Nursing Anne Basic

325-20001
(FCS-2500)

Directions for Use
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Nursing Anne Basic is a full-body, lifelike vinyl manikin designed to teach all skills from basic patient handling to advanced nursing.

The manufacturing quality of this simulator should provide many sessions of training when reasonable care and maintenance are practiced.

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**Laerdal Recommends:**

- IV Injections – 20 gauge needle, or smaller
- Tracheostomy Tube – Size 6
- NG Tube – Size 16 French
- Endotracheal Tube – 7.5 or smaller
- Laryngoscope Blade - Size #2 or #3, straight or curved blade
- Urethral Catheter – 16 French
- Enema Simulation – 7 mm
**Items Included:**

(1) Full-Body Female  
(1) Articulating Female Multi-Venous IV Training Arm  
(1) Set of Nursing Wound Modules  
(1) Hospital Gown  
(1) Male Genitalia  
(1) Female Genitalia  
(3) Urinary Valves  
(3) Anal Valves  
(1) Simulated Blood Concentrate  
(1) 100 cc Syringe  
(1) Manikin Lubricant  
(1) Assembly Tool Kit  

Wig seen on front cover, not included.  

See next page for contents of Wound Care & Assessment Set.
Wound Care & Assessment Set:
(1) Abdominal Incision Module with Painted Sutures
(1) Abdominal Incision Module with Staples and Penrose Drain
(1) Abdominal Incision Module with Nylon Sutures and Penrose Drain
(1) Abdominal Subcutaneous Heparin and Insulin Injection Module
(1) Abdominal Packing Module
(1) Infected Colostomy Stoma
(1) Ventro-Gluteal and Gluteal Decubitus Ulcer Modules
(1) Below Knee Amputation Stump
(1) Thigh Packing and Irrigation Module
(1) Thigh Suture Module
(1) Thigh Debridement Module
(1) Varicose Vein Leg with Stasis Ulcer
(1) Diabetic Foot Module
Skills Taught:
• Basic patient handling
• Denture care
• Oral hygiene
• Oral and nasal intubation
• Eye and ear irrigation (simulated)
• NG Tube insertion, care medication administration and removal
• Lavage/Gavage
• Tracheostomy care and suctioning
• IV care and management
• Subcutaneous and intramuscular injection
• Oxygen delivery procedures
• Ostomy irrigation and care
• Catheterization skills
• Enema simulation
• Colonic irrigation
• Wound assessment and care
• Bandaging and dressing
Teeth –
To remove:
Grasp firmly and lift.

To reinsert both sets:
a. Begin on one side and work around, aligning ridges with corresponding grooves in jaws. (Dusting with baby powder is helpful.)
b. Press firmly into place.

Carotid Pulse –
To generate a carotid pulse, use the hand held red bulb located on the right axillary side of manikin. Firmly squeeze bulb while palpating for pulse at carotid site.

Tracheostomy Plug –
The Tracheostomy plug may be removed by grasping firmly, then lifting up and out. To replace, press into hole. (Photo 1)

Tracheostomy Care –
1. Mix solution of ½ cup mild liquid detergent and ½ cup water.
2. Remove lungs and trachea.
3. Pour mixture into simulated lungs.
4. Fill lungs to a level where suction catheter will pick up mixture.
5. Reattach lungs at connector.

The consistency of the solution approximates the mucus normally suctioned in a tracheostomy patient. 

Laerdal Recommends:
Insert and remove bottom teeth first when performing denture care.

Laerdal Recommends:
We recommend a size 6 tracheostomy tube. Opening will accommodate other sizes, but a size 6 is usually most suitable.

Drain and air-dry lungs immediately after each use.
NG Tube Placement –
This manikin features an esophagus and stomach reservoir for practice of NG tube insertion and skills such as Lavage and Gavage.

Laerdal Recommends:
For best results, lubricate the tube with either silicone spray or liquid detergent prior to NG or OG tube insertion.

Intubation –
The following equipment is recommended:

a. Endotracheal tube, size 7.5 ID or smaller
b. Manikin Lubricant or liquid soap
c. 10 ml syringe
d. Laryngoscope blade, size #2 or #3 straight or curved.
e. Laryngoscope handle
f. NG Tube, size 16 French

Remove trach plug prior to insertion of intubation tubes.

Laerdal Recommends:
Intubation tubes and airway passages should be sprayed with manikin lubricant or lubricated with liquid soap prior to intubation.

Lungs –
Lungs may be removed from bronchial tubes by unscrewing them at the connector site. To replace, reverse procedure.

Stomach Reservoir –
Stomach reservoir attaches to esophagus with a connector. Reservoir opening is located on side of manikin. To fill reservoir with water, use 100 cc syringe.

Belly Plate with Colostomy Stoma –
To remove:
1. Apply pressure to center of plate.
2. Work fingers under edge while lifting. (Photo 2)

Laerdal Recommends:
Dusting with talcum powder is helpful in replacing belly plates.
To insert:
1. Attach valve and genitalia.
2. Work plate edges into pelvis cavity.

The belly plate with colostomy stoma also serves as the urinary reservoir.

To fill reservoir:
- a. Remove colostomy stoma.
- b. Fill with fluid.
- c. *Gently* reinsert stoma.

| Laerdal Recommends: | Make sure genitalia and urinary connectors are in place prior to filling. |

Injection Pads –
- a. To remove, squeeze pad with fingers and pull.
- b. To replace, squeeze pad and insert in opening.

| Laerdal Recommends: | Dusting pads with talcum powder will assist with |

Injection pads may be injected with water. Foam should be removed from pads immediately following training. Squeeze out fluid and air dry.

Waist, Knee and Ankle Joints –
These joints are connected with a bolt and lock nut. To remove, unscrew lock nut and pull bolt from joint. Segments will now easily disconnect.

| Laerdal Recommends: | When assembled, talcum powder should be used in joints to assist articulation. |
Arms –
Arms are attached with a 4 ½” long bolt, three washers, a spring and a wing nut.

To attach:
1. Unfasten chest skin from shoulders.
2. Pull skin back to expose chest cavity.
3. Locate hole in shoulder.
4. Remove deltoid injection pad from arm by squeezing skin in center of pad while pulling.
5. Slide small washer over bolt.
6. Insert bolt through hole in arm and hole in manikin’s shoulder.
7. Add large washer, spring, another large washer and wing nut to bolt inside manikin’s chest. (Figure 1)
8. Use a screwdriver to hold bolt steady while tightening wing nut.

To remove arms, reverse procedure.
Legs –
Legs are attached with a 6” long bolt, a spring, a large washer, a small washer and a wing nut.

To attach:
1. Remove belly plate and colon reservoir from manikin to locate hole in hip.
2. Remove thigh injection pad from leg by squeezing skin in center of pad while pulling.
3. Slide spring and small washer over bolt.
4. Insert bolt through hole in thigh.
5. Insert bolt through hole in pelvis.
6. Slide large washer and wing nut over bolt from inside pelvis.
7. Use screwdriver to hold bolt while tightening wing nut. (Figure 2)

To remove legs, reverse procedure.

IV Arm –
Multiple Venipuncture sites:
- Dorsal Veins of Hand (3)
- Cephalic Vein
- Median Vein
- Basilic Vein
- Antecubital

Laerdal Recommends:
A 20 gauge needle or smaller is recommended to extend the life of the IV Arm.

When using an IV catheter, lubricate with manikin lubricant for easier insertion.

Directions for Use:
1. Attach IV bag to IV tubing.
2. Attach IV tubing to either latex vein.
3. Allow fluid to flow through arm and out other latex vein.
4. Clamp off flow of water from open vein.

The arm is now ready to practice venipuncture.
Replacing Skin and Veins:

Remove skin:
If replacing skin and veins, cut off skin. This can be done with a sharp knife, scalpel or scissors. (Figure 3) When finished, discard skin. (Figure 4)

Laerdal Recommends:

When excessive leaking occurs at puncture sites, either a new vein system or skin should be installed to reduce loss of fluid.

We recommend working at a sink when replacing the skin.
Replacing veins: (Keeping skin)

1. Lubricate inside of skin with liquid detergent; let it flow down into the finger area.
2. Begin at top of arm and slowly pull skin down and off of arm. **Do not roll, as that will cause skin to bind.** Thumb will detach with skin.
3. Remove tubing from track in mandrel. Glue may need to be scraped away to allow removal.
4. Rinse and dry vein grooves well and swab with alcohol. Be sure to remove any excess glue.
5. Place new veins along grooves, (Figure 5) spot gluing as needed. (We recommend a fast-drying glue.)

![Figure 5](image_url)

6. Generously lather arm mandrel with liquid soap.

**Laerdal Recommends**

Heat arms skins before replacing on mandrel. This can be done with a blow-dryer.

7. Slide hand into skin. (Photo 3)

![Photo 3](image_url)
8. Work skin over fingers, as with a glove. (Photo 4)

9. Work arm skin up, over mandrel. (Photos 5 & 6)
Genitalia:
Both male and female genitalia have been provided for urinary catheterization and enema training procedures.

Tube-like valves, with a screw cap on one end, connect urethra and anus to corresponding reservoirs. This cap must be connected to genitalia openings. Soft vinyl end of connector is attached to urinary and anal reservoirs with a white clamp. (Long valve connects urinary reservoir; short valve connects anal reservoir.)

Pelvic support pin must be removed and replaced immediately when assembling and disassembling genitalia. (Figure 6)

Fig. 6

Laerdal Recommends
Pelvic support pin must be replaced. Failure to replace pin will result in pelvic spread. If this occurs, the genitalia module will no longer fit properly in the manikin.

To disassemble:
1. Lift up on belly plate.
2. Pull upper portion of genitalia back to remove pelvic support pin.
3. Belly plate, genitalia with connectors, and colon reservoir may now be removed simultaneously.
To assemble: (Photos 7, 8 & 9)

1. Screw both valves onto genitalia. When attaching valves, be sure alignment of genitalia, urinary reservoir (belly plate) and colon reservoir are as illustrated in Figure 7.
2. Lift up on edge of belly plate.
3. Pull down upper portion of genital.
4. Insert into pelvic cavity.
5. Replace the pelvic support pin.
6. Press belly plate into position.

Long valve connects urinary reservoir; short valve connects anal reservoir.

Slide tube to meet ridge on connector.

Area where clamp is placed.

Apply clamp and squeeze to tighten.
Colon Reservoir –
Colon reservoir inserts into pelvic cavity with narrow end downward and connector pointing outward. This connector attaches reservoir to anal valve on genitalia. (Photo 10)

Reservoir should be removed from manikin, inverted, drained and completely air-dried before storing.

Urinary Catheterization and Enema Simulation –

**Laerdal Recommends:**
After several uses, catheter may “hang” when water has washed away lubricant, causing friction and binding. If this occurs, generously lubricate a catheter and insert into urethra several times.

If catheter hangs during removal, work it with an “in and out” motion. Use warm water in reservoirs when possible to keep soap from clogging the catheters. Make sure reservoirs are well drained of all water before disconnecting valves.

**Laerdal Recommends:**
A size 16 French catheter is suggested for urethral catheterization.

Size 7mm catheter is suggested for enema

**Check List for Valves That May Leak:**
- Do valve connections have an O-ring?
- Does the white clamp fit firmly against base of valve?
- Are valves attached correctly?
- If valves are attached correctly, are they properly connected to reservoirs and to genitalia?
Troubleshooting –
What can I do if my manikin develops a pelvic spread?
Cinch pelvis with a belt and heat with a hair dryer to soften, cinching as you heat. Insert pin, leaving belt in place until cool.

What do I do if my connectors leak?
Make sure C-clamps are squeezed tightly into place and connectors are screwed on tightly.

What can I do if I can’t remove my catheter?
Make sure the cuff is deflated.

Care and Maintenance –
1. Clean with mild soap and water; do not submerse manikin or parts in cleaning fluids or water. Apply a light coat of talcum powder to the face and chest skin to achieve skin-like feeling.
2. Use only on clean surface. Avoid felt tipped markers, ink pens, acetone, iodine or other staining products and avoid placing the manikin on newsprint or inked lines of any kind.
3. To ensure longevity, each manikin should be cleaned after each training session and a general inspection should be conducted regularly.
4. Modules and all other parts should be drained and air-dried thoroughly before storage and disinfected when needed. After use of injection pads (use water only), accumulated water should be squeezed out. Do not store wet foam pads in the skin. To prevent mildew or mold, pads can be soaked in a mild solution of disinfectant and water or bleach and water. Squeeze excess solution from pads, allow them to dry, then store or reinsert in manikin.
5. Articulating parts will benefit from a light application of talcum powder prior to training sessions.
6. Store properly between teaching sessions.

Warranty
Laerdal Medical warrants to the purchaser that its products are free from defects in material and workmanship for a period of one (1) year from the date of
purchase by the original user. During the designated one (1) year period, Laerdal Medical will, upon receipt of a product found to be defective due to materials or workmanship from the purchaser and notification in writing of the defect, at its option repair or replace any parts found to be defective or the entire product. Warranty period does not renew with replacement or repair of original product.

Products found to be defective and notification of defects may also be sent to the authorized Laerdal Medical dealer from whom the product was purchased. All postage, shipping or handling charges shall be the sole responsibility of the purchaser.

Laerdal Medical is responsible for the effects of safety, reliability and performance of its product(s) only if:

– service, repair, readjustment or modification is carried out by Laerdal Medical or persons authorized by Laerdal Medical.
– the electrical installation of the room where the product is used complies with pertinent equipment requirements.
– the product is used in the proper manner in strict compliance with its Directions for Use.

Laerdal Medical shall not be liable under this warranty for incidental or consequential damages, or in the event any unauthorized repairs or modifications have been made or attempted, or when the product, or any part thereof, has been damaged by accident, misuse or abuse. This warranty does not cover batteries, fuses, normal wear and tear, excessive use, staining, discoloration or other cosmetic irregularity which does not impede or degrade product performance.

Some states in the USA do not allow the exclusion or limitation of incidental or consequential damages, so those limitations or exclusions may not apply to you.

There are no other express or implied warranties, whether of merchantability, fitness or purpose, or otherwise, on the product, its parts and accessories.
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Please contact Customer Service Representatives for more information on Replacement Parts in other skin tones.