

# INSTRUCTION MANUAL

S221

CLINICAL CHLOE™  
ADVANCED PATIENT CARE SIMULATOR  
WITH OSTOMY

S220

CLINICAL CHLOE™  
ADVANCED PATIENT CARE SIMULATOR  
WITHOUT OSTOMY

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## ASSEMBLY TIP

WHEN ASSEMBLING THE UPPER AND LOWER TORSO:

- FIRST INSERT THE THREADED ROD COMPLETELY THROUGH THE LOWER TORSO
- PLACE UPPER TORSO ABOVE LOWER TORSO.
- SLIP ONE END OF THE ROD THROUGH THE HOLD ON THE **LEFT** SIDE OF THE UPPER TORSO - ATTACH LOCKING NUT.
- NOW SLIP THE OTHER END OF THE ROD THROUGH THE HOLE ON THE **RIGHT** SIDE OF THE UPPER TORSO - ATTACH SECOND LOCKING NUT.

For additional information call:

Gaumard Scientific Company  
800-882-6655 USA  
305-971-3790 Worldwide  
305-667-6085 Fax

## 5. Cleaning

- The skin of the manikin may be cleaned with mild detergent, or soap and water
- Indelible marks made with ballpoint pens, ink or magic markers will remain.
- Do not wrap this or any GAUMARD simulator in newsprint.
- Do not use povidone-iodine on the simulator.
- Improper storage may damage the manikin - keep the manikin stored in the box provided.
- Do not stack or keep heavy materials on top of the box.
- Keep the manikin in a cool area.

If you have any questions regarding the simulator described in this manual, please call  
Customer Service for further assistance.

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## SECTION III - GENERAL NOTES

### 1. Lubrication

*ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER OR INVASIVE DEVICE. IN ADDITION, PLEASE NOTE THAT REPEATED STERILIZATION OF OLDER CATHETERS CAN CAUSE A VARIANCE IN CATHETER DIAMETER. SEVERAL CATHETERS SHOULD BE TRIED TO DETERMINE A PROPER FIT.*

### 2. Catheters - Troubleshooting

There may not be an immediate outflow of water on introduction of the catheter, especially if catheterization is performed with the manikin in the supine position. Should an airlock/blockage occur, simply inject air through the catheter. This should cause the reservoir to function normally.

The **Clinical Chloe™** is designed to simulate the sensitivity of the human urinary system. For this reason, the bladder tank will disengage internally in the event that a catheter is inserted with excessive force. In this case, remove the catheter, reattach the bladder tank, and reinsert the catheter more gently, applying lubricant as necessary.

### 3. Emptying the Reservoir System

A) To remove the remaining fluid from the bladder reservoir after catheterization exercises are complete, sit the model up over a bedpan with the catheter in place.

B) Purging the entire system of fluid may be accomplished by removing the waist rod, separating the upper torso from the lower torso, and "squeezing" out the fluid.

### 4. Filling of the Bladder

The bladder should be filled through the suprapubic opening. This may be done in one of two ways. Instillation of water (approximately 500 ml into the 2000 ml tank) through introduction of an appropriate funnel at the suprapubic site; or, by using a catheter with a large syringe.

## 15. Male Catheterization

The **Clinical Chloe™** permit catheterization of the male in the upright or recumbent position by the attachment of the male organ. The flexible vinyl male organ contains the urethra, which is connected to an internal urinary bladder through a one-way valve. A suprapubic cystostomy opening is also present for practice in cystostomy management and maintenance. When performing catheterization, the penis must be manipulated to permit passage of the catheter, as in the male patient. The realistic simulation of the male genitalia also permits instruction in asepsis and disinfection. When actually performing catheterization, a "one eye" #18 French catheter is recommended for the most efficient use of the simulator.

Catheterization exercises are carried out with the aid of an auxiliary bladder reservoir on a stand. The gravity feed of the bladder adds to the realism of the procedure. This auxiliary reservoir with stand is provided with each simulator. The simulator also demonstrates the appearance of the ostomy opening in the patient who has had a suprapubic stoma as a result of surgery on the bladder or prostate. All suprapubic cystostomy drainage and irrigation exercises can be performed on the **Clinical Chloe™**.

**NOTE: ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER.**

## 16. Decubitus Ulcers

A decubitus ulcer is caused by prolonged pressure in a patient confined to bed and in one position for a long period of time. They are also known as **pressure sores** or **bed sores**. The simulator is supplied with two of these ulcers. These ulcers are anatomically accurate. The first decubitus ulcer illustrates the initial stage of ulceration. The second decubitus ulcer illustrates the supuration or pus/deeply infected stage.

### 13. Urinary System

The urethral passage and the bladder (capacity: approximately 2000 ml) are connected by a valve assembly to make catheterization exercises more lifelike. Fluid can be withdrawn from the bladder after the insertion of a #18 French catheter. The suprapubic opening may be used for filling the bladder or for drainage exercises. Please note that repeated sterilization can cause a variance in catheter diameters. An older device might permit fluid leakage. Therefore, different catheters should be inserted to determine a proper fit.

**NOTE: ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER.**

For additional information, see the sections on "Male and Female Catheterization."

### 14. Female Catheterization

One of the most important elements of nursing care is bladder catheterization: the removal of urine from the bladder by introduction of a catheter. This procedure must be conducted under aseptic conditions, to prevent the subsequent infection or inflammation of the urinary tract. **Clinical Chloe™** permits catheterization with the simulator lying on its back. A suprapubic cystostomy opening is also present for practice in cystostomy management and maintenance. When practicing catheterization, the labia minora must be separated to examine the urethral opening, as in the female patient. The realistic simulation of the vulva area also permits instruction in asepsis and disinfection. When actually performing catheterization on the simulator, a "one eye" #18 French catheter is recommended for the most efficient use of the simulator. Catheterization exercises are carried out with the aid of an auxiliary bladder reservoir on a stand. The gravity feed of the fluid simulates the contraction of the bladder and adds to the realism of the procedure. The auxiliary reservoir with stand is provided with each simulator.

**NOTE: ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER.**

## 10. Stomach and Liver ( S221)

The upper torso contains a realistic stomach and liver. The upper torso also includes a stomach tank into which a #10 Levine tube may be used to demonstrate NG/OG exercises such as tube feeding and gastric suction. A gastrostomy port connects directly to the stomach tank from the red flange located near the waist. **ALWAYS USE A LUBRICANT WHEN INTRODUCING THE LEVINE TUBE.**

## 11. Transverse Colostomy, Ileostomy, and Suprapubic Cystostomy (Model S221)

The creation of an ostomy port, a temporary or permanent excretory opening, is an important part of abdominal surgery. The simulator demonstrates the appearance of ostomy openings. The **S221 Clinical Chloe™** has anatomically sculptured stomas of a transverse colostomy, ileostomy, and suprapubic cystostomy, which may be performed as a result of abdominal surgery. Conventional ostomy drainage and irrigation exercises can be performed on the **Clinical Chloe™**.

The ostomy sites connect to reservoirs of appropriate size, and disposable or permanent ostomy bags may be applied to all openings. Exercises in skin preparation and stoma hygiene, as well as treatment of skin conditions around the sites may also be practiced. The reservoirs may be cleansed by introducing a solution of soap and water or detergent with a 60 cc. syringe. Alternatively, the reservoirs can be removed from the lower torso and cleaned. If the stomas are not in use, please be sure to seal them with the stoppers provided in the set-up kit.

## 12. Enema Administration

Administration of an enema may be performed on this manikin. The legs articulate sufficiently to permit enema exercises with the manikin on its back. The enema should be introduced with an anal nozzle of small diameter. Remember to use a lubricant.

**PLEASE NOTE:** A non-return valve is built into the anal canal to prevent fluid spilling during instillation. The enema reservoir capacity is approximately 800 ml.

## 6. Breast Palpation and Examination

The manikin is provided with interchangeable male and female breast inserts. The soft vinyl permits breast palpation for tumor detection. The left female breast contains a simulated tumor. The right female breast is normal. If your manikin includes the detachable S260 Breast Option, please see the included Instruction Manual for this option.

## 7. Male and Female Organs

The male organ attachment is a reproduction of the external genitalia of the adult male, complete with scrotum. The simulator is shipped with a red adaptor at the opening of the urethra for female catheterization exercises. The male organ is not attached when shipped. For attachment of the male organ, this red adaptor **MUST** be removed. Replacement adaptors are included. To attach the male organ, remove the red adaptor and set it aside. Please do not throw the red adaptor away, as it is necessary to perform female catheterization exercises. Gently slide the tube attached to the male organ into the opening of the urethra on the manikin, and attach the Velcro.

## 8. Range of Simulated Movement

The joints are strong and their movements are lifelike and realistic. The manikin bends at the waist. The head and jaw articulate.

## 9. Ears, Nose and Throat

- Left ear - the interior of the ear contains a simulated ear canal with a capacity of 10 ml, facilitating syringing exercises.
- Nasal/oral openings: both are connected to the stomach reservoir/tank, so that a #10 Levine tube may be used to demonstrate tube feeding and gastric suction. A gastric reservoir (capacity: 850 ml) is provided, with an opening for gastrostomy.

**REMEMBER TO ALWAYS USE A LUBRICANT PRIOR TO INTRODUCTION OF A LEVINE TUBE OR ANY OTHER INVASIVE DEVICE.**

**NOTE:** The nostrils can be pinched for exercises in CPR.



## SECTION II - HOSPITAL CARE CAPABILITIES

### 1. Bandaging

The fingers and toes of this simulator are separated to permit bandaging exercises. The surface of the manikin is smooth and resistant to water, oil, and liniments.

### 2. Eyes/Ophthalmologic Exercises

The head has separately inset and removable eyes, permitting the following exercises:

- Administration of orbital medicines, including instillation of drops or ointment into the conjunctival sac.
- Removal of foreign bodies.
- Eye irrigation.

### 3. Teeth and Tongue

The simulator is supplied with removable upper and lower dentures. To remove teeth gently insert one finger into the upper or lower jaw and tap lightly. Dentures will immediately snap out. To reinsert, gently hold lower or upper lip and replace dentures. The tongue of the manikin can be moved gently from side to side.

- Note: Dentures are attached with Velcro, and **NO FORCE** is required for their removal

### 4. Hygienic Care

The head is supplied with a wig, permitting instruction in combing, shampooing, and head draping. The manikin surface is water resistant so that bathing exercises may be practiced.

### 5. Injection Sites

The site in the upper left and right arms allows administration of both intramuscular and subcutaneous injections anywhere on the circumference of the arm. There is also a site in the upper gluteal region to permit intramuscular injections in the buttocks. All injection sites are easily removed and replaced.

## SECTION I - INTRODUCTION

The **Clinical Chloe™** is an advanced multipurpose simulator. Its features are as follows:

- Articulating head, neck, and jaw with removable dentures
- NG, OG, and otic exercises
- Interchangeable male and female breasts; left female breast has malignancy
- Realistic eyes and hair
- Vaginal douching and pap smear exercises
- Male and female genitalia to perform catheterization
- Stomas for transverse colostomy, ileostomy, and suprapubic exercises (S221)
- Enema administration
- Injection site in buttocks and upper arms

The **Clinical Chloe** comes detached at the waist for ease of shipping, and can be stored easily. The upper torso contains the following: ribcage; heart; left and right lungs; a stomach; and a liver.

To assemble the manikin, unscrew the two knobs at either end of the waist rod, located in the lower torso. Within the upper torso of the manikin you will find a vinyl bag connected by two clear tubes to the mouth and nose of the manikin. This is the stomach reservoir, and it **MUST BE CONNECTED TO THE LOWER TORSO BEFORE ANY EXERCISES MAY BE PERFORMED USING THE MANIKIN.**

To attach the stomach reservoir to the lower torso, connect the open red flange on the stomach bag to the red flange located on the uppermost portion of the lower torso. You may connect these by slipping the red flange on the stomach reservoir **INTO** the red flange on the lower torso.

You are now ready to attach the lower torso of the manikin to the upper torso. Ease the right half of the lower torso into the upper, being careful not to disengage the stomach reservoir. Line up the holes on that side and slide the rod through the hole on the upper torso. Replace the waist knob. Now repeat the procedure on the left side of the manikin, pulling the waist rod slightly out of the right side of the manikin to ease the assembly. Replace the waist knob.

To disassemble the manikin, reverse this procedure.

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PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO  
COMMENCING TRAINING EXERCISES ON YOUR NEW MANIKIN.

HANDLE YOUR SIMULATOR IN THE SAME MANNER AS YOU  
WOULD HANDLE YOUR PATIENT - WITH CARE.

SHOULD YOU HAVE ANY QUESTIONS AFTER READING THIS  
INSTRUCTIONAL MANUAL, PLEASE CALL OUR CUSTOMER  
SERVICE DEPARTMENT.

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