Vancouver CoastalHealth

Promoting wellness. Ensuring care.

PROCEDURAL TASK TRAINERS

Operations Manual

TABLE OF CONTENTS

Adult Task Trainers

Pediatric/Neonatal

LITTLE ANNE

▪ ADULT CPR TRAINING

The Little Anne® CPR training manikin is designed to provide more students high-quality adult CPR training by being realistic, durable, cost-effective and lightweight.

Features included are:

- Natural obstruction of the airway
- Realistic compliance for ventilations and compressions
- Chest rise and fall with proper ventilations
- Realistic landmarks for compression point location
- Audible confirmation of correct compression depth
- Carrying bag opens into a training mat.

Supplies Needed

- Bag Valve Mask
- Manikin Wipe or Alcohol Swabs
- Face Shields if performing mouth to mouth

Prior to Trainer Use

1. Clean the manikin face using the provided Manikin wipes or Alcohol Swabs

During Trainer Use

1. Place the clicker Activator in either the on or off position to activate an audible depth confirmation.

MAMA NATALIE

▪ BIRTHING SIMULATOR

MamaNatalie is a birthing simulator that makes it easy to create very compelling simulations of complex or normal birthing scenarios. It is worn by a standardized patient, who takes the role of the mother, and manually controls the training scenario and the following features:

Features included are:

- Bleeding
- Positioning and delivery of the baby
- Delivery of the placenta
- Fetal heart sounds
- Cervix landmark
- Urine bladder catheterization

Supplies Needed

- MamaNatalie Birthing Simulator
- Placenta with Umbilical Cord
- Penguin Suction
- 2 pairs of Gloves (1 normal and 1 long)
- Fetal Stethoscope
- Urine Catheter
- Syringe - 20 ml
- NeoNatalie Skull with fontanelles
- NeoNatalie Newborn Simulator
- Squeeze Bulbs for simulation of birth cries, spontaneous breathing and palpable umbilical pulse
- Head Cap

Prior to Trainer Use

1 Fill NeoNatalie with Water

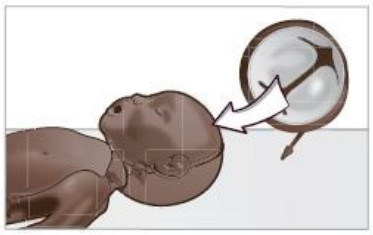
1. **Fill the NeoNatalie with water**

a) Pull out the filling extension from under the face skin. Open the valve. Inflate until the body is partially inflated.

b) Unscrew the filling cap. Fill with approx. 2 litres of water from a tap or suitable container.

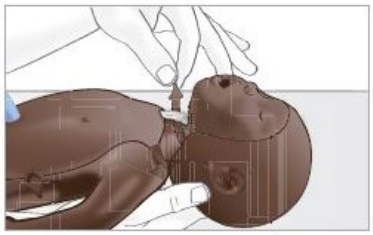
c) Open the valve. Use this to insert additional water into *NeoNatalie's* body until the body feels firm.

d) Close the valve. Fold the filling extension forward and push it under the face skin until it clicks into the holder.



2. **Fit the Hard Skull with Fontanellas onto NeoNatalie's Head**

a) Fold the sides of the hard skull upwards. Place the skull with the triangular frontal-fontanel on the forehead.



b) Unfold the sides of the hard skull downwards to cover NeoNatalie's ears. Feed the strap under the airways and secure the through the small hole on the other side.

Prior to Trainer Use

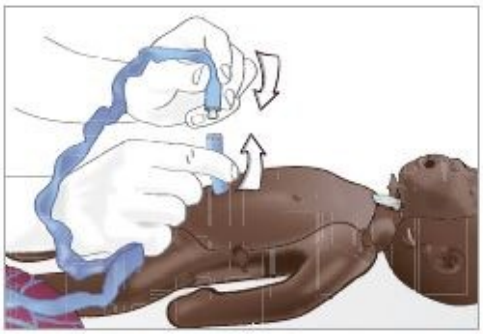
1 Fill NeoNatalie with Water

3. Detach the simulation tubes if attached

a) Pull gently on the Tubes to release them.

4. Attach the Umbilical Cord

Connect the Umbilical Cord from the Placenta to NeoNatalie by clicking the two connectors together.



5. Inflate the Uterus Air Reservoirs

The Uterus contains two reservoirs. Air can be manipulated from one reservoir to another to simulate various uterus conditions.

a) Open the Air Valve.

b) Use the NeoNatalie Suction to inflate the Uterus Reservoirs with air. Adjust the amount of air until desired pressure is achieved.

c) Close the Air Valve.

d) Compress Uterus Air Reservoir A with your hand. Reservoir B should feel firm to simulate a contracted uterus. Relaxing your grip will deflate reservoir B simulating a soft uterus.

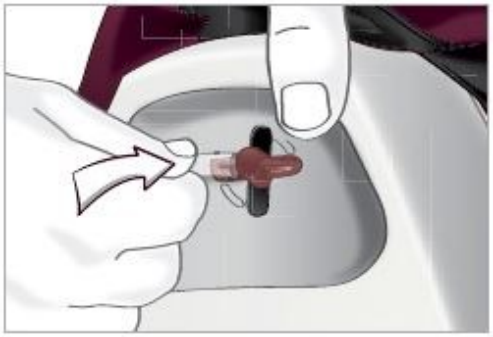
Prior to Trainer Use

1 Fill NeoNatalie with Water

6. Fill the Blood Tank **Optional*

a) Check that the Blood Valve of the Blood Tank is closed.

b) Ensure that the blood tube is connected to the blood nipple on the back side of the Skeleton.



c) Unscrew the Blood Tank Cap and fill with the desired amount of diluted artificial blood (up to 1.5 liters). Return the Blood Tank Cap.

7. Fill the Urine Bladder **Optional*

Fill the syringe with 25 ml of water. Inject the water into the urethra until resistance is felt. **Never inject air into the bladder**

MAMA NATALIE

▪ **BIRTHING SIMULATOR**

Prior to Trainer Use

1 Fill NeoNatalie with Water

8. Position the Squeaker Unit **Optional*

Place the green cry squeeze bulb from Neo-Natalie kit into the holder of the MamaNatalie waist belt. This simulates a crying noise when squeezed.

9. Attach MamaNatalie onto body

Strap MamaNatalie around waist. Adjust the belt so that the Simulator is secure and snug against body.

10. Hang the Uterus over the hook

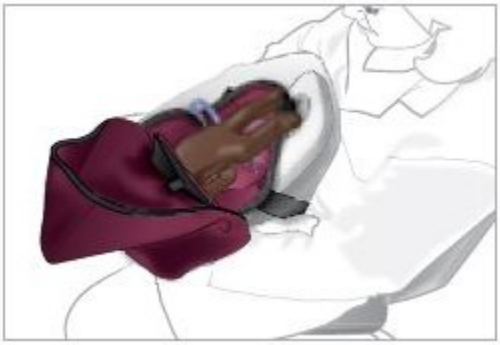
This will keep the Uterus in place when deliv-ering NeoNatalie and the Placenta.

During Trainer Use

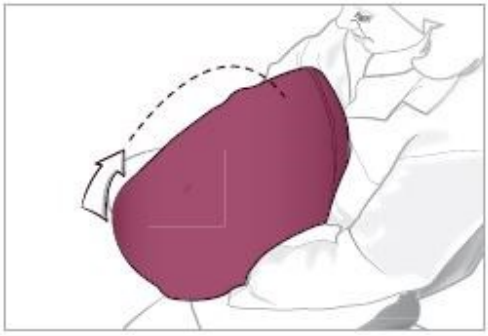
1 Fill NeoNatalie with Water

1. Preparing for simulating birth

a) Fold the Stomach Skin down. Open the Uterus.

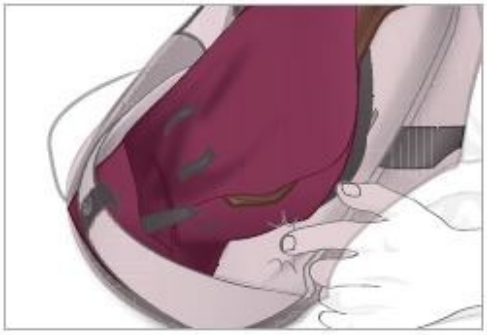


b) Insert NeoNatalie in the desired position and attach the Placenta to the Velcro located inside the uterus.



c) Pull the Stomach Skin back, to cover the Skeleton.

To hide NeoNatalie's head from the birth opening: Placehands between the Stomach Skin and the lower part of the Uterus Bag. Hold hands around NeoNatalie's head and clamp the birth opening together.



2. Simulation of fetal heart sounds:

Use a finger to tap on the back part of the Skeleton to simulate the desired heart rhythm.

3. Delivering NeoNatalie

a) Place thumbs into the Uterus.

b) Push down on NeoNatalie's body.

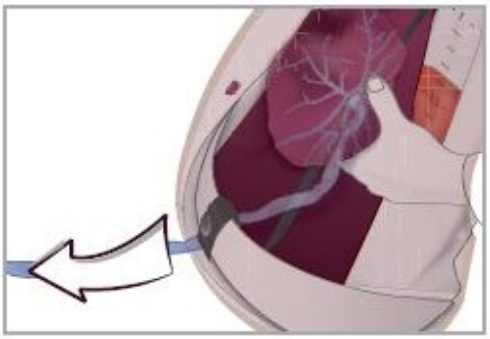
During Trainer Use

1 Fill NeoNatalie with Water

c) Assist the delivery by gently pulling the straps with the push of NeoNatalie (this will open the birth opening and make it easier to deliver).

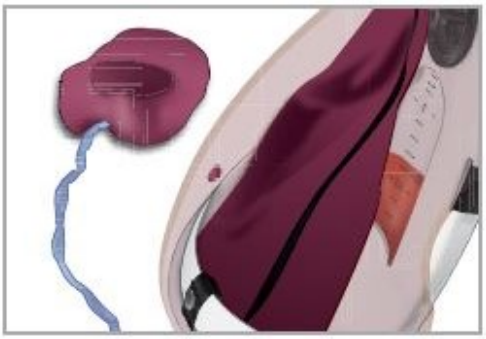
4. Delivering the Placenta

After NeoNatalie is delivered, detach the Placenta from the velcro inside the uterus with your hands. *To ease delivery, align the Placenta vertically.*



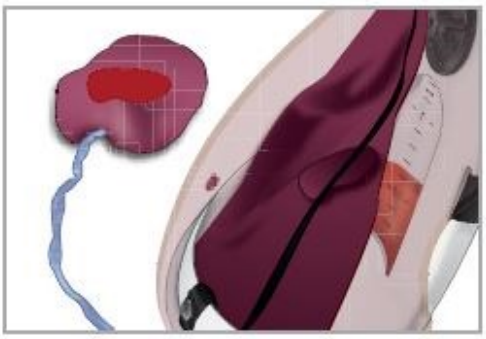
Placenta conditions:

a.) *Delivery of complete Placenta:* Detach the complete Placenta from the Velcro inside the uterus.



b.) *Delivery of incomplete Placenta:* Detatch the Placenta from the velcro inside the uterus, but leave the small part attached inside the uterus.

c.) *Retained Placenta:* Do not detach the Placenta. If the learner is pulling the cord, hold onto the Placenta with your hands to ensure it stays in place.



During Trainer Use

1 Fill NeoNatalie with Water

5. Controlling blood flow

When starting with the Blood Valve in a closed position: Push the Blood Valve inwards and slide it sideways to regulate blood flow.

Note: The handle has three positions: Closed, Half-way and Full.

Post Trainer Use

Disassembly and reassembly

a) Remove the Stomach Skin from the top of the Skeleton

b) Detach the Stomach Skin from the back of the Skeleton.

Post Trainer Use

Disassembly and reassembly

c) Pull gently on the Blood Tube to release it from the Blood Nipple.

d) Twist the Blood Nipple 90 degrees to release from Skeleton.

For a light cleaning:

1. Use a soft cloth soaked in soapy water to clean all textile parts of MamaNatalie.
2. Rinse in clean water.
3. Hang to dry.

Note: Do not hang MamaNatalie to dry in direct sunlight.

Blood and urine

- Do not store MamaNatalie with blood in the Blood Tank over longer periods.
- Flush the Blood Tank with clean water or, alternatively a 0.2 % NaClO (sodium hypochlorite) solution.

RESUSCI ANNE QCPR WITH AIRWAY HEAD - TORSO

- **CPR PERFORMANCE TRAINING**

QCPR Technology is utilized to enable both instructors and trainees to more effectively monitor and review CPR performance, increasing the efficiency and value of training time.

Features included are:

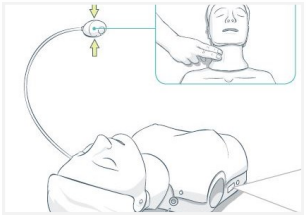
- Resusci Anne QCPR is built with realistic anatomy. Chin lift to ensure an open airway and airway resistance.
- The ventilation system provides appropriate chest rise with BMV (Bag Valve Mask) and MTM (Mouth to Mouth). Three included chest springs (soft, standard, hard) enable simulating compressions on various chest stiffness' within the most typical range of required force (30 – 60kg) for reaching a Guideline compliant depth.

Supplies Needed

- PPE
- Bag Valve mask
- Pocket Mask/Equivalent
- Manikin Wipes/Alcohol Swabs
- SimPad SkillReporter

Prior to Trainer Use

Connect the pulse bulb if you would like to simulate a pulse. To simulate a carotid pulse squeeze the pulse bulb accordingly.



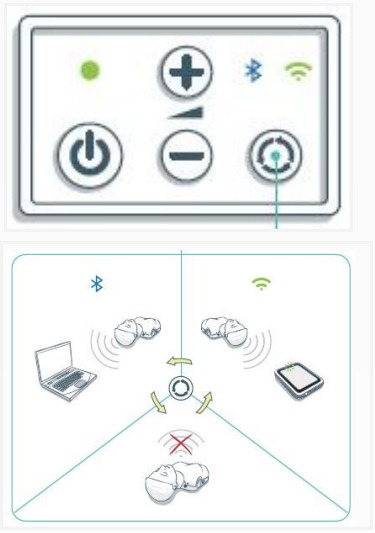
RESUSCI ANNE QCPR WITH AIRWAY HEAD - TORSO

- **CPR PERFORMANCE TRAINING**

Prior to Trainer Use

- After pushing the power button confirm the battery indicator shows a green light indicating a sufficient charge. If the light is amber replace the batteries.

- Confirm the connectivity indicator is set to the green Wi-Fi operation mode. Pushing the cycle button will toggle through Bluetooth/Wi-Fi/Cable. Hold down the button for 3 seconds to reset the connection if there are problems connecting.



- Confirm the Skill Reporter indicator light shows a green light indicating a sufficient charge. If the light is red recharge the batteries.

SIMPAD® WITH SKILLREPORTER™

- **TRACK, MEASURE AND IMPROVE CPR TRAINING.**

SimPad with SkillReporter software provides comprehensive, easy-to-use feedback for enhanced QCPR training. During training the operator will be able to monitor the following metrics for up to 6 manikins simultaneously:

Features included are:

- Compression rate and depth
- Correct release for each compression
- Correct hand position
- Frequency and length of interruptions
- Appropriate ventilation volume
- Automatic and manual annotation of key events during CPR simulation

If required, training can be run in Assessment Mode so that no live feedback is given but data is recorded for the assessment debrief.

COMPLETE ADULT CRISIS™ MANIKIN

- **RESUSCITATION TRAINING**

Features included are:

- Compatibility with airway management devices (ETT, LMA, King Tube etc..)
- Cricoid cartilage
- Oral, nasal and digital intubation capabilities
- Fully articulated head, neck and jaw
- Palpable and visual landmarks for CPR
- Compatibility with all standard brands and types of defibrilators , monitors and patient simulators
- Internal load box that absorbs full strength of shock up to a maximum of 360 Joules
- IV arm articulated at the biceps for antecubital and dorsal access
- Bony landmark at shoulder to identify muscle tissue for intramuscular injections
- Replaceable skin and veins

CRISIS™ MANIKIN TORSO WITH AIRWAY MANAGEMENT

- **RESUSCITATION TRAINING**

Features included are:

- Portable and easy to move
- Manual carotid pulse
- Defibrillation chest skin
- Interactive ECG simulator
- Manually set Laryngospasm and Tongue Edema

OBSTETRICAL MANIKIN - LIGHT

- **BIRTHING SIMULATOR**

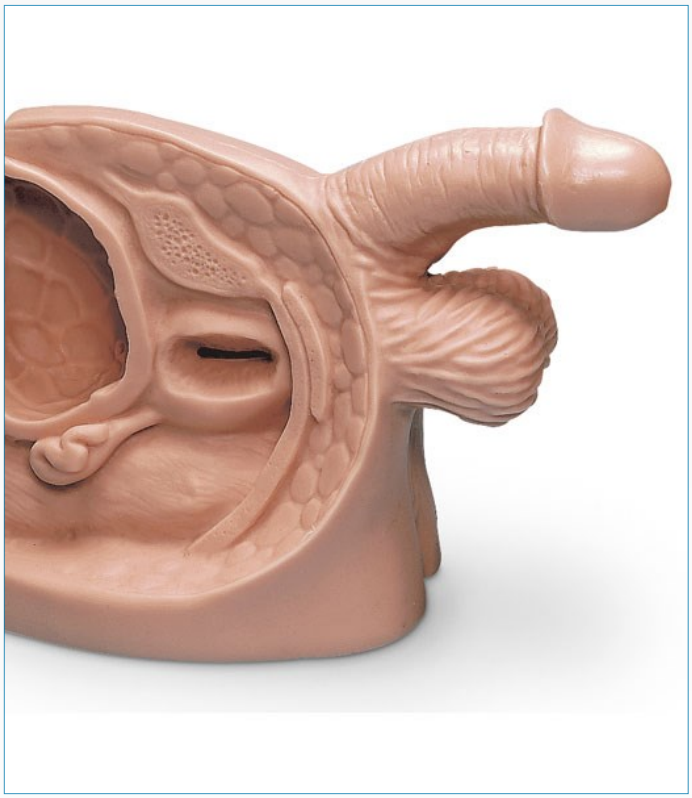
Features included are:

- Anatomically correct pelvic model with full term newborn and placenta
- Disposable umbilical cords with clamps
- Pregnant belly overlay with fetus to practice Leopold's maneuver
- Pronounced pelvic landmarks
- Fetus with fontanels and cranial sutures

MALE CATHETER MODEL

- **CATHETER INSERTION**

Use this model to practice sterile technique and proper cleansing procedures before, during, and after insertion of a catheter.



Features included are:

- The model will accept any catheter size 16 or smaller.

Supplies Needed

- Any size catheter 16 or smaller
- Catheter Lubricant

Prior to Trainer Use

Ensure catheter balloon is fully deflated before insertion or removal.

Note: Always lubricate the catheter thoroughly before each insertion.

During Trainer Use

Lift the penis to straighten the urethra. Gently insert the catheter into the urethral meatus, through the prostate and into the bladder.

Note: Ensure the balloon on the catheter is fully deflated before insertion or removal.

FEMALE CATHETER MODEL

- **CATHETER INSERTION**

Use this model to practice sterile technique and proper cleansing procedures before, during, and after insertion of a catheter.

Features included are:

- The model will accept any catheter size 16 or smaller.

Supplies Needed

- Any size catheter 16 or smaller
- Catheter Lubricant

Prior to Trainer Use

Ensure catheter balloon is fully deflated before insertion or removal.	**Note:** Always lubricate the catheter thoroughly before each insertion.

During Trainer Use

Spread the labia, locate the urethral meatus between the clitoris and vagina, and gently insert the catheter until it is positioned within the bladder (about 7.5 cm).	**Note:** Ensure the balloon on the catheter is fully deflated before insertion or removal.

TRACHEOSTOMY CARE SIMULATOR

Features included are:

- Oral and nasal passages with pharynx, epligottis, trachea, esophagus, stoma, cricoid cartilage and cervical vertebrae
- Chest area with left and right bronchi and bronchial tree

HEARTSIM® 200

- **RHYTHM GENERATOR**

The HeartSim® 200 is a battery-powered ECG rhythm simulator designed to provide basic, modified, and pediatric rhythms with variable pulse rate and strength. ECG signals can be displayed on any standard 3-lead ECG monitor.

Features included are:

- Offers a total of 30 cardiac rhythms
- 17 modified rhythms including Torsade de Pointes
- 7 pediatric rhythms
- Compatible with ALS Baby, ALS Basic, ALS Advanced, and Defib chest skin upgrades
- Special features including paroxysmal, ignore shock, and variable pulse strengths

Supplies Needed

- ALS Baby *Optional
- 3 Lead ECG Monitor
- 6 x AA Batteries

Prior to Trainer Use

Switch the unit on by pushing the ON/OFF button. The yellow battery low light will turn on to indicate that battery power is low and that the batteries should be replaced. If the indicator does not illuminate the batteries have sufficient charge.

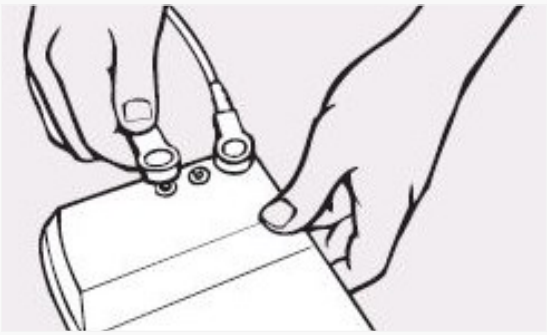
Note: The amplitude of the ECG and pulse strength may be affected when the battery low LED is lit.

HEARTSIM® 200

- **RHYTHM GENERATOR**

During Trainer Use

Connect the ECG monitor's 3 leads to the posts as shown in the illustration. The lead posts are labelled for correct positioning.



The ECG rhythms can be selected from their own dedicated controls on the keyboard. Each rhythm has its own key and green LED indicator which indicates which rhythm has been selected and its status. The Heartsim 200 has keys for the following rhythms:

Basic		
Sinus	80	Normal Sinus Rhythm (NSR)
VT slow	120	Ventricular Tachycardia, slow
VT fast	220	Sinus Tachycardia
VF coarse	-	Ventricular Fibrillation, coarse
VF fine	-	Ventricular Fibrillation, fine
Asystole	-	Asystole
Modified		
Sin. Brad	40	Sinus Bradycardia
Sin. Tach	140	Sinus Tachycardia
Torsade	-	Torsade des Pointes
Atr. Flutt	150	Atrial Flutter
Atr. Fibr	140	Atrial Fibrillation
Atr. Tach	210	Atrial Tachycardia
1°AVB	60	1st Degr. AV Block

HEARTSIM® 200

- **RHYTHM GENERATOR**

During Trainer Use

Modified		
2°AVB #1	80, 4:3	2nd Degr. AV Block #1
2°AVB #2	80, 2:1/3:1	2nd Degr. AV Block #2
3°AVB	50	1st D3rd Degr. AV Blockegr. AV Block
Junctional	50	Junctional Rhythm
Junc. Tach	120	Junctional Tachycardia
Unif. PVC	80	NSR with Unifocal PVCs
Multif. PVC	80	NSR with Multifocal PVCs
Coupl. PVC	80	Sinus with Coupled PVCs
PAC	80	Sinus with PACs (Premature Atrial Complex)
PJC	80	(Premature Junctional Complex)
Infant Rhythms		
Sinus	130	Normal Sinus Rhythm (NSR)
Sin. Brad	80	Sinus Bradycardia
Sin. Tach	180	Sinus Tachycardia
SVT	280	Supraventricular Tachycardia
VT	210	Ventricular Tachycardia
VF	-	Ventricular Fibrillation
Asystole	-	Asystole

Running/Waiting Rhythm Indication

The green LED indicator next to the key shows you which rhythm has been selected and its status. A flashing LED denotes a waiting rhythm and a steady LED denotes a running rhythm.

To select a new rhythm simply press the key of the new rhythm you require. Your new selection is indicated as a waiting rhythm.

HEARTSIM® 200

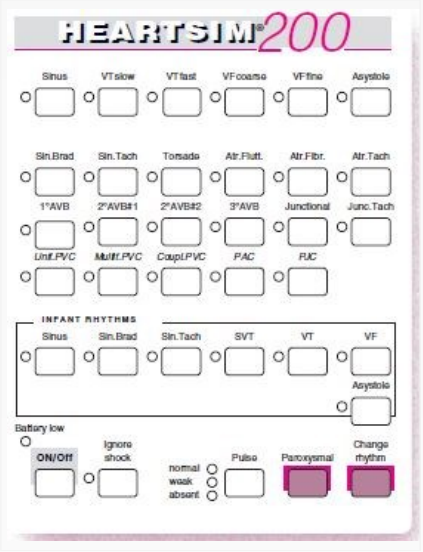
- RHYTHM GENERATOR

During Trainer Use

Activation of a New Rhythm

When you push the Change rhythm key the present selected running rhythm is deactivated and the selected waiting rhythm becomes the new running rhythm.

When you push the Paroxysmal Function key you can alternate between a running rhythm and waiting rhythm



Post Trainer Use

Cleaning the unit

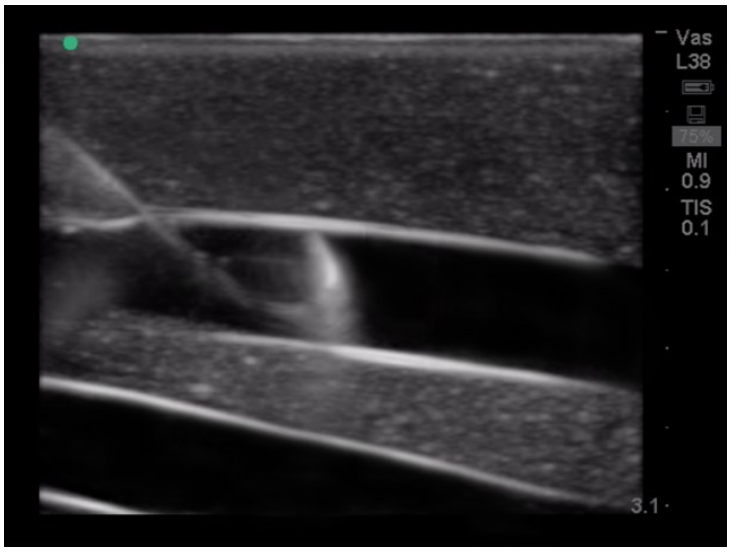
The Heartsim 200 can gently be cleaned using a soft cloth dampened with an Isopropyl Alcohol solution.

Return the unit to the provided blue bag when training is completed.

CENTRAL LINE TRAINER

Features included are:

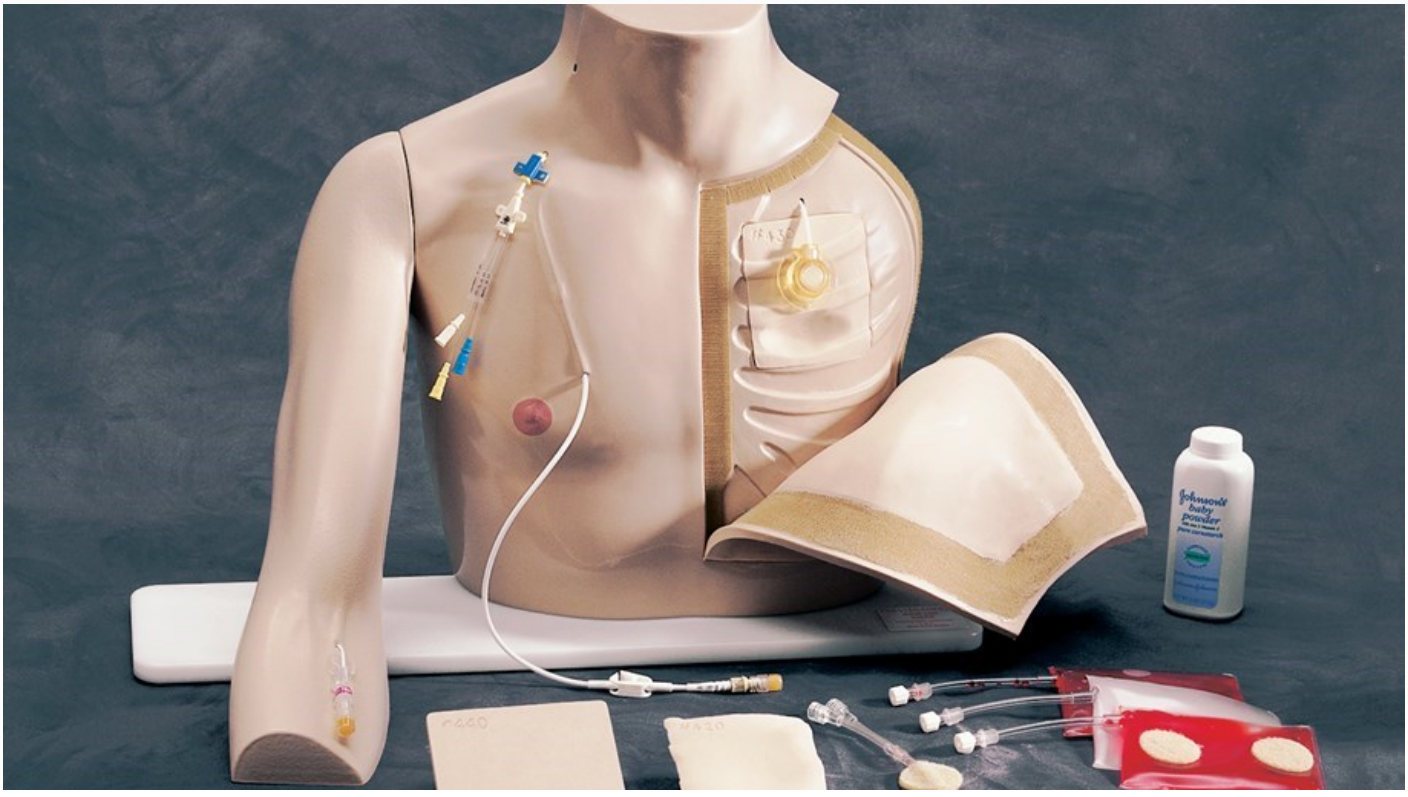
- Realistic external landmarks and internal anatomy
- For use with any ultrasound system
- Venous anatomy includes: internal jugular vein, brachiocephalic vein, subclavian vein and axillary vein
- Arterial anatomy includes: carotid artery, subclavian artery and axillary artery
- Positive fluid flow in the refillable vessels



VASCULAR ACCESS TRAINER

Features included are:

- Three types of long-term vascular access routes
- Prepositioned peripherally placed central catheter in detachable right arm
- Prepositioned surgically placed central catheter in right chest area
- Pre-attached distal catheter to a blood reservoir bag
- Implanted vascular access device located in left chest designed to simulate real human tissue



AED TRAINER

The HeartSim® 200 is a battery-powered ECG rhythm simulator designed to provide basic, modified, and pediatric rhythms with variable pulse rate and strength. This product offers all the necessary rhythms to conduct ACLS course in one compact, convenient unit.

Features included are:

- Offers a total of 30 cardiac rhythms
- 17 modified rhythms including Torsade de Pointes
- 7 pediatric rhythms
- Frequency and length of interruptions
- Compatible with ALS Baby, ALS Basic, ALS Advanced, and Defib chest skin upgrades
- Special features including paroxysmal, ignore shock, and variable pulse strengths
- Heartsim 200 simulator comes standard with soft carry case

NEONATAL INTUBATION TRAINER

▪ **NEWBORN INTUBATION TRAINING**

Laerdal Neonatal Intubation Trainer allows teaching of intubation skills on the newborn baby. Robust and realistic, this model allows students to undertake training that is directly transferable to the clinical setting.

Features included are:

- Realistic anatomy of a newborn baby
- Intubation (oral and nasal)
- Bag-Valve-Mask ventilation
- Correct tube placement can be checked by practical inflation test

Supplies Needed

- Uncuffed Endotracheal Tube (Inner Diameter 2.5mm)
- Laerdal Lubricant
- Laryngoscope with #0/#1 blade
- Infant Bag Valve Mask

Prior to Trainer Use

Lubricate the Endotracheal tube and Naso-gastric tube using the provided Laerdal Lubri-cant.	**Note**: Do not spray the lubricant directly into the trainers mouth or nasal passage

During Trainer Use

Intubate orally and nasally as per usual.	**Note:** The trainer is synthetic and will tear if not lubricated or treated in an overly rough manner.

NITA NEWBORN

▪ VASCULAR ACCESS TRAINING FOR NEWBORNS AND INFANTS

The Nita Newborn™ is a model of a 4 lb, 16" newborn female with realistic landmarks and articulation for vascular access procedures.

Features included are:

- Nose and mouth openings allow placement of nasal cannulas, endotracheal tubes, nasotracheal tubes and feeding tubes
- Standard venipuncture in various sites facilitating blood withdrawal, fluid infusion and heparinization
- Median, basilic and axillary sites in both arms
- Saphenous and popliteal veins in right leg
- External jugular and temporal veins

Supplies Needed

- PPE
- PICC Line
- Central Line
- 22G or smaller needles for vascular access

Prior to Trainer Use

1. Remove bottle with simulated blood concentrate and add 380ml of distilled water; mix and set aside.

2. Close the clamp on the blood reservoir bag and fill with the simulated blood.

Note: Skip this step if the blood has already been mixed.

NITA NEWBORN

▪ VASCULAR ACCESS TRAINING FOR NEWBORNS AND INFANTS

Prior to Trainer Use

3. Hang the blood reservoir bag no more than 16 inches above the model.

Note: Excessive leaking will occur above 16“.

4. Place Nita Newborn on a level surface and remove the white luer caps on the end of the tubing exiting the head and the right leg. (See photo 1)

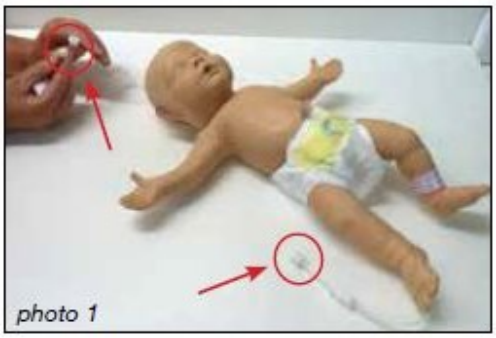


photo 1

5. Position the leg tubing over the sink and slightly elevate the feet above the head. Attach the blood reservoir bag tubing to the tubing exiting the head (See photo 2).

photo 2

7. Open the white snap clamps on both of the clear tubes exiting the model (See photo 3).

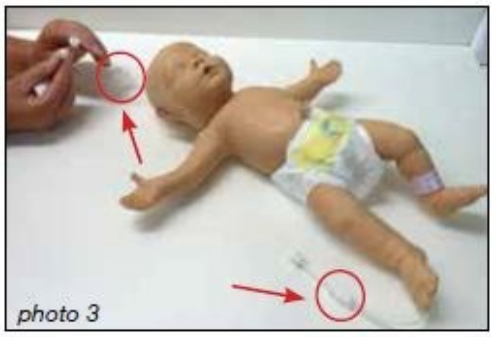


photo 3

Prior to Trainer Use

8. Gradually prime the veins with simulated blood by slowly opening the roller clamp on the blood reservoir bag tubing attached to the clear tubing on the head. Permit simulated blood to flow through the system until a solid stream of blood is visible in the clear tubing exiting the leg (See photo 4). Close the snap clamp on the leg tubing and reattach the white cap.


photo 4

9. The legs can now be lowered. If planning on accessing with an umbilical catheter it is best to place Nita on an absorptive surface as some leakage is normal when working with an umbilical catheter (See photo 5).


photo 5

NITA NEWBORN

▪ VASCULAR ACCESS TRAINING FOR NEWBORNS AND INFANTS

During Trainer Use

Access Sites Available

- Frontal scalp vein on forehead
- Temporal scalp vein on left side of head
- Posterior Auricular scalp vein on left side of head behind ear
- Jugular on left side
- Basilic on right and left arm
- Cephalic on right arm
- Superficial veins on back side of right hand, just below the first and third digits
- Superficial vein on backside of left hand, just below the fourth digit
- Great Saphenous vein, Dorsal Venous Arch, and Small Saphenous vein on right leg
- Umbilical vein

CAUTIONS:

- Do not use solvents to clean the model.
- Do not use dull or burred needles as these will damage the vein tubing and may cause the veins to leak.
- While some leakage is normal, exceeding 500cc of simulated blood or a fluid bag height of 16 inches will increase fluid pressure and may result in excessive leakage through previously accessed sites.
- Do not place model on printed matter or mark with a pen.

Post Trainer Use

1. After each use close the roller clamp on the blood reservoir bag tubing and the snap clamp on the clear tubing exiting the head.
2. Disconnect and drain the blood reservoir bag. Flush blood reservoir bag and tubing with water.
3. Refill blood reservoir bag with clean water and reattach to clear tubing exiting the head.
4. Position clear leg tubing over sink or container and remove white cap. Open snap clamps, followed by roller clamp, and flush the model until clean water is visible in clear leg tubing.

ALS BABY

▪ **INFANT RESUSCITATION TRAINING**

Laerdal ALS Baby manikin is a three-month-old infant. ALS baby offers the opportunity to practice advanced resuscitation skills, including airway management, professional rescuer CPR, vascular access, and 4-lead ECG monitoring.

Features included are:

- Realistic airway anatomy with tongue, oropharynx, epiglottis, larynx, vocal cords and trachea
- Practicing of bag-valve-mask ventilation, oral and nasal intubation and use of LMA
- CPR can be performed
- 3-lead, 4 connectors ECG monitoring
- Available with optional HeartSim® 200 Rhythm Simulator
- Intraosseous needle insertion with aspiration of bone marrow
- Sellick Maneuver can be performed

Supplies Needed

- PPE
- 3.5mm Endotracheal Tube
- Pre-lubricated 3.5mm Endotracheal Tube
- Pre-lubricated Size 1 LMA
- Laryngoscope with No.1 blade
- Infant Bag Valve Mask

Prior to Trainer Use

Lubricate the Endotracheal tube using only the provided Laerdal Lubricant.

Note: Do not spray the lubricant directly into the trainers mouth or nasal passage

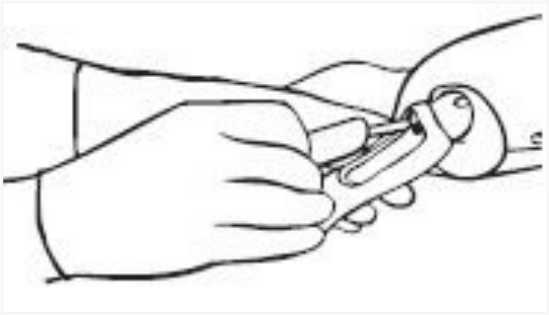
ALS BABY

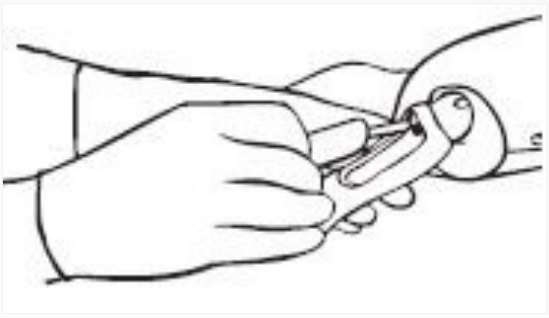
▪ INFANT RESUSCITATION TRAINING

Prior to Trainer Use

Placement of IO pads **Optional*

- Hold the pad with the blood reservoir pointing upwards.
- Insert the blood reservoir end of the pad into the round cavity in the knee.
- Carefully bend the foot downward, and while holding it down: Slip the tab at the lower end of the IO pad into the square cavity inside the foot.
- Let the foot bend back to normal position.





ECG connection **Optional*

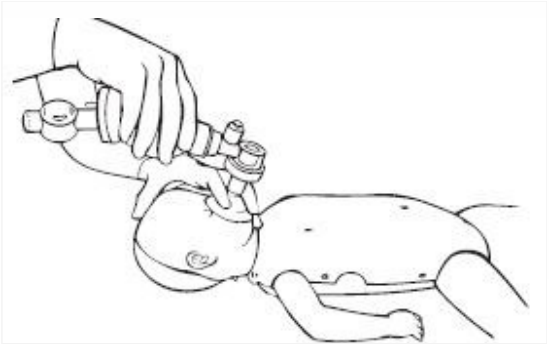
- The three connectors on the lead from the manikin are snapped into place on the corresponding mount on the Heartsim 200 rhythm simulator.

During Trainer Use

Airway open/closed - Stomach distension

With the head resting forward onto the chest, the airways are closed. If an air pressure of more than 10 mm Hg is applied, stomach distention can be observed on the manikin.

To expel air from the stomach, simply press downward on the manikin's stomach.



ALS BABY

▪ **INFANT RESUSCITATION TRAINING**

During Trainer Use

The cricoid pressure technique (Sellick manoeuvre) can be realistically performed on the ALS Baby.

Lungs, stomach

The manikin contains two separate lungs and a stomach. They are designed to provide realistic movement and sounds during ventilation of either lung or distention of the stomach.

Intraosseous access via tibia bone

With the pad in place, intraosseous access can be practised according to clinical protocol. To confirm that the needle is correctly inserted in the tibia bone, simulated bone marrow can be aspirated into a syringe.

During Trainer Use

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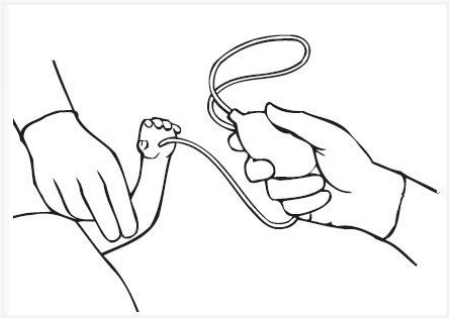
ALS BABY

▪ **INFANT RESUSCITATION TRAINING**

During Trainer Use

Pulse is simulated via a manually operated pulse bulb.



ECG can be monitored using the four ECG electrodes on the chest skin if the manikin is connected to the 3-lead outlet of the Laerdal Heartsim 200 .

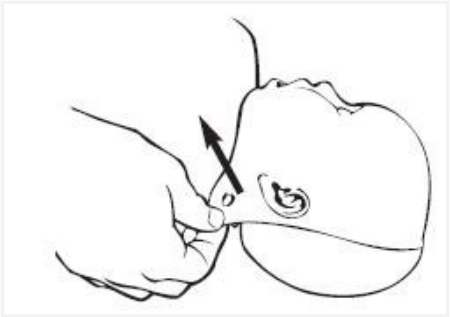
Warning! *The Laerdal ALS Baby Trainer must not be defibrillated.*

Post Trainer Use

Cleaning the face skin

1. Detach face from retainer at each ear.

2. Lift off face.



- Scrub stubborn stains when necessary with Isopropyl Alcohol solution and leave for 10 minutes.
- Rinse with fresh water.
- Allow face skin to dry.

INFANT AIRWAY MANAGEMENT TRAINER

- **INFANT AIRWAY MANAGEMENT**

Infant Airway Management Trainer is mounted on mounting base, and simulates a 3 month old infant head. It is designed to provide the following common diagnosis and treatment modalities:

Airway management

- Ventilation via bag-valve-mask
- Endotracheal and nasotracheal intubation
- Bilateral lung movement and stomach distention
- Oral/Nasal Airways
- Insertion of LMA (Laryngeal Mask Airway)

Supplies Needed

- Uncuffed Endotracheal Tube (Inner Diameter 3.5mm)
- A size 1 LMA
- Laerdal Lubricant
- Laryngoscope with #1 blade
- Infant Bag Valve Mask

Prior to Trainer Use

Lubricate the Endotracheal tube and Nasogastric tube using the provided Laerdal Lubricant.	**Note**: Do not spray the lubricant directly into the trainers mouth or nasal passage

During Trainer Use

Intubate orally and nasally as per usual.	**Note:** The trainer is synthetic and will tear if not lubricated or treated in an overly rough manner.

MICRO-PREMIE SIMULATOR

- **RESUSCITATION TRAINING**

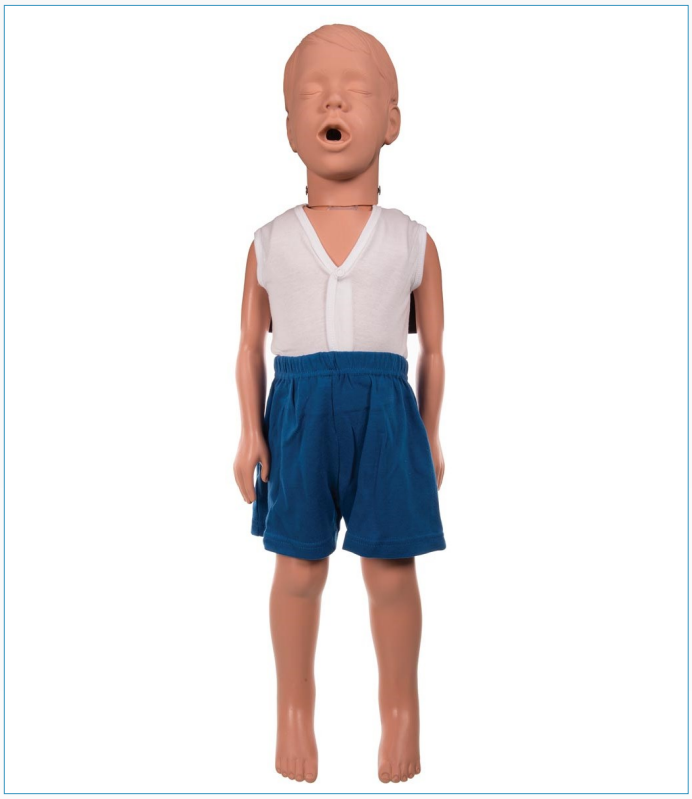
Features included are:

- Realistic Chest Compressions
- ET Tube Insertion
- Unilateral Chest Movement Option
- Right Side Accepts a Non-Functional 8-10 FR Chest tube
- Waterproof
- Left Nostril Accepts a 5 FR NG Tube
- Optional Myelomeningocele (Neural Tube Defect)
- Soft, Durable Skin
- Single, Removable, Non-Functional Stomas
- Nose, Oral Cavity and Stomach for Suction Practice
- Soft Umbilicus with One Functioning Patent Vessel

KYLE 3 YEAR OLD MANIKIN

- **PEDIATRIC CPR TRAINING**

Foam-filled, latex free, one-piece body. Cross-contamination is controlled with removable face pieces that clean easily and simple changeable lung system.



Features included are:

- Jaw thrust
- Carry Bag
- 3 Face Pieces
- 3 Airways

KIM™ INFANT CPR MANIKIN

- **BIRTHING SIMULATOR**

Foam-filled, latex free, one-piece body. Cross-contamination is controlled with removable face pieces that clean easily and simple changeable lung system.

Features included are:

- Jaw thrust
- Carry Bag
- 3 Face Pieces
- 3 Airways