Testimonials

Dear Robert:

We used your RES-Q-AIR unit on a severely hypothermic patient. My patient was a twenty-five year old male who had been treading water in Georgia Strait for three and a half to four hours before being recovered.

I am pleased to report that the RES-Q-AIR unit was extremely effective in stabilizing this patient. The patient's colour, mental state and pulse all showed a marked improvement after twenty minutes of inhalation therapy.

Thank you for supplying us with this most valuable piece of equipment.

Sincerely,

J P. Rescue Specialist, Canadian Coast Guard.

Dear Robert:

Your "RES-Q-AIR" rewarming system has now been field tested by myself on a patient suffering from severe hypothermia.

On July 26, 1993 Mr. (name withheld) was recovered from the Strait of Georgia after EIGHT hours of immersion. Rewarming of Mr.(X) was aggressive and very successful. Mr.(X) was brought from critical to stable within 40 minutes. For ambulance transport to hospital internal rewarming was continued using the RES-Q-AIR portable unit (no internal rewarming unit was available on the ambulance).

In the final analysis, the RES-Q-AIR system proves to be the best all around internal rewarming system I have used to date.

I.K. Rescue Specialist, Canadian Coast Guard.

"July 1999

The Effectiveness of the Res-Q-Air Treatment Unit.

According to Bruce Paterson a Rescue Specialist with the Canadian Coast Guard, the following observations were made while using the Res Q Air System (model HT 1000) in a case of severe hypothermia.

The case involves a Chinese migrant who was rescued off the coast of British Columbia in 1999. After having jumped ship, he and others had hiked through dense bush for an unknown period of time, seeking some form of civilization.

The man was discovered exhausted and thoroughly disorientated. He was given a floater jacket and transported to the Coast Guard vessel, Tanu. On board were two doctors contracted by immigration Canada and Canadian Coast Guard Rescue Specialists Harold Slornan and Bruce Paterson. Due to fear of disease, the physicians chose to isolate the migrants from the rest of the ship and treat them on deck where a tarp had been rigged up to offer some protection.

The migrant had lost consciousness enroute to the Tanu and was now in critical condition. The physicians concluded the man was suffering from life threatening severe hypothermia and possible dehydration. They recommended IV fluids but had none available. Another Coast Guard vessel in the area was radioed for help in getting IV fluids.

One of the doctors attempted to get a heart beat reading by trying to find a radial pulse, not being successful, he suggested CPR. However, one of the Rescue Specialists, who from experience knew to take a carotid pulse reading when dealing with a hypothermic patient, detected a heart beat.

Now with a correct cardiac reading, they decided to immediately hook the patient up to the Res Q Air hypothermia treatment Unit. As is frequently the case, the physicians were neither familiar with the unit nor its use. They had to be instructed in the use of this equipment and use of the tympanic thermometer for core temperature readings.

The patient's core temperature was 93.2 degrees F, pulse carotid 40 strong and regular, pupils were constricted but equal and reactive to light. Respiration's were 8 and shallow. After diagnosing the patient, the heat packs were applied to the body and the life saving warm moist air of the Res Q Air was administered. As the temperature of the Res Q Air Unit increased to operating temperature, so did the patient's core temperature and pulse.

A core temperature reading was taken every 5 minutes. During the first 10 minutes of treatment, the patient suffered back arching convulsions every 30 or 40 seconds. As his core temperature and pulse increased, he relaxed.

After about 35 minutes the IV fluid arrived. However, the physicians had great difficulty in getting the needle into the cold collapsed veins. The fluid was at ambient temperature (on a warm but misty day). After approximately one hour on the Res Q Air unit, the patient recovered consciousness.

The interpreter asked him if he was thirsty or hungry and he was given a few sips of water and vegetable broth. His temperature was around 95.5. degrees F.

About 5 minutes later, the patient lapsed into unconsciousness and it was thought that it was a result of "after-drop". However, the battery output to the Res Q Air unit was dropping and there was insufficient warm moist air to keep the patient stabilized.

His temperature had dropped to 94.2 degrees F and his pulse slowed to 52. The battery was quickly hooked up to the charger, after a few minutes the Res Q Air reached it's normal operating temperature, and the patients core temperature reacted accordingly and he regained consciousness.

(Note from Res-Q Products Inc.:
When the patient did not receive effective inhalation rewarming treatment, his condition deteriorated correspondingly and rapidly improved once full treatment was restored. This case proves again, the effectiveness of the inhalation rewarming method to stabilize the core temperature in the field situation and the Res-Q-Air equipment.)

After about two and a half hours of treatment, with a core temperature of 96.6 degrees F and pulse at 60, it was agreed to Medivac him. His pupils were equal and reactive and respiration's were at 12. We were told the next day, that the man was up and around and in good shape.

According to Canadian Rescue Specialist Bruce Paterson: "the Res Q Air unit was very effective in saving this man's life!"

The Res-Q-Air is used extensively by Canadian Coast Guard and other rescue professionals and has saved many life's.

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