

We would like to shed some light on a stark statistic — 65% of all heart attack patients in India do not reach a hospital in time to save their lives. The other aspect of this statistic is equally bemusing — the remaining 35% almost entirely survive, IF they are able to afford the necessary medical treatment. What this statistic highlights is *the lack of timely medical treatment* as the primary reason for most cardiac deaths in our country! Let's take a global perspective — 17.3 million people die annually due to heart attacks all over the world. Like in India, a majority of these people can be saved by providing timely medical help. In fact, *immediate diagnosis and urgent treatment* is the most promising solution!

We at NASAN, who have been developing ingenious cardiac equipment for the last 25 years, have put together our resources to create a machine, giving a physical form to the aforementioned solution — LIFESAVER 108. In this product, we have combined our 12-Lead ECG Machine, a 5-Parameter Monitor, and a Biphasic Defibrillator along with AED & Pacemaker. In addition to all these necessary intensive care features, we have provided the facility to transfer the monitored data to the concerned hospital through Wi-Fi and 3G. Therefore, the Patient can now start ICU-standard treatment right from the Ambulance. This solution therefore can cut down *the time "wasted" before medical attention* considerably, thus eliminating the foremost reason for cardiac deaths, and start saving lives. Hence the name — LIFESAVER 108

Let's consider a scenario where a Patient with cardiac history experiences chest pain. He/she needs to be shifted to the nearest hospital immediately. An ambulance is called. We are already losing time. Once the Patient is shifted inside the ambulance, the ambulance still needs to make it to the hospital in time before it is too late. With the deteriorating state of traffic and roads in our country, it is easier said than done. But with LIFESAVER 108, the Patient's treatment can start in the ambulance itself. Once the Patient is inside the ambulance, and connected to the LIFESAVER 108, a senior Doctor in the connected hospital will have immediate access to the Patient's 12-Lead ECG, thus full knowledge of the Patient's current cardiac condition, and can recommend instant treatment. The trained Technician in the ambulance can administer medication as per the Doctor's instructions, to stabilize the Patient's condition. With the help of continuous monitoring throughout the journey to the hospital, the Doctor can advise the Technician to use AED or Pacemaker if required. In short,

all the treatment that would until now be delayed till the Patient is admitted to the ICU, can now start right from the ambulance itself. This could end up saving a majority of those 65%, who die on the way to the hospital!

Now let's consider a scenario where cardiac care is not available. The nearest hospital is many hundred kilometers away, as is the case with many B and C towns and villages in our vast country. The current chances of a cardiac patient surviving in such a scenario are bleak. But we propose a solution for such a scenario as well. If we were to form clusters of 16 villages, each connected to one central hospital with facilities for cardiac care and a Cardiologist available on call, and then LIFESAVER 108 – one piece installed at each of the 16 centers – can help substantially reduce the time “*wasted*” before the Patient receives the necessary medical treatment. The Cardiologist present in the central hospital can access the Patient’s vitals on a central station installed in the hospital, and recommend the local doctors to administer the necessary medication, AED, Pacemaker, etc. The Cardiologist can simply type in his/her prescriptions, which would be instantly available for the local doctors to follow.

Let’s consider a third scenario. Even in chic, state-of-the-art urban hospitals, most of the ICUs and CCUs are run by Nurses and junior Doctors. The ever busy senior Cardiologists are seldom available in person when emergency suddenly strikes. With the use of LIFESAVER 108 though, at least the Cardiologist’s virtual presence can be guaranteed immediately! We have managed to develop a technology where the Cardiologist will be able to access the Patient’s 12-Lead ECG and Vitals not just on the Central Station, but on his/her mobile screen as well. Thus the Cardiologist could attend to a Patient in need, even when he is physical in transit, in another hospital or in another town altogether. In short, once again, the Patient’s treatment can start earlier than was possible till now.

Considering the many benefits of LIFESAVER 108, we realized we must not ignore the fact that simply making these services available to Patients in need of cardiac help, but pricing them beyond their affordability is not the solution to saving lives. Like all our products thus far, LIFESAVER 108 will be nominally priced, taking into account the average spending capacity of the end user. We are extremely socially aware that way, and proud of it too!