

Simulaids



No 350 Stat Baby

Instructions for STAT Baby, item 350

To assist you in preparing STAT Baby for student activities we offer the following set up suggestions:

After connecting fluid reservoir bags to the manikin, you should run fluid through the feature you are connected to so that the student's attempt at that skill will result in fluid being immediately available, i.e., urinary catheterization tubing may have air trapped between the fluid bag and the valve in the manikin.

Warning: Product Contains Latex.

IV Lines:

- The veins in the right antecubital fosse, left dorsal hand and antecubital fosse, and the pedal and saphenous veins on the left foot are supplied with blood by attaching the reservoir bags (one with blood, the other empty to receive circulated blood) to the white and blue color coded connectors located on the baby's right side. It will be important to clamp off the receiving reservoir bag line after the blood has completely filled the veins in order to get the best possible return of flash upon installation of a catheter. Raise the supply reservoir to the highest level possible to increase the pressure in the veins. Open the receiving reservoir line when infusing so there is room for the extra fluid.
- The PICC line placement in the right antecubital fosse will allow you to insert the catheter, receive a flash, and install the heart catheter to the depth of the heart.
- Always flush blood lines with warm water before storing the manikin.
- See the replacement instructions below for putting new IV sites in place.

I/O Right Leg:

- To charge the right lower leg with blood for I/O needle insertion blood aspiration, first carefully fill the empty interior of the leg and install the clear, top-hat cap (with tubing and connector attached) to seal the leg. The valve will not leak if the reservoir bag is not attached. Push the plug in flush with the end of the I/O leg tubing. Once the leg is filled, attach the red color-coded reservoir filled with blood to allow flow of blood into the leg. It is not necessary to connect the reservoir in order to aspirate the blood. If you are going to infuse fluid, attach a reservoir bag with limited contents so there is room for more fluid to be contained.

I/O Right Leg:

- Always drain and flush the I/O blood reservoir in the right leg before storing the manikin. Flush the leg with the plug and connector withdrawn for best flushing results.

Urinary Catheterization:

- To charge the bladder with fluid for response to proper catheterization, fill the reservoir that has the gray color coded connector tip with water. Connect the tubing of the reservoir bag to the gray tubing connector exiting the right side of the torso. Proper 5 FR catheter installation will result in fluid flow through the catheter.
- Always drain and rinse the urinary tract before storing the manikin. Do so by disconnecting the reservoir bag and then inserting a catheter into the manikin to fully drain the tubing.

Chest Tube Insertion

- The insertion point for a chest tube is located under the left arm in the midaxillary line of the fifth intercostals space. The fluid for simulated drainage comes from the same circuit used for the urinary catheterization feature.

Pulses:

- There are six pulse points activated by the white squeeze bulb assembly furnished with the manikin kit. The connection of the bulb assembly is made to the only tube exiting the right side of the baby with a clear tapered plastic connector. Squeezing the bulb after it is attached will cause the bilateral locations of the carotid, femoral and brachial pulses to activate.

Pneumothorax:

- To create air pressure in the chest, gently squeeze the brown bulb attached to the left side of the manikin a couple of times. There is a relief valve in the air reservoir so that it cannot be over-inflated and burst. You may feel a little resistance, but do not continue to pump in an effort to increase the pressure. Insertion of a needle catheter into the appropriate mid-clavicular, third intercostals space where the replaceable skin section resides will result in a discharge of the air, indicating successful placement of the catheter. To obtain another discharge of air during catheterization, pump up the bladder again. There is no damage done to the interior of the manikin and no disassembly or other labor is required to replace the pads. Simply lift the old units out of the torso overlay holes and insert a new pad.

ECG Capabilities:

- The four limb leads are available for the attachment of your ECG monitor's color coded limb leads. To generate a rhythm through the baby's chest, attach the ECG Interactive Rhythm Generator to the color coded wires exiting the baby's left side. Push the "On" button and you will have a NSR available at the baby's chest leads. Select any of the other buttons on the box to change to that feature.

Defibrillation

- To practice defibrillation protocols, attach the defibrillation cables (orange, that exit the left side of the torso) to the corresponding holes in the top of the ECG Interactive Rhythm generator. The white lead goes to the sternum hole and the black lead goes to the apex hole. The manikin is supplied with manual defibrillation adapters (brass discs) upon which you may place defib paddles and discharge directly to the baby's chest. 20 joules of energy is enough to convert, however the device is rated to 360 joules.
- If you are using hands free pads, it is highly recommended that you obtain a set of training cables to replace them. Contact your Simulaids distributor for purchase information.
- The cables will allow you to go from your defibrillation lead wire to the universal chest-post adapters supplied with the manikin. 20 joules of energy is enough to convert. To convert, you must initiate on the ECG Simulator the appropriate rhythm to convert, push the "convert" button, and select the rhythm to which you want to go after conversion. When you choose a rhythm to go to, that button will blink on the rhythm generator. If the convert button is not pushed, the rhythm will not convert and you can test protocol knowledge.
- **Warning:** always disconnect the electrical components prior to storage or cleaning the manikin.

Advanced Airway:

- You will find all the anatomical landmarks necessary to teach nasal or oral intubation techniques, including all applicable field use adjuncts like LMA's and ET's. We recommend LMA size 1, and ET tubes up to 3.5 mm (Brozelow Tape Pink/Red guidelines). You may also perform a Sellick's maneuver while intubating.

Advanced Airway:

- Always lubricate any devices inserted into the mouth. Difficulty in inserting your tools will result if you do not, and forcing objects may damage the manikin.
- To inflate the tongue, connect a small syringe to the yellow, three-way connector exiting the baby's left side. Use 5-7 cc's of air.
- To inflate the laryngospasm, connect a small syringe to the red, three-way connector tubing exiting the baby's left side and *inflate with no more than 5 cc's of air!*
- The valves can be set to hold the air in both these systems without the syringe being present, offering you a way to avoid showing the student obvious clues.
- It is recommended that you occasionally swab the throat of the manikin with a wet, small gauze pad to remove a build up of lubricant residue. Using a hemostat will allow you to reach far enough to clean, but not damage the throat.
- Do not perform rescue breathing with this ALS device, as you will contaminate the interior structure and only replacement of parts will eliminate the contamination.

Injection sites:

- An intramuscular injection site is available at the top of the left thigh.
- A subcutaneous injection site is available on the left triceps.
- In both instances, you may remove the pad and squeeze it dry to avoid bacterial growth when storing the manikin. To remove the pad, displace the torso skin and unhook the arm or leg skin from the torso buttons and slip the skin off from the buttons. Always dry the pads before storing the manikin.

Gastric Tube Placement:

- You may insert a gastric tube to the level of the stomach for the purpose of gavage or lavage.

Rectal Medications:

- You will find an aperture for the insertion of a rectal medication syringe. There is no reservoir for inducing medications.

Cleaning Instructions

- To keep your manikin fresh, simply use a mild soap and warm water application to the surfaces of the skin. Do not submerge or soak the manikin to remove dirt. The use of commercially available water-soluble solutions is recommended. Again, do not soak the manikin with the spray, but lightly apply the spray to a cloth first.

Parts Replacement

- *I/O right leg skins and IV therapy skins* on the arms and left leg are replaceable when they have too many damaged areas to suit your needs. The proximal ends of these skins are held in place by buttons located under the torso skin. Simply find the button locations and remove the skins. The Pneumothorax pads are also replaceable.
- To replace the *I/O leg bones*, remove the right leg skin and remove the next layer of subcutaneous material. The I/O leg bone simply snaps into the knee joint. Hold the knee joint and pop loose the leg bone. Reinstallation of the new bone only requires you to pop the knee joint together and replace the subq material and then the skin. All of the skeletal parts are pop-together assembly. If there are excessive forces applied to a joint, it may well come apart. Simply realign the parts and pop them back together.
- *IV sites* are replaced by accessing the areas by removing the appropriate skin. The latex tubing that accepts the catheters is only about 2” long. Pull the old tubing off from the more durable vein tubing, cut a piece of replacement latex, and connect it to the ends of the vein tubing from which you just removed the old tubing. It is not necessary to remove the subq material to accomplish this, and the subq material at these sites is not made to come off. Reinstall the skin and you are ready to continue IV training.
- To assist installation of the arm and leg skins during replacement, lightly sprinkle baby powder into the skin and massage the skin to spread the powder over the entire interior surface. Also, apply a light coating to the outside of the subcutaneous surface of the limb; doing this will help the skin slide onto the limb.

Item #	Item Description
427	IV Vein Kit 1 Arm 1 Leg
428	Leg Skin 1 Left 1 Right
429	Arm Skin 1 Left 1 Right
430	Pneumothorax Pads 4 Pack
431	IO Leg Bones 12 Pack
432	IM Injection Site 4 Pack
433	SC Injection Site 4 Pack
225	Blood Powder 1 gallon



PDA STAT MANIKIN

Simulaids
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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.

RETURN POLICY

Should it be necessary to return an item for credit for any reason, 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 wish further information on any product we manufacture call or write our Customer Service Department:

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