Nursing Baby

ENGLISH  Directions for Use
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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.

Cautions and Warnings
This product contains Natural Rubber latex which may cause allergic reactions when in contact with humans.

The Nursing Baby SimPad is a full-size infant manikin that realistically simulates a 6-month old patient. It is specifically designed for training professionals in the practice of basic and advanced nursing techniques.

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

Laerdal Recommends
Endotracheal intubation – 3.5 ID
Intubation – straight laryngoscope blade - #1
Tracheostomy tube – 3.5 PED
Nasogastric tube/feeding tube – 8 French
IV Injections – 22 Gauge or smaller
Nasal and oral suctioning – 8 French
Urinary catheterization – 8 French Foley catheter
Intraosseous infusion – Jamshidi® needle – 16 gauge
Gastrostomy feeding tube – 18 French
Ileostomy bag – vendor specific

Items Included:
(1) Full Body Infant Manikin
(1) SimPad System
(1) Male Genitalia
(1) Female Genitalia
(1) Baby Pants
(3) Simulated Rectal Suppositories
(1) Manikin Lubricant
(1) Tool Kit
(1) Carrying Case
(1) Connector Cable

(Simulated blood concentrate is available for purchase.)

Skills Taught:
• General infant assessment
• Bag/Valve Mask
• Trach care and suctioning
• Oral/Nasal suctioning
• NG tube insertion
• OG tube insertion
• Lavage/Gavage
• Intraosseous puncture and infusion
• Intramuscular injection site identification
• Urinary catheterization
• Rectal suppository insertion
• Ostomy care
• Gastrostomy tube care and feeding
• Auscultation of normal and abnormal heart, breath and bowel sounds
• Oral intubation
• Nasal intubation
• Digital intubation
• Oropharyngeal airway insertion
• Nasopharyngeal airway insertion
• Vocal sound identification

Anterior Fontanelle Variables -
The black pulse bulb allows for controlling pressure in fontanelle area to simulate normal, bulging, and depressed fontanelles.
1. To create normal or bulging fontanelles:
   a) Turn silver knob on black pulse bulb clockwise to finger tight.
   b) Squeeze black bulb until desired fontanelle state is achieved.
2. To create depressed fontanelles:
   a) Turn silver knob on black pulse bulb counter clockwise to loosen.
   b) Allow air to release.

Laerdal Recommends
Endotracheal tube size – 3.5 ID
Straight laryngoscope blade – size #1
Tracheostomy tube size – 3.5 PED

Airway Management -
Spray pharynx, nostrils and all intubation devices with a liberal amount of manikin lubricant. (Liquid soap may be used instead.)

Tracheostomy Plug -
The tracheostomy plug may be removed by grasping firmly, then lifting up and then out. To replace, press into hole.

Tracheostomy Care & Suctioning -
1. Mix solution of 1/2 cup mild liquid detergent and 1/2 cup water.
2. Move the ribcage with speakers, by flipping it over the manikin’s face. (Photo 1)
3. Remove the white lung bags.
4. Pour the mixture into the simulated lungs, enough for suction catheter to pick up solution.
5. Reattach lungs to bronchial tubes.

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

Drain and air-dry lungs immediately after use. (Photo 2)

Laerdal Recommends
NG feeding tube – 8 French

NG Tube Insertion -
1. Filling stomach reservoir for NG Tube insertion:
   a. Remove chest skin from torso by detaching straps on back of manikin.
   b. Place infant in supine position.
   c. Remove drain plug from stomach reservoir. (Photo 2)
   d. Use a syringe to fill reservoir with approximately 50cc of water.
   e. Replace drain plug.
   f. Replace chest skin, being sure to secure straps.

2. Emptying stomach after NG Tube insertion:
   a. Remove chest skin from torso by detaching straps on back of manikin.
   b. Place infant in supine position.
   c. Remove drain plug from the stomach reservoir.
   d. Allow fluid to drain by tilting infant or aspirate fluid with a syringe.
   e. Allow to air dry before reassembly.

Lungs -
Lungs may be detached from the bronchial tubes by removing bands and pulling them off. To replace, reverse the procedure. Spreading the bands with forceps and slipping them over the “Y” connector may aid in reconnecting the lungs.

IV Arm -
1. Fill a 12cc syringe with colored fluid.
2. Attach fluid filled syringe to one of the veins.
3. Slowly inject fluid, allowing it to flow through arm and out other vein.
4. Clamp vein through which fluid is flowing using hemostats or a similar device. (Figure 1)
5. IV arm is now ready to practice venipuncture.

Laerdal Recommends
Use nothing larger than a 22-gauge needle for IV or intramuscular injections. This will extend the life of the skin.

Laerdal 4 Nursing Baby
IV Arm Skin and Vein Replacement -
1. Unscrew IV arm from torso.
2. Slide used skin off arm mandrel.
3. Remove tubing from track in mandrel.
4. Rinse and dry vein grooves well and swab with alcohol. Be sure to remove any excess glue.
5. Place new veins along grooves, spot gluing as needed. We recommend a fast-drying glue.
6. Insert tubing through holes in new skin.
7. Slide new arm skin onto mandrel. Dusting mandrel with talcum powder will aid in this.
8. Reattach arm to torso.

IV Leg -
1. Fill a 12cc syringe with colored fluid.
2. Attach fluid filled syringe to one of the veins.
3. Slowly inject fluid, allowing it to flow through leg and out other vein.
4. Clamp the vein through which fluid is flowing using hemostats or a similar device.

The IV leg is now ready to practice venipuncture.

Skin and Vein Replacement -
1. Unscrew IV leg from torso. (Figure 2)
2. Slide used skin off leg mandrel.
3. Remove tubing from track in mandrel.
4. Rinse and dry vein grooves well and swab with alcohol. Remove any excess glue.
5. Place new veins along grooves, spot gluing as needed. A fast-drying glue is recommended.
6. Insert tubing through holes in new skin.
7. Slide new leg skin onto mandrel. Dusting mandrel with talcum powder will aid in this.
8. Turn foot using a clockwise motion onto upper leg until desired position is achieved.
9. Reattach leg.

Intraosseous Leg -
The Infant IO Leg is designed for perfecting skills required for successful intraosseous puncture and infusion. Anatomy of the IO leg includes anatomical landmarks at the tibial tuberosity and medial malleolus.

IO Leg Puncture -
1. Unplug drain in heel of right foot. (Figure 3)
2. Using a syringe, fill leg with approximately 300cc's of fluid. (Simulated blood is available for purchase).
3. Reinsert plug.

The IO Leg is now ready to practice intraosseous puncture.

IO Leg Infusion -

Laerdal Recommends
Use Jamshidi® needle – 16 gauge for IO infusions.

Equipment needed for IO infusion:
- IV bag
- IV administration set
- Simulated blood concentrate (not included)
- 35cc syringe
- Jamshidi Needle

Instructions for IO Infusion -
1. Attach tubing connector to IV bag.
2. Turn leg upside down.
3. Remove plug from heel. (Figure 3)
4. With a syringe, fill the bone with approximately 120cc of simulated blood.
5. Attach tubing and reservoir bag.
6. Close of tubing that runs into reservoir bag so simulated blood will remain in the bone for aspiration. (Use valve to open or close line as needed in order to relieve pressure build up as fluids are being infused).
7. When reservoir bag is filled, discontinue infusion and replace with empty bag. (This will help decrease the amount of fluid in the leg and minimize leakage.)

IO Leg Replacement -
1. Remove lower leg and foot by unscrewing bolts at the knee.
2. Replace used ID mandrel with new mandrel.
3. Slide new IO skin onto mandrel (applying talcum powder will aid in this).
4. Reattach using the existing bolts.

Vocal Sounds and Auscultation of heart, breath and bowel sounds:
Connect Nursing Baby to Link Box, via cable located on right side of manikin (Photo 3). For some manikins the cable adapter supplied with SimPad System may have to be used.

See SimPad DFU for complete Heart, Breath and Bowel Sound Auscultation
Genitalia -
Both male and female genitalia have been provided for urinary catheterization and enema training procedures.

To Assemble
1. Remove chest skin from torso by detaching straps on back of manikin.
2. Remove pelvic pin (Photo 4) to release urinary reservoir.
   
   NOTE: Pelvic Pin must be replaced.

   ![Urinary Reservoir Plug](image)
   ![Urinary Reservoir](image)
   ![Pelvic Pin](image)

   Photo 4

3. Attach genitalia by sliding clear tube on genitalia into flesh colored tube attached to the reservoir.
4. Replace connected reservoir and genitalia into abdomen, making sure genitalia is sliding properly into track.
5. Replace pelvic pin.
6. Replace chest skin, reattaching straps at back of manikin.

Pelvic Support Pin must be replaced.
Failure to replace will result in pelvic spread.
If this occurs, the genitalia will no longer fit properly in manikin.

Urinary Catheterization and Suppository Insertion -

Laerdal Recommends
Lubricate catheter and suppository with manikin lubricant or full strength liquid soap for easier insertion.

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<tr>
<th>Product Number</th>
<th>Description</th>
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<tr>
<td>365-02250</td>
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<td>Band, Lung Retainers (4)</td>
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<td>365-00850</td>
<td>IV Arm Mandrel Assembly</td>
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<td>Kit, Sleeve/IV Arm</td>
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<tr>
<td>365-02550</td>
<td>Carry Case</td>
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Replacement Parts:

Troubleshooting:
What to do if there is difficulty in inserting urinary catheter?
For best results, catheters should be well lubricated with manikin lubricant or full strength liquid soap prior to using. After several uses, the catheter may tend to “hang” when the water has washed away the lubricant, causing friction and binding. If this occurs, generously lubricate a hard catheter and insert it into the urethra several times.

What to do if there is difficulty in removing urinary catheter?
If catheter hangs somewhat during removal, work it with an “in and out” motion for a moment. Use warm water in reservoir when possible to keep manikin lubricant or soap from clogging catheters. Make sure reservoir is well drained of all water before disconnecting valve.

Care and Maintenance:
1. Do not submerge manikin parts in cleaning fluids.
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.
5. Articulating parts will benefit from a light application of talcum powder prior to training sessions.
6. Store properly between teaching sessions.

Laerdal Recommends
A size 8 French Foley catheter is suggested for urethral catheterization.

The anal opening is for suppository insertion only.

Please contact Customer Service Representatives for more information on Replacement Parts in other skin tones.