Simulaids

Warning
Contains
Latex!

STAT SIMULATORS

Item #300

Instructions For Use

Thank you for choosing our product. This **STAT Simulator** manikin is warranted for three years from the date of purchase. If you need repair or have questions, please call 800-431-4310 for further information and return authorization.

ASSEMBLY

STAT Simulator comes to you without major assembly needed. However, the lower legs need to be attached for full body use, and certain replaceable parts come to you in bulk so you might learn where these features are located. The lower legs attach with a simple bolt through the knee joint. Position the right lower leg below the right thigh and slip the joint close enough together to be able to plug the twopulse tubings in their color-coded connectors. Then insert the bolt through the knee joint. Use the same process for the left leg.

INTUBATION HEAD

Proper procedures will ensure the long life of this intubation head. Before attempting to intubate, be sure to lubricate the endotracheal tube with KY or similar jelly or spray. This manikin will also accommodate any of the commonly used oral, esophageal, and tracheal airways now in field use. The tubing exiting near the right earlobe controls the tongue and larynx condition through pneumatic pressure. Install the 20cc syringe on the yellow port and inject ten to twenty cc's of air to swell the tongue. Close the valve to retain the inflation. When the valve is in the correct position, the syringe can be removed without loss of air pressure (fig 1).The red port is to spasm the larynx. Install the small (10cc) syringe on the red port.

CAUTION When closing the vocal cords, use only ten CCs of air. Any more and the unit will rupture, requiring shipment of the manikin back to the factory for repair.

The head can be removed for access to the tracheal and esophageal connectors, and the carotid pulse line connector, *but should only be done for decontamination*. Gently displace the sides of the neck until you can access the snaps that hold the head on the torso. Release the snaps and slowly pull the tubing out of the torso. As soon as possible, release the quick-connect-adapters of the tubing. Disconnect the carotid tubing, and remove the head. Be careful not to pull against the carotid tubing, or damage to that system may result.

(fig 1)

(fig 2)

TEETH

Two sets of upper teeth are supplied with the unit. One set has longer posts to simulate stronger, younger teeth. The other set with shorter posts simulates fragile older teeth. Select the appropriate set for your training and install them in the upper gum.

The upper teeth are made to detach (fig 2) when improper technique is applied by leveraging the laryngoscope on the teeth. They will fall into the airway, so take precautions not to put pressure on them. If they fall into the airway, you will need to extract them from the oral cavity with hemostats. There are additional teeth supplied with your STAT manikin, and they can be re-ordered when needed.

CRICOTHOROTOMY

The factory installs the first cricoid membrane (a piece of clear tape). If need be, cover the cricoid hole of the manikin's larynx with a piece of the enclosed roll of tape in order to feel the puncture of the membrane during practice.

Install the *cricoid overlay* with the elevated surface toward the chin. Attach by pressing the punched hole in the overlay over the white nylon post attached to the bottom of the mandible. Install the lower flat surface of the overlay over the white nylon post located on the bottom of the cricoid. With the insert in place, the exercise for cricothyrotomy can be accomplished.

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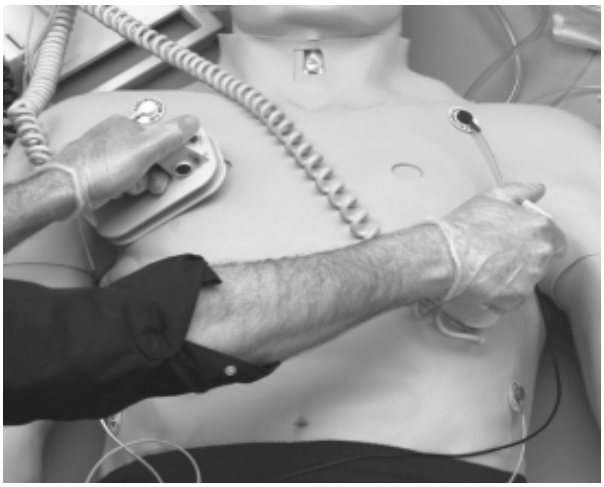
CARDIAC MONITORING

You will find the electrode placement areas for four lead monitoring on the overlay. Snap the leads from your monitor to these points. The EKG simulator lead cable attaches to the torso harness on the right side of the lower chest underneath the overlay. When correctly attached, the monitor will display the arrhythmia selected on the EKG simulator box.

If you are experiencing poor signal quality, check all of the connections outside of the manikin. The interior wiring was tested just prior to packaging and is not likely to be the cause.



DEFIBRILLATION SITES

The apex and sternal defibrillation sites are for connecting your automatic defibrillation leads. If you are using a hard-wired lead (R-2), you will need training cables. They are available from your distributor or Simulaids. Be sure to tell them which make of defibrillator you will be using.

If you use snap on defib cables, insert the appropriate adapter included with the Arrhythmia Simulator and attach your cables as if you were using the normal stick-on electrodes. If you desire to use manual defib paddles. Install the large disk adapters supplied with the manikin.

IV ARM

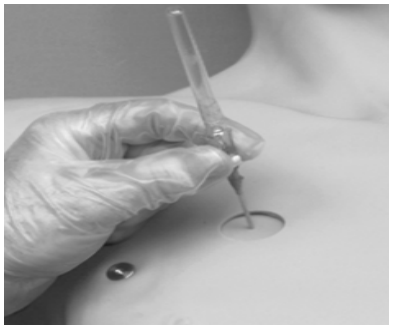
Put a drop of either dish detergent or surgical lubricant onto the tip of each connector on each of the reservoir tubes and connect them to the **LATEX** tubes of the IV arm. Make sure each tube is pushed up past the ribbed section of the connector to avoid leakage. Fill one reservoir bag with simulated blood or colored water. Elevate the filled reservoir bag and open the slide clamps of both reservoirs. Gravity will circulate the simulated blood through the venous network and into the second reservoir bag. When the elevated reservoir is empty, reverse it's position with lower one now filled with fluid. **NOTE:** Simulated blood, which accumulates under the skin, in the veins or in reservoirs, should be removed by washing in warm tap water after each use. Fill a reservoir with warm water and allow the circulation through the venous network to wash out the veins.

INTRAMUSCULAR INJECTION SITE

Install one of the enclosed IM sites in the deltoid area of the IV arm. The foam insert can be removed, squeezed, and dried many times before being replaced. The IM pad unit can be replaced after too many injections destroy the vinyl.

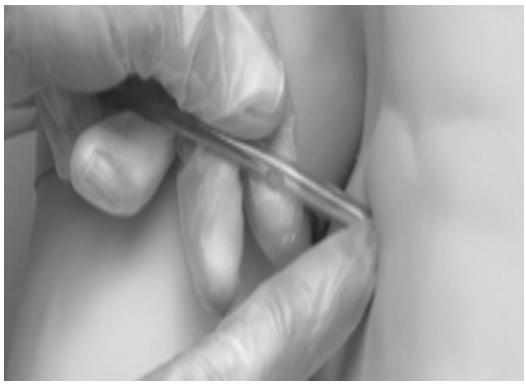
TENSION PNEUMOTHORAX

Attach the large diameter foot pump tubing (white tip) to the port under the pulse manifold on the left shoulder. Apply five or six strokes to the pump to inflate the air reservoir. Also, make sure the pneumothorax chest pads are in place in the chest skin (overlay). The smaller circle fits the cut out area of the overlay. The larger circle is the shoulder that holds the patch in place. After the air pressure has been initiated, the student will receive an audible release of air when the catheter punctures the skin and reaches a depth sufficient to make contact with the valve in the chest. Only one decompression occurs with each series of foot pump strokes. To do the exercise again, re-inflate the air reservoir.



CHEST TUBES

First, shut off the flow in the tubing by pushing the wedge tab onto the tubing, and then fill the reservoir bag with water only. Connect the tubing to the port on the posterior left shoulder under the pulse manifold. Open the tubing to let the water flow, and insert a chest tube into the site on the opposite side of the chest. Push the tube in until it rests against the release valve inside the torso. Bleed the air out of the system until water discharges. Remove the chest tube, and you are ready for the exercise. After the exercise, drain all the water from the system and use CDC protocols to prevent build up of contamination in the damp confines of the tubing.



Chest Tube

PulseManifold

PULSE POINTS

Your STAT manikin has 12 pulse points; bi-lateral radial, brachial, carotid, femoral, popliteal, and pedal pulses. To use this feature, connect the pulse bulb assembly tubing to the flexible connector on the left shoulder underneath the pulse manifold (brass knobs).

By using the pulse manifold valves on the left shoulder you can shut down the pulses according to three groups. The valve marked “A” will close the distal pulses, i.e., radial and pedal locations. The valve marked “B” will close the medial pulses, i.e., brachial and popliteal. The femoral and carotid pulses are shut off with valve “C.” This feature can be used to show either loss of blood pressure or loss of perfusion to the limbs.

CLEANING

Normal cleaning of this vinyl product can be accomplished with any household, water based, liquid cleaner. Removal of the residue caused by defibrillation under the electrodes will be easier if you coat the vinyl with turtle wax before you attach the electrode.

Fluid within the manikin must be drained thoroughly and fluid supply bags must be detached and emptied before storing the manikin. It is recommended that you flush IV lines with water before storing the manikin. Use appropriate CDC protocols to ensure decontamination of these spaces where moisture is likely to remain. STAT Simulator Chest Tube fluid discharge draining instructions: To remove excess fluid from the manikin before storing, keep the chest tube inserted in the right rib area but pulled back from the drain valve slightly to stop discharge. Roll the manikin up on its right side and place a receptacle under the drain tube. Push the tube into the chest until the fluid drains. By using a large volume syringe in the fluid reservoir connection port you can force air into the system to assist the draining process.

LIMITED WARRANTY

Simulaids warrants this product to be free from any defect in materials and/or workmanship for a period of three years from the date of purchase, as evidenced by the date of invoice when the product was shipped to the end user. This warranty expressly does not cover abuse, accidental or purposeful damage, or any form of modification to the product. Simulaids reserves the right to either repair or replace affected parts or the entire unit, at their sole discretion, after investigating and reviewing the actual product and the damage. In most instances, a digital photo of the product in question showing the damage will help qualify a product for return to the factory. At no time will any product be accepted at the plant without proper return authorization issued by Simulaids. Freight and Shipping charges are the sole responsibility of the end user. No product will be received with shipping charges due. Any product considered for warranty work must be identified by serial number and invoice number from the agency through whom the product was purchased. Without this information the product will not receive a return authorization number as required above.

RETURN POLICY

Should it be necessary to return an item, contact our Customer Service Department to obtain an RGA Number. Please refer to your invoice number when phoning in your request for returning merchandise. Should you have any questions or need further information on any product we manufacture, call or write our Customer Service Department at: 800-431-4310

REPLACEMENT PARTS:

Pnuemothorax Disk (4 pack)	#423
Cricothorotomy Skin (10 pack)	#424
Injection Site Disk (4 pack)	#302
IV Replacement Arm Skin	#390
IV Replacement Vein	#367
Simulated Blood Powder	#225
Reservoir Bags	#144
Arrhythmia Simulator	#102

Simulaids

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