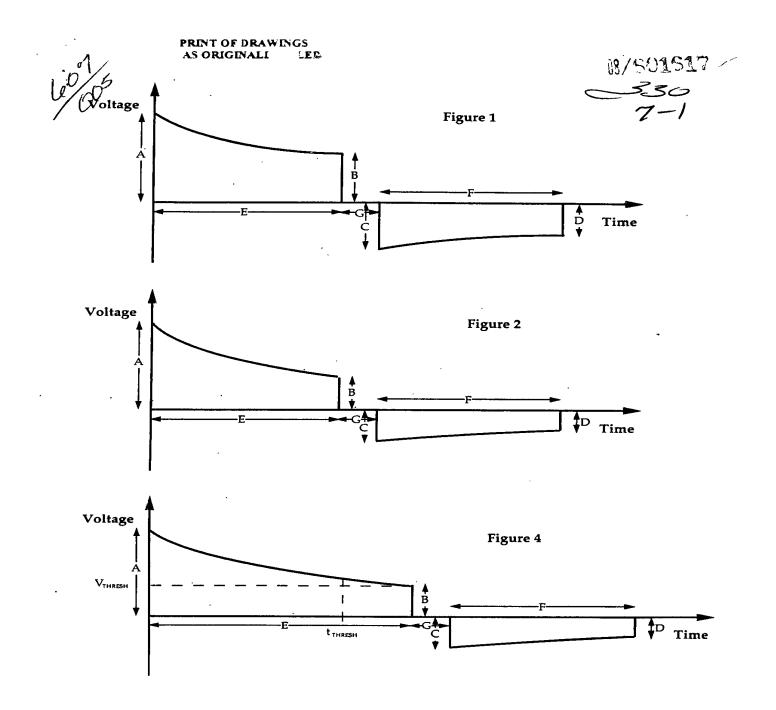


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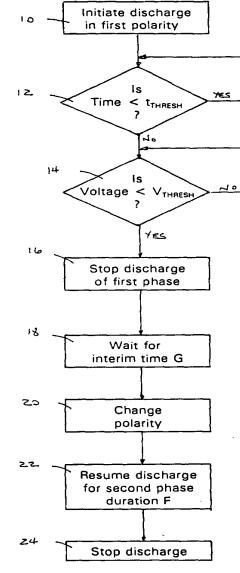
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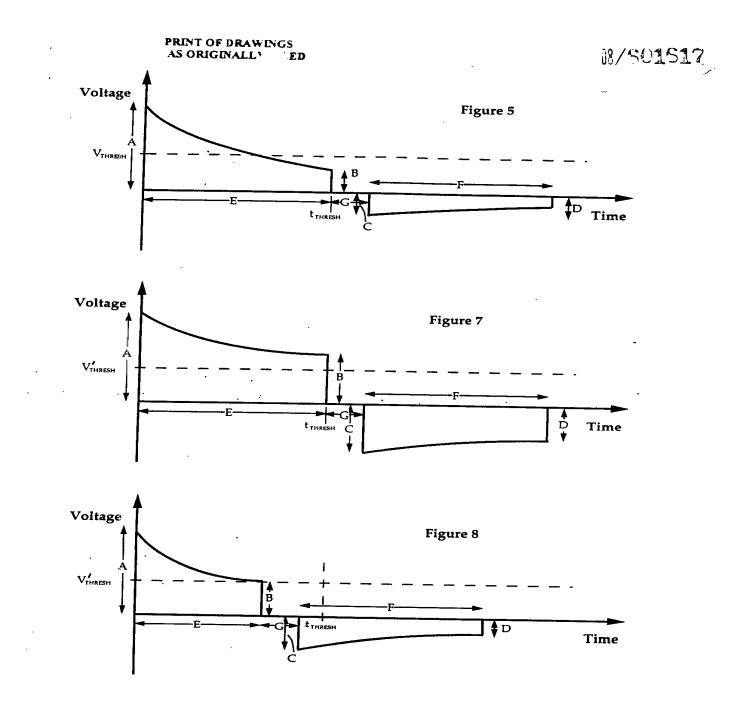
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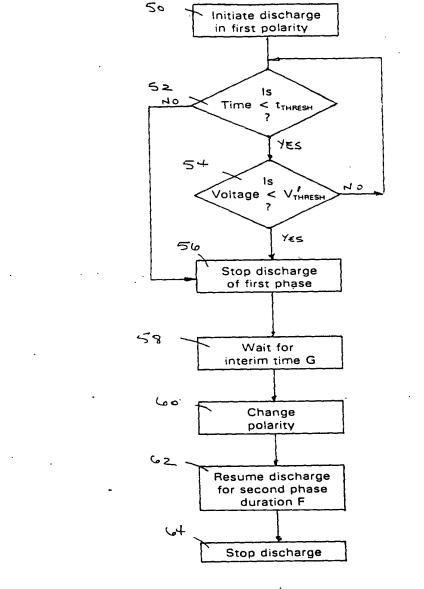


FIG. 6

#### PRINT OF DRAWINGS AS ORIGINALL ED

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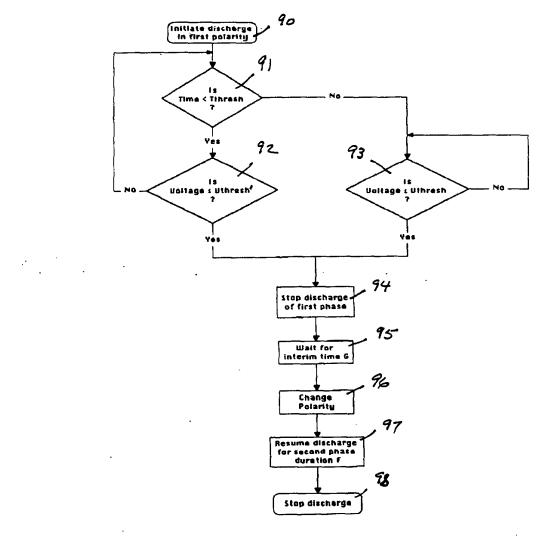


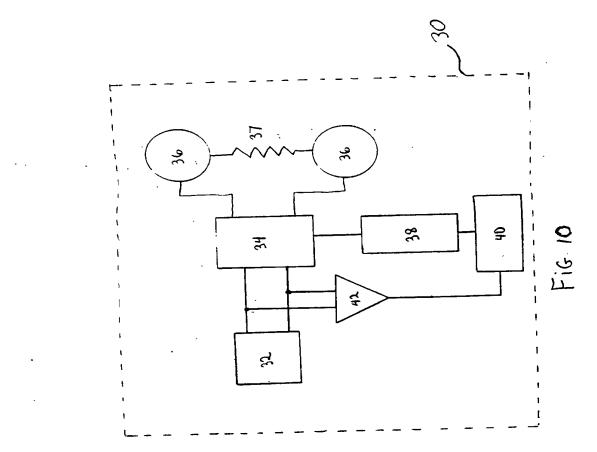
FIGURE 9

## 18/501517 :--

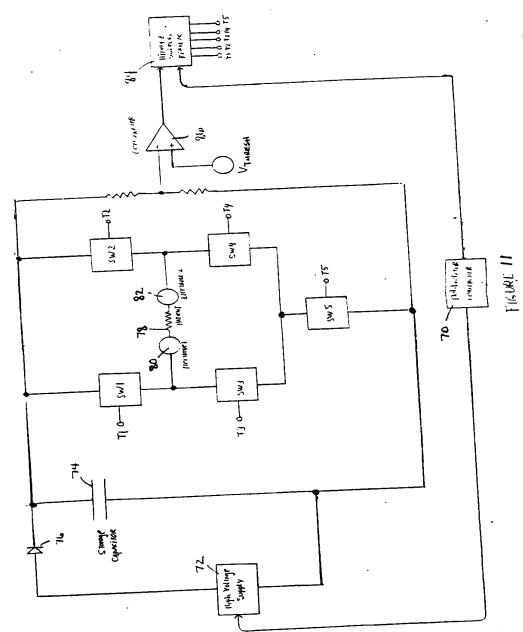
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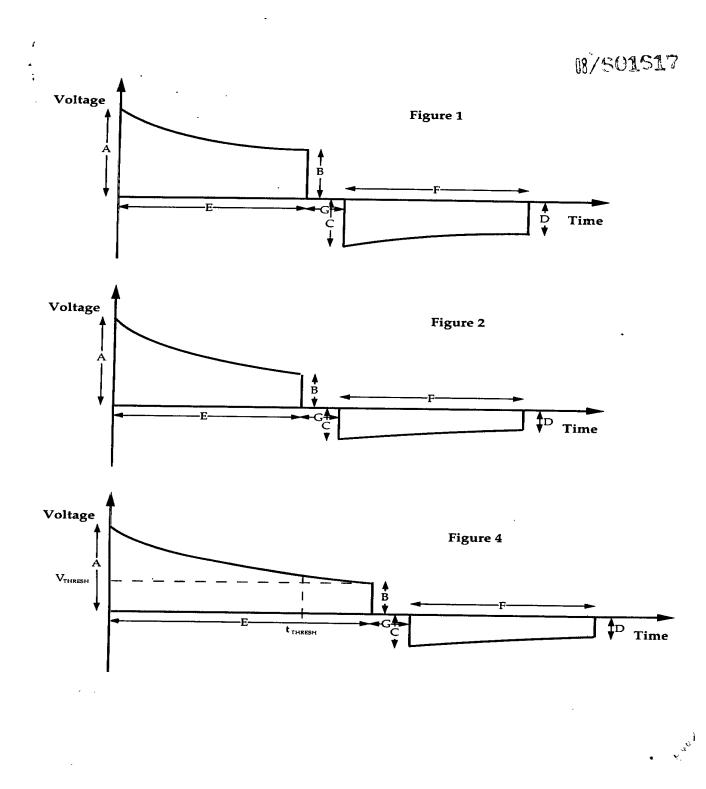
#### PRINT OF DRAWINGS AS ORIGINALLY ED



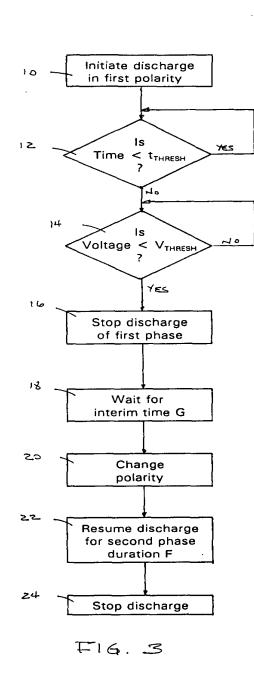
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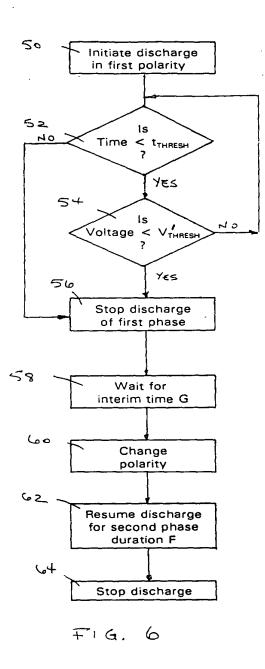
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08/501517 Voltage Figure 5 A  $V_{\text{thresh}}$ В Time E Ċ Voltage Figure 7 A  $V'_{\text{thresh}}$ в -E Å D ♥ t THRESH Time Voltage Figure 8 I  $V'_{\text{thresh}}$ **▲** B **₽**D t THRESH Time ċ .

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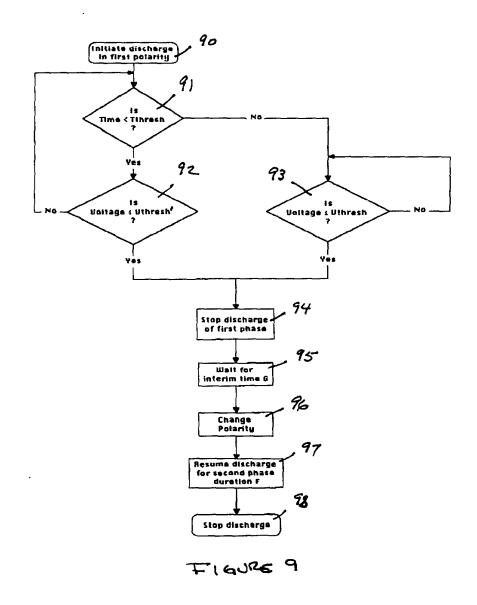
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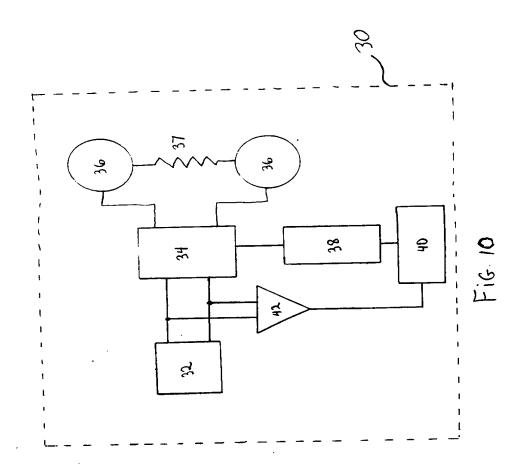
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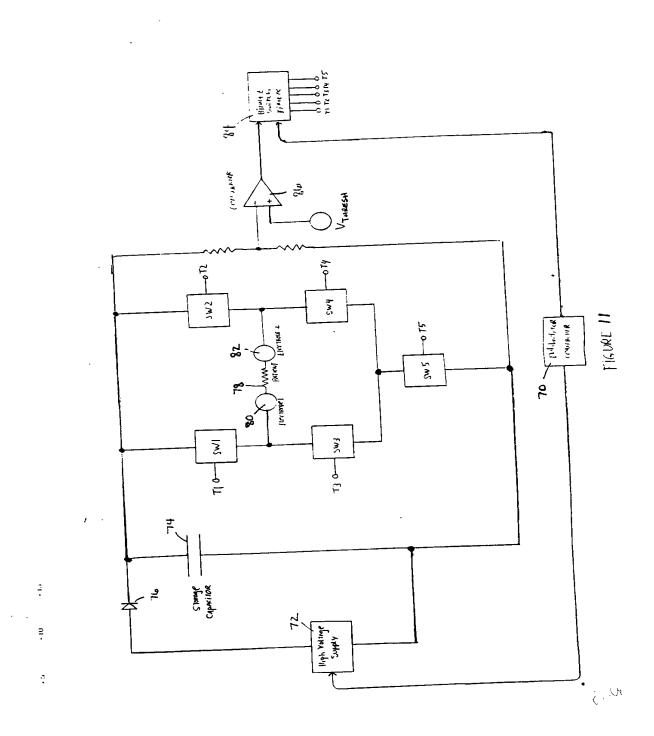
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• \* :<sup>\$\$</sup>;



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241082000610	ANTICIPATED CLAS CLASS ·	SSIFICATION: SUBCLASS	PRIOR APPLICATION: EXAMINER K. Schaetzle	ART UNIT 3305	
	~	Aorrison & Foers 345 California S acisco, California	treet		
	CERTIFI	CATE OF MAILING BY "F	EXPRESS MAIL"		
Ex	press Mail Label No.: E	M221308163US D	ate of Deposit: February 🕰 , 1	996	
	e date indicated above a		al Service "Express Mail Post ( commissioner for Patents, Wash		

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PRE AMEND/A K. TULNEK 5-22-96 p. # 2 37 C.F.R. § 1.60 REQUEST FOR FILING DIVISIONAL APPLICATION

Box PATENT APPLICATION Assistant Commissioner for Patents Washington, D.C. 20231

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Dear Sir:

This is a Request for filing a Divisional application under 37 C.F.R. § 1.60 of prior

application Serial No. 08/103,837, filed on August 06, 1993, entitled ELECTROTHERAPY

METHOD AND APPARATUS by the following inventor:

FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Gliner	Bradford	Е.
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Lyster	Thomas	D.
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Cole	Clinton	S.
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Powers	Daniel	J.

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FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Morgan	Carlton	В.

- Enclosed is a true copy of the prior complete application as filed including the specification (with claims), drawings and inventor signed oath or declaration (including any amendments referenced therein). I hereby verify that the attached papers are a true copy of the latest inventor signed prior application serial no. 08/103,837 as originally filed on August 6, 1993, and that any amendments referred to in the declaration and oath did not introduce new matter. Further I hereby verify that all statements made herein of his/her own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.
- A verified statement(s) of small entity status was filed in prior application serial no.
   08/103,837, filed on August 6, 1993 (copy enclosed).

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	18 - 20 =	0	x \$22.00	<b>\$</b> 0
INDEPENDENT CLAIMS	2 - 3 =	0	x \$78.00	\$0
MULTIPLE DEPENDENT CL	AIM(S) (if applicable)		\$250.00	\$0
			BASIC FEE	\$750.00
		TOTAL OF ABO	VE CALCULATIONS =	\$750.00
Reduction by 1/2 for filing by s If applicable, verified statemen		R. §§ 1.9, 1.27, 1.28).		\$375.00
			TOTAL =	\$375.00

The filing fee is calculated below:

A check in the amount of \$375.00 is enclosed.

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sf-85370

Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610

æ. <sup>-</sup>			
	X	The Assistant Commissioner is hereby auth	orized to charge any fees under
		37 C.F.R. §§ 1.16 or 1.17 which may be req	uired by this paper, or to credit any
		overpayment to <b>Deposit Account No. 03-1</b>	<b>952</b> . A duplicate copy of this sheet is
		enclosed.	
i	×	Cancel in this application original claims <u>1-</u>	14 and 23-34 of the prior application before
		calculating the filing fee.	
	x	Amend the specification by inserting before	the first line the sentence:
<u>ه</u> '		This application is a divisional of application	tion serial no. 08/103,837 filed August 06,
$\sim$		1993	
1		Transfer the drawings from the pending price	or application to this application and abandon
		said prior application as of the filing date ac	corded this application. A duplicate copy of
		this sheet is enclosed for filing in the prior a	pplication file.
		New formal drawings are enclosed.	
		Priority of foreign application serial no. *, fi	iled on * in * is claimed under
		35 U.S.C. § 119.	
		The certified copy of the priority app	plication *[is enclosed/has been filed in prior
1		application serial no. *, filed on *].	
		A certified copy has NOT yet been f	iled.
17 - 10. martin	X	The prior application is assigned of record to	o Heartstream, Inc.
	×	A preliminary amendment is enclosed.	
1	×	The power of attorney in the prior application	on is to:
		Thomas E. Ciotti (Reg No 21,013)	Kate H. Murashige (Reg No 29,959)
		Gladys H. Monroy (Reg No 32,430) Paul Schenck (Reg No 27,253)	Debra Shetka (Reg No 33,309) E. Thomas Wheelock (Reg No 28,825)
		Freddie K. Park (Reg No 35,636)	Susan K. Lehnhardt (Reg No 33,943)
		Paul C. Kimball (Reg No 34,641)	Patricia M. Drost (Reg No 29,790)
i		Shmuel Livnat (Reg No 33,949)	Cecily Anne Snyder (Reg No 37,448)
		James R. Shay (Reg No 32,062)	
	×	The power appears in the original papers in	the prior application.
	· .		
x		3	Rule 60 Divisional of Serial No 08/103,837

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Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610

Recognize as Associate Attorney(s):

Tyler Dylan (Reg No 37,612) Reid G. Adler (Reg No 30,988) Antoinette F. Konski (Reg No 34,202) Stuart P. Kaler (Reg No 35,913) Robert Saltzberg (Reg No 36,910) Mani Adeii (Reg No P39,585) Sean Brennan (Reg No P39,917) J. Michael Schiff (Reg No P40,253) Robert K. Cerpa (Reg No P39,933) Carol M. LaSalle (Reg No P39,740) Gary A. Green (Reg No 38,474) Harry J. Macey (Reg No 32,818) David L. Bradfute (Reg No 39,117) Laurie Axford (Reg No 35,053) Catherine M. Polizzi (Reg No P40,130) James C. Peacock III (Reg No P40,124) Robert A. Millman (Reg No 36,217) Ronald D. Devore (Reg No P39,958)

Address all future communications to:

Stuart P. Kaler Morrison & Foerster LP. 345 California Street San Francisco, California 94104-2675

Dated: February <u>14</u>, 1996

Respectfully submitted,

Zl. By: Stuart P. Kaler

Registration No. 35,913

Morrison & Foerster LLP 345 California Street San Francisco, California 94104-2675 Telephone: (415) 677-6159 Facsimile: (415) 677-7522

> Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610

sf-85370

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FFB	L		COF	DV
125 1996 DOCKETNUMBER 2410820006510	ANTIGIPATED CLASSIFICATION: CLASS SUBCLASS	PRIOR APPLICATION: EXAMINER K. Schaetzle	ART UNIT 3305	
	Morrison & Foers 345 California S		·····	1

San Francisco, California 94104-2675

CERTI	FICATE OF MAILING	G BY "EXPRESS MAIL"
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under 37 C.F.R § 1.10 on the date indicated above		ntes Postal Service "Express Mail Post Office to Addressee" service sistant Commissioner for Patents, Washington, D C. 20231.

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#### 37 C.F.R. § 1.60 REQUEST FOR FILING DIVISIONAL APPLICATION

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Box PATENT APPLICATION Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

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This is a Request for filing a Divisional application under 37 C.F.R. § 1.60 of prior

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application Serial No. 08/103,837, filed on August 06, 1993, entitled ELECTROTHERAPY

METHOD AND APPARATUS by the following inventor:

•

FULL NAME OF INVENTOR	Gliner	FIRST GIVEN NAME Bradford	E.
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Lyster	Thomas	D.
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Cole	Clinton	
FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
OF INVENTOR	Powers	Daniel	J.

· · ·

sf-85370

FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
FULLNAME			
OF INVENTOR	Morgan	Carlton	B.

- Enclosed is a true copy of the prior complete application as filed including the specification (with claims), drawings and inventor signed oath or declaration (including any amendments referenced therein). I hereby verify that the attached papers are a true copy of the latest inventor signed prior application serial no. 08/103,837 as originally filed on August 6, 1993, and that any amendments referred to in the declaration and oath did not introduce new matter. Further I hereby verify that all statements made herein of his/her own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.
- A verified statement(s) of small entity status was filed in prior application serial no.
   08/103,837, filed on August 6, 1993 (copy enclosed).

FOR NUMBER FILED N		NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS 18 - 20 =		0	x \$22.00	<b>\$</b> 0
INDEPENDENT CLAIMS	2 - 3 =	0	x \$78.00	\$0
AULTIPLE DEPENDENT CLA	AIM(S) (if applicable)	·····	\$250.00	\$0
			BASIC FEE	\$750.00
		TOTAL OF ABO	VE CALCULATIONS =	\$750.00
Reduction by 1/2 for filing by s		R. §§ 1.9, 1.27, 1.28).		\$375.00
			TOTAL =	\$375 00

The filing fee is calculated below:

A check in the amount of \$375.00 is enclosed.

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Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610

- × The Assistant Commissioner is hereby authorized to charge any fees under 37 C.F.R. §§ 1.16 or 1.17 which may be required by this paper, or to credit any overpayment to **Deposit Account No. 03-1952**. A duplicate copy of this sheet is enclosed.
- X Cancel in this application original claims 1-14 and 23-34 of the prior application before calculating the filing fee.
- × Amend the specification by inserting before the first line the sentence: -- This application is a divisional of application serial no. 08/103,837 filed August 06, 1993.--
- Transfer the drawings from the pending prior application to this application and abandon said prior application as of the filing date accorded this application. A duplicate copy of this sheet is enclosed for filing in the prior application file.
- New formal drawings are enclosed.
- Priority of foreign application serial no. \*, filed on \* in \* is claimed under 35 U.S.C. § 119.
  - The certified copy of the priority application \*[is enclosed/has been filed in prior application serial no. \*, filed on \*].
  - A certified copy has NOT yet been filed.
- × The prior application is assigned of record to Heartstream, Inc.
- X A preliminary amendment is enclosed.
- × The power of attorney in the prior application is to:

Thomas E. Ciotti (Reg No 21,013) Kate H. Murashige (Reg No 29,959) Gladys H. Monroy (Reg No 32,430) Paul Schenck (Reg No 27,253) Freddie K. Park (Reg No 35,636) Paul C. Kimball (Reg No 34,641) Shmuel Livnat (Reg No 33,949) James R. Shay (Reg No 32,062)

Debra Shetka (Reg No 33,309) E. Thomas Wheelock (Reg No 28,825) Susan K. Lehnhardt (Reg No 33,943) Patricia M. Drost (Reg No 29,790) Cecily Anne Snyder (Reg No 37,448)

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The power appears in the original papers in the prior application.

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sf-85370

Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610 Recognize as Associate Attorney(s):

Tyler Dylan (Reg No 37,612) Reid G. Adler (Reg No 30,988) Antoinette F. Konski (Reg No 34,202) Stuart P. Kaler (Reg No 35,913) Robert Saltzberg (Reg No 36,910) Mani Adeli (Reg No P39,585) Sean Brennan (Reg No P39,917) J. Michael Schiff (Reg No P40,253) Robert K. Cerpa (Reg No P39,933) Carol M. LaSalle (Reg No P39,740) Gary A. Green (Reg No 38,474) Harry J. Macey (Reg No 32,818) David L. Bradfute (Reg No 39,117) Laurie Axford (Reg No 35,053) Catherine M. Polizzi (Reg No P40,130) James C. Peacock III (Reg No P40,124) Robert A. Millman (Reg No 36,217) Ronald D. Devore (Reg No P39,958)

Address all future communications to:

Stuart P. Kaler Morrison & Foerster LLP 345 California Street San Francisco, California 94104-2675

Dated: February <u>/4</u>, 1996

Respectfully submitted,

Y.C. By: Stuart P. Kaler

Registration No. 35,913

Morrison & Foerster LLP 345 California Street San Francisco, California 94104-2675 Telephone: (415) 677-6159 Facsimile: (415) 677-7522

> Rule 60 Divisional of Serial No 08/103,837 Docket No 241082000610

sf-85370

18/501617 PATE. Atty Dkt 241082000610 fing Label No. <u>EM221308163US</u> Date of Deposit \_\_\_\_\_2/14/96 I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Maff Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. Andrew R. Schmidt Name (print) Signature IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In Re Application of: Bradford E. Gliner et al. Serial No.: Division of 08/103,837 Group Art Unit: unknown Examiner: unknown Filing Date: Concurrent herewith Title: Electrotherapy Method and Apparatus AMERICA /B

## PRELIMINARY AMENDMENT

5-22-96 p.#3

Assistant Commissioner for Patents Washington, DC 20231

Sir:

Prior to examination on the merits, please amend this application as follows:

#### IN THE CLAIMS:

Please add the following new claims:

A method for applying electrotherapy to a patient through electrodes connected to an energy source, the method comprising the following steps:

discharging the energy source across the electrodes to deliver electrical energy to the patient in a multiphasic waveform;

monitoring a patient-dependent electrical parameter during the discharging step; adjusting a discharge parameter based on a value of the monitored electrical

parameter,

the adjusting step comprising discharging the energy source across the electrodes in a phase of the multiphasic waveform until the end of a predetermined time period or

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PATE Atty Dkt 241082000610

until the monitored electrical parameter reaches a predetermined value, whichever occurs first.

36. The method of claim 35 wherein the electrical parameter is energy source voltage.

377. The method of claim 35 wherein the electrical parameter is energy source current.

The method of claim 36 wherein the adjusting step further comprises adjusting a discharge parameter of a later phase of the multiphasic waveform as a function of a value of the electrical parameter during an earlier phase.

B'Cont.

The method of claim  $\frac{12}{36}$ . The method of claim  $\frac{3}{8}$  wherein the discharge parameter of the later phase is phase duration.

The method of claim 36 wherein the adjusting step further comprises adjusting a discharge parameter of a later phase of the multiphasic waveform as a function of duration of an earlier phase.

The method of claim 40 wherein the discharge parameter of the later phase is phase duration.

The method of claim 30 wherein a phase of the multiphasic waveform has a fixed duration.

The method of claim 38 wherein the multiphasic waveform has an earlier phase and a later phase, the later phase having a fixed duration.

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B'court. A4. The method of claim 25 wherein the multiphasic waveform comprises a truncated exponential biphasic waveform. ---

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## REMARKS

This preliminary amendment is being submitted concurrently with a divisional application of the parent case described in the caption above in order to claim one of the non-elected inventions from the parent case.

Please direct all correspondence in this application to Applicants' attorney Stuart P. Kaler at the address and telephone number listed below.

Respectfully submitted,

- l Shay

James R. Shay Registration No. 32,062

**MORRISON & FOERSTER** 345 California Street San Francisco, CA 94104 (415) 677-6159 Fax: (415) 677-7522

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Assistant Commissioner for Patents, Washington, D.C. 20231, on May 15,	1996.
Christian Neville	
IN THE UNITED STATES PATENT	TAND TRADEMARK OFFICE Examiner: K. Schaetz
Gliner et al.	Group Art Unit: 3305
Serial No.: 08/601,617	
Filing Date: February 14, 1996	$\mathbf{Z}$ , $\mathbf{O}$ , $\mathbf{O}$ .
For: ELECTROTHERAPY METHOD AND APPARATUS	I. D. S. A. TURNER 4-27-96
INFORMATION I STATEMENT UNDE	DISCLOSURE $p. #4$

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

The information listed below was previously disclosed in Information Disclosure Statements in connection with the parent application Serial Number 08/103,837 (filed August 6, 1993). Copies of the publications were also previously submitted; therefore, copies are not included herewith. This protocol conforms with 37 CFR § 1.98(d) and MPEP 609(A)(2). The Examiner is respectfully requested to make this information of official record in the aboveidentified application. The information includes:

U.S. Patent No. 3,211,154 to Becker et al. (10/12/65).

-

U.S. Patent No. 3,241,555 to Caywood et al. (03/22/66).

U.S. Patent No. 3,706, 313 to Milani et al. (12/19/72).

sf-135276

U.S. Patent No. 3,782,389 to Bell (01/01/74).

U.S. Patent No. 3,860,009 to Bell et al. (01/14/75).

U.S. Patent No. 3,862,636 to Bell et al. (01/28/75).

U.S. Patent No. 3,886,950 to Ukkestad et al. (06/03/75).

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In addition to the references disclosed above, the information listed below was previously cited in an Office Action dated October 13, 1995 directed to the parent application Serial Number 08/103,837 (filed August 6, 1993). Copies of the publications are included in the parent prosecution application; therefore, copies are not included herewith. The Examiner is respectfully requested to make this information of official record in the above-identified application. The information includes:

Serial No. 08/601,617 Docket No. 241082000610

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U.S. Patent No. 5,097,833 to Campos (03/19/92)

U.S. Patent No: 5,334,430 to Berg et al. (09/19/94)

U.S. Patent No. 5,411,526 to Kroll et al. (05/19/95)

In addition to the references disclosed above, the information listed below was previously disclosed in Information Disclosure Statements in connection with patent application Serial No. 08/227,553 (filed April 14, 1994) a continuation-in-part of the parent patent application Serial Number 08/103,837 (filed August 6, 1993). Copies of the references are submitted herewith. The Examiner is requested to make these references of record in the application. The references include:

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U.S. Patent No. 5,352,239 to Pless (10/04/94)

#### **CERTIFICATE OF PROMPT FILING**

This Information Disclosure Statement is submitted before receipt of the first Office Action on the merits. Therefore, applicant believes that no fee is due. However, the Assistant Commissioner is hereby authorized to charge any fees which may be required by this statement to **Deposit Account Number 03-1952.** 

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Serial No. 08/601,617 Docket No. 241082000610 The completed PTO-1449 form is submitted herewith. Applicant would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

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This Information Disclosure Statement under 37 C.F.R. § 1.97 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

Dated: May 15, 1996

Respectfully submitted,

tuart P. Kolen By: Stuart P. Kaler

Registration No. 35,913

Morrison & Foerster LLP 345 California Street San Francisco, California 94104-2675 Telephone: (415) 677-6159 Facsimile: (415) 677-7522

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Serial No. 08/601,617 Docket No. 241082000610

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	75.	Kerber, et al., "Energy, current, and studies using an automated impedant $\underline{77}(5)$ : 1038-1046 (1988)	success in defibrillation a ce-based method of energ	nd cardioversion: clinical y adjustment," <u>Circulation</u> ,
	76.	Knickerbocker et al., "A portable de Systems, <u>69</u> :1089-1093 (1963).	efibrillator," <u>IEEE Trans.</u>	on Power and Apparatus
	77.	Kouwenhoven, "The development of 71(3):449-458 (1969).	f the defibrillator," Annal	s of Internal Medicine,
	78.	Langer et al., "Considerations in the Medical Instrumentation, 10(3):163-	development of the autor 167 (1976).	natic implantable defibrillator,
	79.	Lerman, et al., "Currency-Based Ve Prospective Study, " <u>JACC 12(5)</u> : 1		icular Defibrillation: A
V	80.	Lindsay et al., "Prospective evaluation shock algorithm for transvenous card		
EXAMI	NER	K.Schaetzle	DATE CONSIDERED:	9-5-90

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Form PTC	)-1449	1998	Docket Number 241082000610	Application Number 08/601,617
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	(1	Use several sheets if necessary)	Filing Date F (Bulary 14; 1996	Group Art Unit 3305
		OTHER I	DOCUMENTS (inclu	ding author, title, Date, Pertinent Pages, El
Examiner	Ref.	Title		
Initials	No.	Circulation, 76(3):601-609 (1987	<u></u>	
<u>K</u>			-	
	81.	Mirowski et al., "Clinical treatme automatic implantable defibrillato	ent of life threatening ventricu or," <u>American Heart Journal</u> ,	ılar tachyarrhythmias with the <u>102</u> (2):265-270 (1981).
	82.	Mirowski et al., "Termination of automatic defibrillator in human b 303(6):322-324 (1980).	malignant ventricular arrhyth beings," <u>The New England Jo</u>	mias with an implanted purnal of Medicine,
	83.	Podolsky, "Keeping the beat alive	e," U.S. News & World Repo	ort (July 22, 1991).
	84.	Product Brochure for First Medic Products, 15220 N.E. 40th Street,	Semi-Automatic Defibrillato P.O. Box 97013, Redmond,	ors (1994), Spacelabs Medical WA 98073-9713.
	85.	Product Brochure for the Shock A Road Northeast, P.O. Box 97006,		
	86.	Redd (editor), "Defibrillation with survival," <u>Medlines</u> , pp. 1-2 (June	h biphasic waveform may inc -July 1984).	crease safety, improve
	87.	Saksena et al., "A prospective eva cardioversion in rapid ventricular 1987).	aluation of single and dual cu tachycardia," <u>PACE</u> , <u>10</u> :113	rrent pathways for transvenou 0-1141 (September-October
	88.	Saksena et al., "Developments for PACE, 10:1342-1358 (November		rters and defibrillators,"
	89.	Schuder "The role of an engineeri methods and devices for achieving experience," <u>PACE</u> , <u>16</u> :95-124 (J	g ventricular defibrillation: T	i group in developing improve The University of Missouri
	90.	Schuder et al. "Comparison of eff waveform with critically damped kilogram calves," <u>Medical Instrur</u>	sinusoid waveform in transth	noracic defibrillation of 100-
	91.	Schuder et al., "A multielectrode- implanted electrode systems," An	time sequential laboratory de ner. Soc. Artif. Int. Organs, X	efibrillator for the study of <u>VIII</u> :514-519 (1972).
V	92.	Schuder et al., "Development of a	utomatic implanted defibrilla	ator," Devices & Tech.
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2A		Meeting NIH (1981).		
	93.	Schuder, et al., "One-Cycle Bidire Defibrillation in the Calf," <u>Abs. Ar</u>	ectional Rectangular Wave Shocks for Open Chest m. Soc. Aftif. Intern. Organs, 9 : 16	
	94.	Schuder, et al., "Transthoracic Ver half Cycle," <u>Circ. Res., XV</u> : 258-20	ntricular Defibrillation with Square-wave Stimuli: 64 (1964)	One
	95.	Schuder, et al., "Defibrillation of 10 pulses," <u>Card. Res.</u> , <u>18</u> :419-426 (19	00 kg calves with assymetrical, bidirectional, retan 984)	gular
	96.		ntricular Defibrillation in the 100 kg Calf with Sym lar Wave Stimuli," <u>IEEE Trans. BME, 30(</u> 7) : 415-	
	97.	Schuder, et al., "Ultrahigh-energy h defibrillator," <u>Med. &amp; Biol. Eng. &amp;</u>	hydrogen thyraton/SCR Biderectional waveform & Comput., 20 : 419-424 (1982)	
	98.	Schuder, et al., "Wave form Depend Meeting, NIH (1981)	ndency in Defibrillating 100 kg Calves," Devices &	Tech.
	99.	Schuder et al., "Waveform depende (1981).	ency in defibrillation," Devices & Tech. Meeting N	пн
	100.	Stanton et al., "Relationship betwee in humans," <u>PACE</u> , <u>15</u> :563, abstrac	en defibrillation threshold and upper limit of vulne ct 221 (April 1992).	rability
	101.	Tang et al., "Ventricular defibrillati duration," <u>JACC</u> , <u>13(1):207-214</u> (1	ion using biphasic waveforms: The importance of p 1989).	ohasic
	102.	Tang, et al., "Strength Duration Cu Waveforms," <u>PACE</u> , abstract no. 49	urve for Ventricular Defibrillation Using Biphasic 19 (1987)	
. /	103.	Tang, et al., "Ventricular Defibrilla Duration," <u>PACE</u> , abstract no. 47 (1	ation Using Biphasic Waveforms of Different Phasi (1987)	c
	104.	Walcott et al., "Comparison of mon defibrillation," PACE, 15:563, abst	nophasic, biphasic, and the edmark waveform for e tract 218 (April 1992).	xternal
V I	105.	Wathen et al., "Improved defibrillat	tion efficacy using four nonthoracotomy leads for	
EXAMIN	ER:	K.Schaetzle	DATE CONSIDERED: $9-5-96$	
		al if citation considered, whether or not the citation considered. Include a copy of this form with n	ion conforms with MPEP 609. Draw a line through the citation if n next communication to applicant.	ot in
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		PTO/SB/08 (2-9 Sheet 7 of
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	<u>n</u>	se several sheets if necessary) Filing Date February Good Group Art Unit 3305
		OTHER DOCUMENTS (including author, title, Date, Pertinent Pages, Et
Examiner Initials	Ref. No.	Title
M.		sequential pulse defibrillation," PACE, 15:563, abstract 220 (April 1992).
	106.	Wetherbee, et al., "Subcutaneous Patch Electrode - A Means to Obviate Thoracotomy for Implantation of the Automatic Implantable cardioverter Defibrillation System?," <u>Circ.</u> , 72 : III-384, abstract no. 1536 (1985)
	107.	Winkle "The implantable defibrillator in ventricular arrhythmias," <u>Hospital Practice</u> , pp. 14 165 (March 1983).
	108.	Winkle et al., "Improved Low Energy Defibrillation Efficacy in Man Using a Biphasic Truncated Exponential Waveform," <u>JACC</u> , <u>9</u> (2) : 142A (1987)
V	109.	Zipes, "Sudden cardiac death," Circulation, 85(1):160-166 (1992).
EXAMI	NER	DATE CONSIDERED: Q C QC
EXAMÍN	ER: Initi	L-S-16 al if citation considered, whether or not the citation conforms with MPEP 609. Draw a line through the citation if not in
·conforma	nce arid n	ot considered. Include a copy of this form with next communication to applicant.

All claims being allowable, PROSECUTION ON THE MERIT herewith (or previously mailed), a Notice of Allowance and mailed in due course.         Image: This communication is responsive to the amendment result of the amendment result of the amendment result of the allowed claim(s) is/are 15-22 and 35-44         Image: The allowed claim(s) is/are 15-22 and 35-44         Image: The drawings filed on are accepted are accepted.         Image: All Image: Some * Image: None of the CERTIFIED copies         Image: received.         Image: received in Application No. (Series Code/Serial No. Image: Some the communication from the source of the communication from the communication from the source of the communication from the	d Issue Fee Due or o <u>eceived Feb 14, 199</u> table. ty under 35 U.S.C. § s of the priority docu umber)	CLOSED in this application. If not inc ther appropriate communication will b 6 119(a)-{d}. ments have been
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		au (PCT Rule 17.2(a)).
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A SHORTENED STATUTORY PERIOD FOR RESPONSE to c THREE MONTHS FROM THE "DATE MAILED" of this Offic ABANDONMENT of this application. Extensions of time m	ce action. Failure to	timely comply will result in
Note the attached EXAMINER'S AMENDMENT or NOTION that the oath or declaration is deficient. A SUBSTITUTION	CE OF INFORMAL A E OATH OR DECLAF	PPLICATION, PTO-152, which disclos ATION IS REQUIRED.
X Applicant MUST submit NEW FORMAL DRAWINGS		
$\square$ because the originally filed drawings were declared b	by applicant to be in	formal.
Including changes required by the Notice of Draftspe to Paper No. <u>5</u> .		
including changes required by the proposed drawing approved by the examiner.	correction filed on _	, which has bee
including changes required by the attached Examiner	r's Amendment/Com	ment.
Identifying indicia such as the application number (see 3 drawings. The drawings should be filed as a separate p Draftsperson.		
Note the attached Examiner's comment regarding REQL	JIREMENT FOR THE	DEPOSIT OF BIOLOGICAL MATERIAL
Any response to this letter should include, in the upper righ CODE/SERIAL NUMBER). If applicant has received a Notice and DATE of the NOTICE OF ALLOWANCE should also be	e of Allowance and I	PPLICATION NUMBER (SERIES ssue Fee Due, the ISSUE BATCH NUM
Attachment(s)		
Notice of References Cited, PTO-892		
X Information Disclosure Statement(s), PTO-1449, Pap	er No(s)4	
🔀 Notice of Draftsperson's Patent Drawing Review, PT	·O-948	
Notice of Informal Patent Application, PTO-152		
Interview Summary, PTO-413		
Examiner's Amendment/Comment     Examiner's Amendment/Comment     Examiner's Amendment Pagerding Requirement for Der	anals of Distants to	
Examiner's Comment Regarding Requirement for Dep	posit of Biological Ma	iterial
X Examiner's Statement of Reasons for Allowance		

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-. Serial Number: 08/601,617

Art Unit: 3305

## **REASONS FOR ALLOWANCE**

1. The following is an examiner's statement of reasons for allowance: the prior art of record fails to teach the discharging step (claim 15) and the adjusting step (claim 35). In other words, there is no teaching to discharge until the end of a predetermined time period or until an electrical unit measured across the electrodes decays to a predetermined terminal level, whichever occurs first.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

2. Any inquiry concerning this communication should be directed to Ken Schaetzle at telephone number (703) 308-2211.

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September 9, 1996

WILLIAM E. KAMM PPIMARY EXAMINER T UNIT 335

Form PTO 948 (Rev. 10-94)

# U.S. DEPARTMENT OF COMMERCE - Patent and Trademark Office

-17

Application No. 08/601,617

## NOTICE OF DRAFTSPERSON'S PATENT DRAWING REVIEW

á.

PTO Draftpersons review all originally filed drawings regardless of whether they are designated as formal or informal. Additionally, patent Examiners will review the drawings for compliance with the regulations. Direct telephone inquiries concerning this review to the Drawing Review Branch, 703-305-8404.

The drawings filed (insert date) 02/114/96, are	View and enlarged view not labled separatly or properly.
not objected to by the Draftsperson under 37 CFR 1.84 or 1.152. 	Fig(s)
objected to by the Draftsperson under 37 CFR 1.84 or 1.152 as	Sectional views. 37 CFR 1.84 (h) 3
ndicated below. The Examiner will require submission of new, corrected	Hatching not indicated for sectional portions of an object.
rawings when necessary. Corrected drawings must be submitted coording to the instructions on the back of this Notice.	Fig(s)
conting to the instructions on the back of this Notice.	Cross section not drawn same as view with parts in cross section
. DRAWINGS. 37 CFR 1.84(a): Acceptable categories of drawings:	with regularly spaced parallel oblique strokes. Fig(s)
Black ink. Color.	8. ARRANGEMENT OF VIEWS. 37 CFR 1.84(i)
Not black solid lines. Fig(s)	Words do not appear on a horizontal, left-to-right fashion when
Color drawings are not acceptable until petition is granted.	page is either upright or turned so that the top becomes the right
Fig(s)	side, except for graphs. Fig(s)
. PHOTOGRAPHS. 37 CFR 1.84(b)	9. SCALE, 37 CFR 1.84(k)
Photographs are not acceptable until petition is granted.	Scale not large enough to show mechanism with crowding
Fig(s)	when drawing is reduced in size to two-thirds in reproduction.
Photographs not properly mounted (must use brystol board or	Fig(s)
photographic double-weight paper). Fig(s)	Indication such as "actual size" or scale 1/2" not permitted.
Poor quality (half-tone). Fig(s)	Fig(s)
GRAPHIC FORMS. 37 CFR 1.84 (d)	10. CHARACTER OF LINES, NUMBERS, & LETTERS. 37 CFR
Chemical or mathematical formula not labeled as separate figure.	1.84(1)
Fig(s)	Lines, numbers & letters not uniformly thick and well defined,
Group of waveforms not presented as a single figure, using	clean, durable, and black (except for color drawings).
common vertical axis with time extending along horizontal axis.	Fig(s) <u>AL</u>
Fig(s)	11. SHADING, 37 CFR 1.84(m)
Individuals waveform not identified with a separate letter	Solid black shading areas not permitted.
designation adjacent to the vertical axis. Fig(s)	Fig(s)
TYPE OF PAPER. 37 CFR 1.84(c)	Shade lines, pale, rough and blurred. Fig(s)
Paper not flexible, strong, white, smooth, nonshiny, and durable.	12. NUMBERS, LETTERS, & REFERENCE CHARACTERS. 37 CFR
Sheet(s)	1.84(p)
Erasures, alterations, overwritings, interlineations, cracks, creases,	Numbers and reference characters not plain and legible. 37 CFR
and folds copy machine marks not accepted. Fig(s)	1.84(p)(l) Fig(s) 10.11
Mylar, velum paper is not acceptable (too thin). Fig(s) SIZE OF PAPER. 37 CFR 1.84(f): Acceptable sizes:	Numbers and reference characters not oriented in same direction
21.6 cm. by 35.6 cm. (8 1/2 by 14 inches)	as the view. 37 CFR 1.84(p)(1) Fig(s)
$21.6 \text{ cm. by } 33.6 \text{ cm. } (8 \frac{1}{2} \text{ by } 14 \text{ inches})$ 21.6 cm. by 33.1 cm. (8 $\frac{1}{2} \text{ by } 13 \text{ inches})$	English alphabet not used. 37 CFR 1.84(p)(2)
21.6  cm. by 27.9 cm. (8 1/2 by 11 inches)	Fig(s)
21.0 cm. by 29.7 cm. (DIN size A4)	Numbers, letters, and reference characters do not measure at least
All drawing sheets not the same size. Sheet(s)	.32 cm. (1/8 inch) in height. 37 CFR(p)(3)
Drawing sheet not an acceptable size. Sheet(s)	Fig(s)
MARGINS. 37 CFR 1.84(g): Acceptable margins:	13. LEAD LINES. 37 CFR 1.84(g)
	Lead lines cross each other. Fig(s)
Paper size	Lead lines missing. Fig(s)
21 6 cm X 35 6 cm. 21.6 cm X 33.1 cm. 21.6 cm. X 27.9 cm. 21.0 cm. X 29.7 cm.	14. NUMBERING OF SHEETS OF DRAWINGS. 37 CFR 1.84(t)
(8 1/2 X 14 inches) (8 1/2 X 13 inches) (8 1/2 X 11 inches) (DIN Size A4) T 5.1 cm. (2") 2.5 cm. (1") 2.5 cm. (1") 2.5 cm	Sheets not numbered consecutively, and in Arabic numerals,
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R 64 cm. (1/4") .64 cm. (1/4") .64 cm. (1/4") 1.5 cm	15. NUMBER OF VIEWS. 37 CFR 1.84(u)
B .64 cm. (1/4") .64 cm. (1/4") 1.0 cm.	Views not numbered consecutively, and in Arabic numerals.
Manuar de set esclores te short shore	beginning with number 1. Fig(s)
Marguns do not conform to chart above. Shee((s) <u>F1(s, 1, 3)</u> <u>4</u> Top (T) <u>Left(1)</u> <u>Right (R)</u> <u></u> Bottom (B)	View numbers not preceded by the abbreviation Fig
I Top (T) Left (L) Right (R) Bottom (B)	Fig(s)
	16. CORRECTIONS. 37 CFR 1.84(w)
VIEWS. 37 CFR 1.84(h)	Corrections not made from prior PTO-948.
REMINDER: Specification may require revision to correspond to	Fig(s)
drawing changes.	17. DESIGN DRAWING. 37 CFR 1.152
All views not grouped together. Fig(s)	LESIGN DRAWING: 37 CFR 1.152     Surface shading shown not appropriate. Fig(s)
Views connected by projection lines or lead lines. Fig(s)	Solid black shading not used for color contrast.
Partial views. 37 CFR 1.84(h) 2	Fig(s)
COMMENT'S:	
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ATTY'S DOCKET INO.	CLASS-SUBCLASS	BATCH NO.	APPLN.	TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 2410820	00610 607	-007.000	E19	UTIL	ITY YES	\$ \$625.0	00 12/13/96

#### THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED.

#### THE ISSUE FEE MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED.

# HOW TO RESPOND TO THIS NOTICE:

<ol> <li>Review the SMALL ENTITY status shown above.</li> <li>If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:</li> </ol>	If the SMALL ENTITY is shown as NO:
A. If the status is changed, pay twice the amount of the FEE DUE shown above and notify the Patent and Trademark Office of the change in status, or	A. Pay FEE DUE shown above, or
B. If the status is the same, pay the FEE DUE shown above.	B. File verified statement of Small Entity Status before, or with, payment of 1/2 the FEE DUE shown above.

- II. Part B of this notice should be completed and returned to the Patent and Trademark Office (PTO) with your ISSUE FEE. Even if the ISSUE FEE has already been paid by charge to deposit account, Part B should be completed and returned. If you are charging the ISSUE FEE to your deposit account, section "6b" of Part B should be completed.
- III. All communications regarding this application must give application number and batch number. Please direct all communication prior to issuance to Box ISSUE FEE unless advised to the contrary.

#### IMPORTANT REMINDER: Patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PTOL-85 (REV. 5-96) (0651-0033)	3. PATEN	T AND TRADEMARK OFFICE	COPY	*U.S. GPO: 1996-411-836/40072
A. A.		,		

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# PART B—ISSUE FEE TRANSMITTAL

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MAILING INSTRUCTIONS: This form should be used watransmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence
including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise,
by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment
of Issue Fee or thereafter. See reverse for Certificate of Mailing, below.
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control main ber.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES CR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231				2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Stroet Address Publiching Division		
AC MORRISON & FORRSTER				CO-INVENTOR'S NAME SEP 3 0 1996		
MORRISON & FOERSTER 345 CALIFORNIA STREET				Street Address		
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First Named Applicant GLINER, BRADFORD E.						
ELECTROTHE	RAPY METHOD					
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5. ABSIGNMENT DATA TO HE PRINTED ON	THE PATENT (print or type)					
(1) NAME OF ASSIGNEE:	STREAM, INC.			6a. The following fees are en	losed:	
(2) ADDRESS: (CITY & STATE OR COUNT	tasue Fee     Advance Order - # of Copies					
Seattle WA       6b. The following fees should be charged to:         DEPOSIT ACCOUNT NUMBER       08-15         (Enclose A COPY OF THIS FORM)       (Enclose A COPY OF THIS FORM)         KDFasue Fee       XEX Account of the Patent and Trademark Office.         X assignment previously submitted to the Patent and Trademark Office.       XEX Account of the Patent and Trademark Office.						-1515
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L) Assignment to being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE MOTE: Unless an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling and assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling and assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling and assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling and assignment has been previously submitted to the provide the provide t						(Date) 9 - 24 - 9 /a
<sub>s</sub> en assignment.			-	applicant; a registered attorned in interest as shown by the re-	y or agent; or the assign	hee or other party
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I hereby certify that this corresponded	-	-			first class mail in	/
an envelope addressed to: Box	ISSUE FEE stant Commissioner for I hington, D.C. 20231			<b>810 31. 08-1515</b> 1 81,137 242		417
on: 24 540 9	°6	(Date)	1	81138 561	36-09CH	
Cecily Anne	Snyder	(Name of p	erson making dep	oosit)		,
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PTOL-858 (REV.05-96) Approved for us	e through 05/31/96. OMB 06	51-0033		Patent and Tra	demark Office; U.S.	DEPARTMENT OF COMMERCE

PATENT Heartstream Ref. 93-003-us1.d1 Morrison & Foerster Ref. 24108-20006.10 CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8 I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on September 24. 1996

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Cecily Anne Snyder, Reg. No. 37,448

In the application of:

Bradford E. Gliner

Serial No.: 08/601,617

Filing Date: 14 February 1996

For: ELECTROTHERAPY METHOD

# SUBMISSION OF FORMAL DRAWINGS

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Enclosed are seven sheet(s) of formal drawings in connection with the above-identified

application.

Dated: September 24, 1996

Respectfully submitted,

James R. Shay

Examiner: K. Schaetzle

**BATCH NO. E19** 

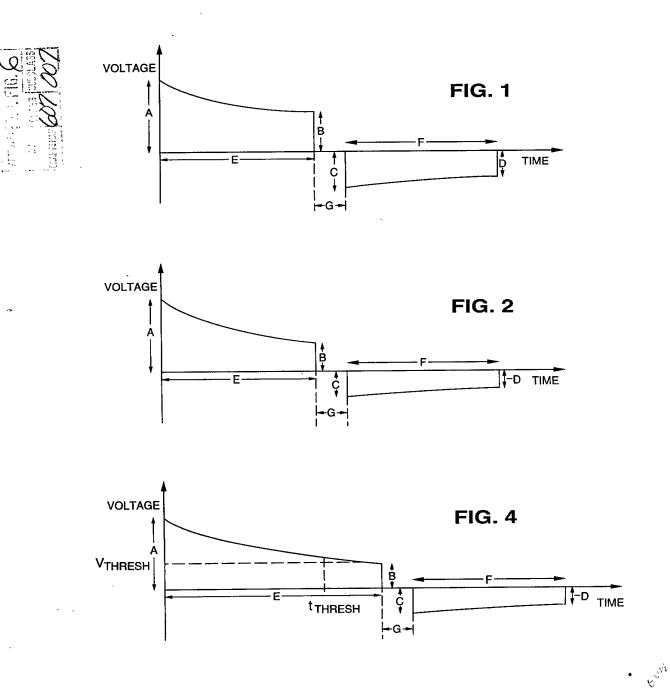
NOTICE OF ALLOWANCE

Group Art Unit: 3305

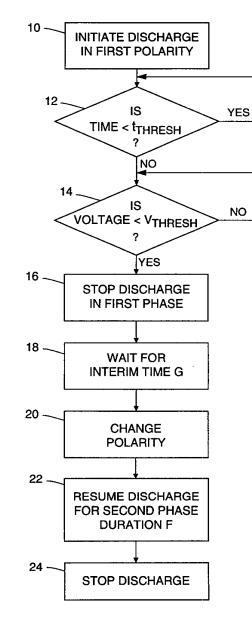
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Registration No. 32,062

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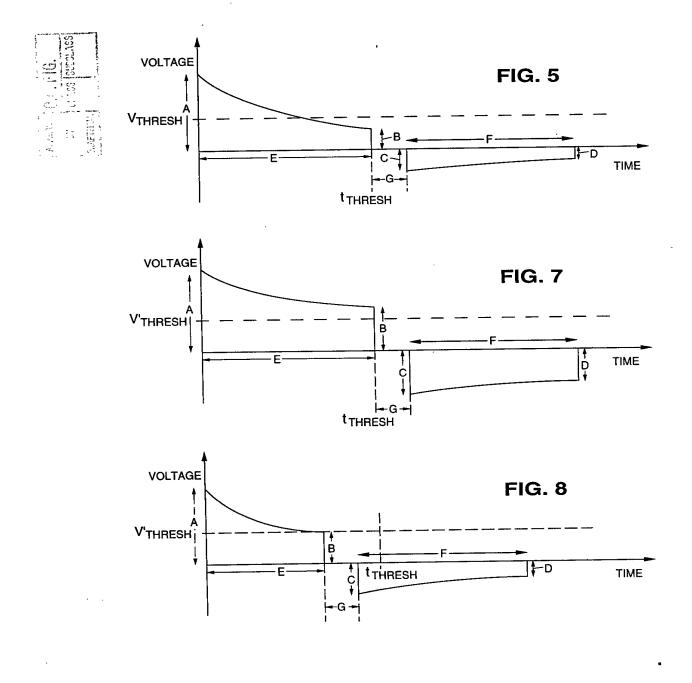
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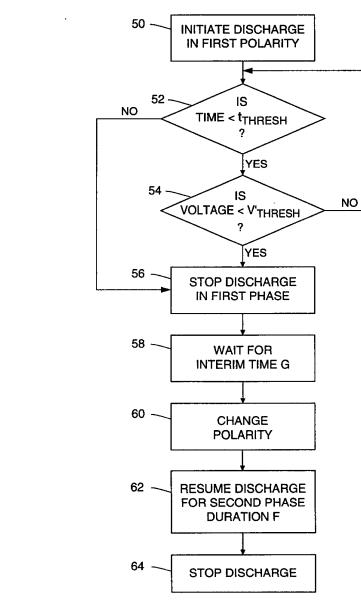


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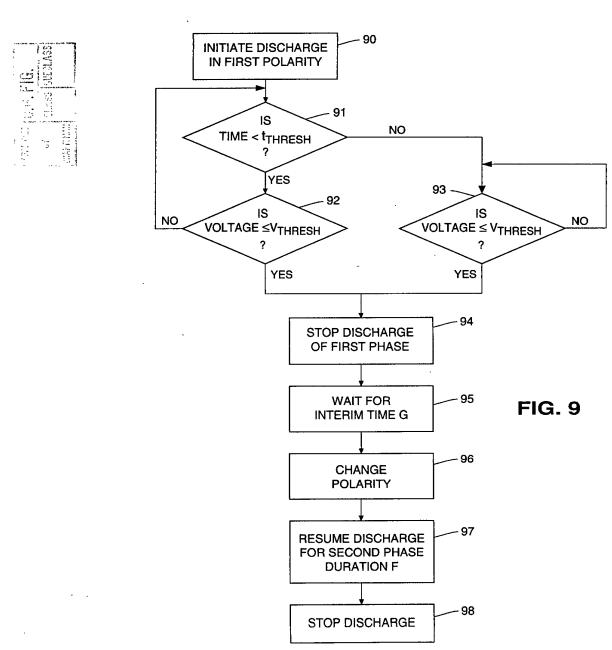






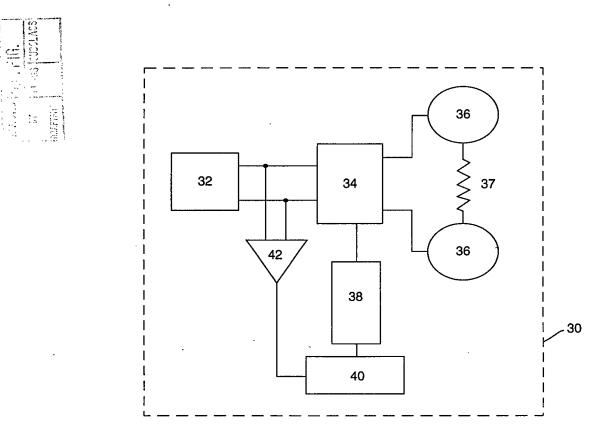
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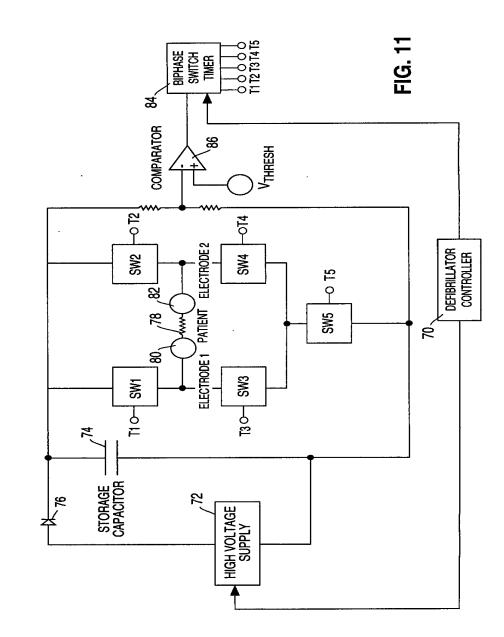






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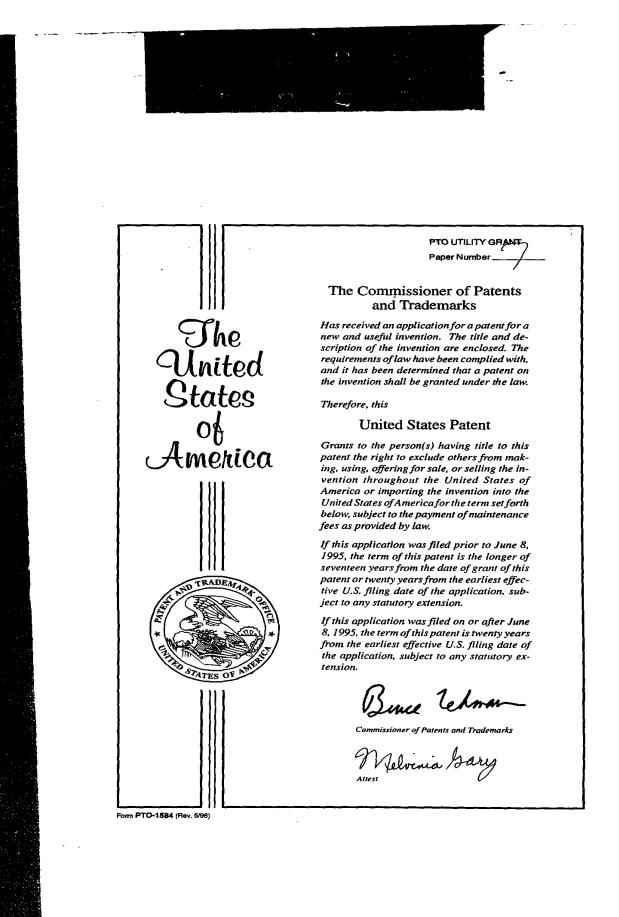
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JUL 2 9 1997	at this correspondence is being deposited with ed to: Assistant Commissioner for Patents of	NG UNDER 37 C.F.R. § 1.8 n the United States Postal Service as veshington, D.C. 20231 on AUX her, Reg. No. 37,448	first class meil in an
TRADE Applic	THE UNITED STATES PATE ation of:	ENT AND TRADEMAR	K OFFICE
	Bradford E. Gliner, et al.		
Serial No.:	08/601,617	Group Art Unit:	3305
Filing Date:	14 Feb 1996	Examiner:	K. Schaetzle
Patent No.:	5,593,427		
Issue Date:	14 Jan 1997		POROVED WAY
Title: ELEC	CTROTHERAPY METHOD		APPROVE STATE
	REQUEST FOR CERTIF UNDER 37	ICATE OF CORRECTI C.F.R. § 1.322	APPROVED LA
Assistant Co Washington,	mmissioner for Patents DC 20231	CERTIFICATE AUG 2 2 1997	= meg
Dear Sir:		OF CORRECTIO	) <b>N</b> I
Appli	icants request that the above-ref	erenced patent be corrected	ed. Along with this
request, App	licants enclose a Certificate of (	Correction for the patent.	Applicants
respectfully	request acceptance and issuance	of this Certificate of Corr	rection.
Pursu	aant to 37 C.F.R. § 1.322, Appli	cants request that the follo	owing typographical

errors that occurred during the printing of the patent be corrected:

In the References Cited section, field [56]:

•

**U.S. PATENT DOCUMENTS** 

"5,272,157" should be — 5,275,157 —. Support for this correction can be found in the Information Disclosure Citation (PTO-1449) considered May 20, 1996; Reference Number 40.

• 3:--

#### PATENT

### **OTHER PUBLICATIONS**

"Alfeness" should be — Alferness —. Support for this correction can be found in the Information Disclosure Citation (PTO-1449) considered May 20, 1996; Reference Number 58.

In the Text of the Patent

Column 8, line 58, (Claim 16) "claim 7" should be — claim 9 —. Claim 16 of the issued patent corresponds to Claim 42 presented by Applicants in the Preliminary Amendment filed February 14, 1996. As originally presented, Claim 42 depended from Claim 35. Claim 35 became Claim 9 in the issued patent, and Claim 42 should have been modified to depend from issued Claim 9 when the Office renumbered the allowed claims.

Dated: <u>24 Jul 97</u>

Respectfully submitted,

By: Cecily Anne Snyder, Patent Agent Reg. No. 37,448

Heartstream, Inc. Legal Department 2401 Fourth Avenue, Suite 300 Seattle Washington 98121 Telephone: 206.443.7630 Facsimile: 206.443.9694

g:...cert-cor.doc

- .

Serial No. 08/601.617 Heartstream Ref. 93-003-US1.D1

UNITED STATES PATENT AND TRADEMARK OFFICE
<b>CERTIFICATE OF CORRECTION</b>

PATENT NO.:5,593,427DATED :14 Jan 1997INVENTOR(S):Bradford E. Gliner, Thomas D. Lyster, Clinton S. Cole,

Daniel J. Powers, and Carlton B. Morgan

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In field [56] "5,272,157" should be - 5,275,157 -. In field [56] "Alfeness" should be - Alferness -. Column 8, line 58, (claim 16) "claim 7" should be - claim 9 -.

MAILING ADDRESS OF SENDER

Cecily Anne Snyder, Patent Agent Heartstream, Inc. Legal Department 2401 Fourth Avenue, Suite 300 Seattle, Washington 98121

FORM PTO 1050 (Rev. 2-93)

PATENT NO. 5,593,427

No. of add'l copies

@ 50¢ per page

Page 1 of 1

UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE OF CORRECTION
<ul> <li>PATENT NO. : 5,593,427</li> <li>DATED : January 14, 1997</li> <li>INVENTOR(S) : Bradford E. Gliner, Thomas D. Lyster, Clinton S. Cole, Daniel J. Powers, and Carlton B. Morgan</li> <li>it is certified that error appears in the above-indentified patent and that said Letters Patent is hereby corrected as shown below:</li> </ul>
Item [56] "5,272,157" should be — 5,275,157 —.
Item [56] "Alfeness" should be — Alferness —. Column 8, line 58, (claim 16) "claim 7" should be — claim 9 —.
Signed and Sealed this
Thirtieth Day of September, 1997
Attest: Bince Tehman
BRUCE LEHMAN Attesting Officer Commissioner of Patents and Trademarks

.

ENTERED BY DSD

PATENT HP PD NO. 90980060-5 Heartstream 93-003-US1.D1

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

#### **CERTIFICATE OF MAILING**

	<b>Bradford E. Gliner et al.</b>	I hereby certify that this correspondence is being deposited with the United States Postal Service as First
Patent No.:		Class Mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington DC 20231.
Issue Date:	01/14/97	Date of Deposit: 4 2098
Title:	Electrotherapy Method	Typed Name: Michelle L. Ogland
		Signature: Michielle Offand
		÷
BOX M FE	E	

BOX M FEE Assistant Commissioner for Patents Washington, D.C. 20231

# NOTIFICATION OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS

Applicant hereby notifies the Patent and Trademark Office that it is no longer entitled to status as a small entity, and that the claim for small entity status, set forth in the verified statement executed on September 7, 1993, is hereby withdrawn.

Correspondence Address: Hewlett-Packard Company Legal Department, 20BN PO Box 10301 Palo Alto, CA 94303-0890

- .

Respectfully submitted,

les . By:

Douglas J. Barker/ Registration No. 40,423 Direct Dial Telephone: 360/212-8369 Customer No.: 020067



UNITED STATES CPARTMENT OF COMMERCE Patent and Trademark Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

## CHANGE OF ADDRESS/POWER OF ATTORNEY

LOCATION 9200 SERIAL NUMBER 08601617 PATENT NUMBER 5593427 THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 20067 THE PRACTITIONERS OF RECORD HAVE BEEN CHANGED TO CUSTOMER # 20067 THE FEE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 20067 ON 02/17/00 THE ADDRESS OF RECORD FOR CUSTOMER NUMBER 20067 IS:

> HEARTSTREAM INC AGILENT TECHNOLOGIES LEGAL DEPT 5301 STEVENS CREEK BLVD MS 51UPD P O BOX 58043 SANTA CLARA CA 95052-8043

AND THE PRACTITIONERS OF RECORD FOR CUSTOMER NUMBER 20067 ARE: 24288 27586 29992 30275 33272 - 36184 37448

PTO INSTRUCTIONS: PLEASE TAKE THE FOLLOWING ACTION WHEN THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER NUMBER: RECORD, ON THE NEXT AVAILABLE CONTENTS LINE OF THE FILE JACKET, 'ADDRESS CHANGE TO CUSTOMER NUMBER'. LINE THROUGH THE OLD ADDRESS ON THE FILE JACKET LABEL AND ENTER ONLY THE 'CUSTOMER NUMBER' AS THE NEW ADDRESS. FILE THIS LETTER IN THE FILE JACKET. WHEN ABOVE CHANGES ARE ONLY TO FEE ADDRESS AND/OR PRACTITIONERS OF RECORD, FILE LETTER IN THE FILE JACKET.

PTO-FMD TALBOT-1/97



UNITED STATES DEPARTMENT OF COMMERCE Patent and T. \_\_\_\_\_emark Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

## CHANGE OF ADDRESS/POWER OF ATTORNEY

FILE LOCATION 9200 SERIAL NUMBER 08601617 PATENT NUMBER 5593427 THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 22878 THE PRACTITIONERS OF RECORD HAVE BEEN CHANGED TO CUSTOMER # 22878 ON 06/05/01 THE ADDRESS OF RECORD FOR CUSTOMER NUMBER 22878 IS:

> AGILENT TECHNOLOGIES, INC. INTELLECTUAL PROPERTY ADMINISTRATION, LE P.O. BOX 7599 M/S DL429 LOVELAND CO 80537-0599

AND THE PRACTITIONERS OF RECORD FOR CUSTOMER NUMBER 22878 ARE:

24288	26252	27586	29331	29992	30275	30528	30682	32426	33272
33381	34075	34886	36081	36184	36211	36771	37265	37448	37648
38197	38345	40026	40907						

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UNITED STATES 'ARTMENT OF COMMERCE Patent and Trademark Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

## CHANGE OF ADDRESS/POWER OF ATTORNEY

FILE LOCATION 9200 SERIAL NUMBER 08601617 PATENT NUMBER 5593427 THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 29139 THE PRACTITIONERS OF RECORD HAVE BEEN CHANGED TO CUSTOMER # 29139 THE FEE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 29139 ON 08/10/01 THE ADDRESS OF RECORD FOR CUSTOMER NUMBER 29139 IS:

> AGILENT TECHNOLOGIES, INC. LEGAL DEPARTMENT, M/S 51UPB 5301 STEVENS CREEK BLVD. SANTA CLARA CA 95052

AND THE PRACTITIONERS OF RECORD FOR CUSTOMER NUMBER 29139 ARE:

24288	26252	27586	29331	29992	30275	30528	30682	32426	33272
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PTO INSTRUCTIONS: PLEASE TAKE THE FOLLOWING ACTION WHEN THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER NUMBER: RECORD, ON THE NEXT AVAILABLE CONTENTS LINE OF THE FILE JACKET, 'ADDRESS CHANGE TO CUSTOMER NUMBER'. LINE THROUGH THE OLD ADDRESS ON THE FILE JACKET LABEL AND ENTER ONLY THE 'CUSTOMER NUMBER' AS THE NEW ADDRESS. FILE THIS LETTER IN THE FILE JACKET. WHEN ABOVE CHANGES ARE ONLY TO FEE ADDRESS AND/OR PRACTITIONERS OF RECORD, FILE LETTER IN THE FILE JACKET. THIS FILE IS ASSIGNED TO GAU 3305.

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UNITED STATES DF 'RTMENT OF COMMERCE Patent and Tradema. Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

# CHANGE OF ADDRESS/POWER OF ATTORNEY

FILE LOCATION 9200 SERIAL NUMBER 08601617 PATENT NUMBER 5593427 THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 24737 THE PRACTITIONERS OF RECORD HAVE BEEN CHANGED TO CUSTOMER # 24737 THE FEE ADDRESS HAS BEEN CHANGED TO CUSTOMER # 24737 ON 05/13/03 THE ADDRESS OF RECORD FOR CUSTOMER NUMBER 24737 IS:

> PHILIPS ELECTRONICS NORTH AMERICAN CORP 580 WHITE PLAINS RD TARRYTOWN NY 10591

	AND 1	THE PR	ACTITIONE	RS OF R	ECORD FO	R CUSTOME	R NUMBER	24737	ARE:	
2286 1 33357		6236 5721		26531 37520	26902 39398			30245 42079	32266 42080	32603 43305

PTO INSTRUCTIONS: PLEASE TAKE THE FOLLOWING ACTION WHEN THE CORRESPONDENCE ADDRESS HAS BEEN CHANGED TO CUSTOMER NUMBER: RECORD, ON THE NEXT AVAILABLE CONTENTS LINE OF THE FILE JACKET, 'ADDRESS CHANGE TO CUSTOMER NUMBER'. LINE THROUGH THE OLD ADDRESS ON THE FILE JACKET LABEL AND ENTER ONLY THE 'CUSTOMER NUMBER' AS THE NEW ADDRESS. FILE THIS LETTER IN THE FILE JACKET. WHEN ABOVE CHANGES ARE ONLY TO FEE ADDRESS AND/OR PRACTITIONERS OF RECORD, FILE LETTER IN THE FILE JACKET. THIS FILE IS ASSIGNED TO GAU 0000.

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