

U45001

INSTRUCTION MANUAL

S304

CODE BLUE® I MULTIPURPOSE CPR AND PATIENT CARE SIMULATOR WITH DISPOSABLE AIRWAY

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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
INSTRUCTION MANUAL, PLEASE CALL OUR CUSTOMER SERVICE
DEPARTMENT.

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SECTION I - EMERGENCY CARE CAPABILITIES

1. RESPIRATORY AND CARDIOVASCULAR SYSTEM

The upper torso of the CODE BLUE I contains a realistic chest cavity, which includes the following: ribcage, heart, left and right lungs, left and right carotid arteries, a replaceable, disposable airway, stomach and liver. It is possible for the emergency care student to simulate mouth to mouth resuscitation, while changing the airway for each student. The use of a positive pressure ventilation device such as a BVM may also be practiced.

The carotids can be pulsed manually using the red squeeze bulb located at the end of a tube coming from the left side of the manikin.

The degree of pulmonary ventilation and cardiac compression achieved by the trainee can be judged by connecting the CODE BLUE Life Monitoring System. Attach the blue tube from the opening near the waist to the Ventilation port on the back of the monitor. Attach the red tube from the heart (located near the waist) to the Compression port of the monitor.

2. CODE BLUE LIFE MONITORING SYSTEM

INSTRUCTIONS FOR USE

The CODE BLUE Life Monitoring System is to be used with the Gaumard CPR PATIENT CARE SIMULATOR only. This system was designed to help teach CPR simply and effectively. It coaches the student through CPR training for both adult and child CPR. A manual from the American Heart Association is provided by Gaumard with your CPR simulator to offer further information.

The CODE BLUE Life Monitoring System is to be used only as part of an approved CPR training program.

Connect the color coded red and blue tubes to the compression and ventilation ports on the back of the monitor. Select the Adult or Child mode, set the Coach/Reset switch to Coach and turn on the monitor. The student will immediately see coaching lights and hear tones. These tones and lights are synchronized. The low tones indicate the timing of ventilations, the higher tones indicate the timing of chest compressions. This sequence is consistent with recommendations provided by the American Heart Association and Red Cross for adult and child CPR.

In the Adult mode, the student will observe a 1-2 second pause, then hear two low tones. The Vent coaching light illuminates in sequence with the tone. This indicates that the student should ventilate the lungs twice, using the disposable airway provided, and the appropriate ventilation technique. The use of a positive pressure ventilation system such as an BVM may also be practiced. The 2 low tones are followed by 15 higher tones. The Comp coaching light will illuminate in sequence with the tone. This indicates that the student should apply the appropriate amount of chest compression.

Apply compressions in sequence with the coaching light and sound. When the 15 compressions are complete, the 2 low pitched tones will again be heard, indicating that it is time to begin the ventilation cycle once more. Remember, the Adult cycle is 2 ventilations, followed by 15 compressions.

To change from the Adult to the Child mode, set the Coach/Reset switch to Reset, the Adult/Child switch to Child, then return the Coach/Reset switch to Coach. In the Child mode, the student will observe a 1-2 second pause, then hear 2 low tones followed by 5 higher tones. Then 1 higher tone will be followed by 5 lower tones. Again, the low tones indicate lung ventilation, and the higher tones indicate chest compression. Note that both the cycle and the timing of CPR for children is very different from those for adults.

Once the student is familiar with the Adult and/or Child timing sequence, the instructor should teach the proper amount of lung inflation and chest compression. The instructor should select either the Adult or Child mode. Ask the student to ventilate the lungs. For an adult, the proper amount of ventilation is a least 600 cubic centimeters of air. The correct ventilation will cause the bar graph to illuminate in the green range. Note that too little ventilation will cause the bar graph to illuminate only into the yellow range. Too much ventilation will register in the red range. Now ask the student to compress the chest. For an adult, the correct chest compression of 1½ to 2 inches will cause the bar graph to illuminate into the green range. Too little compression will cause the bar graph to illuminate only into the yellow range. Too much compression will register in the red range and may damage a victim's ribs. Stay in the green range for both ventilation and compressions.

Depending upon the mode selected, the monitor will adjust for the differences in both the timing cycle and the amount of ventilation/compression required.

NOTES

1. When changing from the Adult to Child or Child to Adult mode, always switch from Coach to Reset and back to Coach. This resets the electronics and start the timing sequence.
2. While teaching the correct amount of lung inflation or chest compression, the Instructor may elect to turn off the beeps and lights by switching to Reset. In this mode, the student can practice proper ventilation or chest compression by monitoring progress on the bar graph. Remember to stay in the green range to achieve the correct amount of ventilation and compression.
3. The CODE BLUE Life Monitoring System is powered by a conventional 9 volt battery. Please note that the Low Batt indicator is next to the Power switch.

3. INSTRUCTION FOR REMOVING AND REPLACING DISPOSABLE AIRWAY

CAUTION: Always use Disposable Airways provided by Gaumard Scientific Company. Products manufactured by other suppliers may have a different compliance and/or volume, and are not compatible with the CODE BLUE Monitoring System or manikin.

- A. Release the Velcro strip and lift the chest skin away from the chest cavity. Remove the ribcage.
- B. Remove the disposable airway by grasping and pulling it away from the simulator. Each student should have an airway.
- C. Thread the introducer through the hold at the end of the disposable airway.
- D. Ease the introducer up through the manikin's neck and out through the mouth using an upward curving motion.
- E. Remove the introducer and straighten the disposable airway within the chest cavity and neck.
- F. Replace the ribs in the chest cavity, on top of the disposable airway. This will allow simulation of realistic chest rise.
- G. Reattach the skin to the upper torso.

Please see the end of this manual for photos that illustrate the replacement of the disposable airway.

4. ALTERNATE FOR REMOVING AND REPLACING DISPOSABLE AIRWAY

- A. Note that your manikin arrived fitted with a disposable airway in place.
- B. To replace the airway, release the Velcro strip and lift the chest skin. Remove the ribcage.
- C. Note the small hole in the disposable airway located midline between the lungs.
- D. Select a replacement disposable airway and note the small hole located midline at the mouthpiece.
- E. Attach "C" to "D" using any convenient tie material. This means attaching the bottom of the airway to the top of the "new" airway.
- F. Now pull the "old" airway out through the mouth which will pull the "new" airway into place.
- G. Replace chest skin and continue CPR instruction.

5. CPR TRAINING

For instructions, refer to the enclosed manual prepared by the American Heart Association. For additional information, refer to the course book offered by your organization.

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 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 upper and lower dentures. They are not removable.
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 arm 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.
6. **Male and Female Breasts**
Male and female breasts are supplied with the simulator. The soft vinyl of the breasts permits palpation for tumor detection. The left female breast contains a simulated tumor.
7. **Male and Female Organs**
The male organ attachment is a reproduction of the external genitalia of the adult male, complete with scrotum. The external vulval features of the female organ are lifelike. Internally, the vaginal passage is closed at its inner end (length: 7.5 cm) to permit douching and pap smear exercises.
8. **Range of Movement**
The joints are strong and their movements are lifelike and realistic. The manikin bends 30 degrees at the waist. The head and jaw are fully articulated.

9. **Ears, Nose and Throat**

The interior of the left ear contains a simulated ear canal with a capacity of 10 ml, facilitating syringing exercises. Nasal and oral openings are connected to the stomach reservoir, so that a #10 Levine tube may be used to demonstrate tube feeding and gastric suction. The stomach (capacity 330 ml) is provided with an opening for gastrostomy. **ALWAYS USE A LUBRICANT WHEN INTRODUCING THE LEVINE TUBE.**

NOTE: The nostrils can be pinched for exercises in artificial respiration.

10. **Stomach and Liver**

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

Your CODE BLUE includes a simulated sphincter between the esophagus and the entrance to the stomach. As supplied, the sphincter is **CLOSED** in order to prevent positive pressure ventilation from inflating the stomach during CPR. Therefore, during Levine training, the instructor may select to **OPEN** the sphincter using the following technique:

- A. Remove the thumb nuts at the waist, remove the waist rod and separate the upper and lower torso.
- B. Locate the stomach and pull it toward you. Observe the tube leading to the stomach and observe the two-position clamp.
- C. Release or close the clamp as needed.
- D. Replace the stomach, reattach the upper and lower torsos, and reinstall the waist rod and thumb nuts.

11. **Intestinal Tract**

- A. **Transverse Colostomy** - The simulated GI tract extends from the anal opening to the transverse colon. The site for a transverse colostomy is clearly marked and is connected to the reservoir system. Sites for ascending colostomy and ileostomy are also marked to permit all "ostomy" dressings and maintenance exercises. The sites are connected to the reservoir system. For additional information, see section on "Ostomy".
- B. **Enema** - The GI tract (reservoir capacity - 800 ml) can be used to simulate irrigation and enema instillation. Administration of the enema should be carried out with the simulator or its side.

NOTE: A non-return valve is built into the anal canal to prevent fluid spillage during installation.

12. Urinary System

The urethral passage and the bladder (capacity: approximately 2000 ml) are connected by a double diaphragm valve 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".

13. Breast Palpation and Examination

Both basic and sophisticated breast examinations, including palpation of the axilla, the subclavian area and the internal mammary chain, may be practiced. Breasts come in all shapes and sizes and do not remain the same throughout the life of an adult woman. There are variations due to the course of menstrual cycles, childbirth, breast feeding, age and the use of birth control pills or other hormone-related drugs.

Breast self-examination should be done monthly, preferable at the end of a menstrual period. The post-menopausal woman should examine herself on a chosen day, or on a monthly basis. If a lump, dimpling of the nipple, or discharge from the nipple is noticed, the physician should be contacted immediately. Breast self-examination using the simulator should be done with the torso in the upright/semi-recumbent position. Place the desired breast(s) in place and attach the bra strap. Feel the left breast with the right fingers and the right breast with the left fingers. Move the fingers in a circular movement around the breast. Move from the periphery toward the center until you reach the nipple. Raise the nipple gently. It should lift up without resistance.

Both the left and right breasts can be used for this exercise. The left breast can also be used to demonstrate and practice the movement of the mammary gland on the surface of the pectoralis major muscle, which lies directly under the breast (BREAST #1).

BREAST #2 Note the six (6) discreet nodes on one side, a somewhat larger node on the other side of the breast, and the very discreet puckered area around the nipple. This breast represents (in a slightly exaggerated form) various stages of fibrocystic disease (chronic mastitis), which is due to an endocrine imbalance and may be found in many normal women. Also note that the larger node may be felt either as a hard node or as a cystic mass or swelling.

BREAST #3 There is a solitary tumor in this breast. It is well circumscribed and has a stalk. The tumor can be moved, and is not adherent to breast tissue. It is benign and usually occurs in a younger woman.

BREAST #4 This breast shows a retracted nipple and on careful palpation, a mass may be felt immediately under the nipple. This breast represents a carcinoma in one of the milk ducts and also shows the so-called "orange skin" effect, on the entire nipple area.

BREAST #5 This breast shows a comparatively rare but easily palpable tumor: a giant sarcoma (or giant mammary myxoma) of which the widely growing masses (the largest one shown in the ulcerated form) can be easily felt and seen.

BREAST #6 This form of breast cancer (scirrhous carcinoma) is one of the more commonly encountered malignant tumors of the breast. When palpating, note the infiltrating nature of the growth. It has no well-defined borders and cannot be moved within the breast.

BREAST #7 This replica of the lymphatic drainage of the left breast outlines the various pathways along which breast tumors metastasize. The auxiliary pathway, subclavian pathway and internal mammary pathway are shown and are easily palpable. Initially, the instructor may find it worthwhile to examine and palpate the various pathological breasts without the bra strap in place. The strap should be pulled over the torso, taking care that it is properly centered, so that it does not "pull" excessively toward either the left side or the right side.

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. The CODE BLUE I 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 fed 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.

The simulator also demonstrates the appearance of the ostomy opening in the patient who has had the suprapubic cystostomy performed as a result of surgery on the bladder. All suprapubic cystostomy drainage and irrigation exercises can be performed on the CODE BLUE I.

NOTE: ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER

15. Male Catheterization

The CODE BLUE I permits 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 CODE BLUE I.

NOTE: ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER

16. Ostomy Management

The creation of an "OSTOMY", a temporary or permanent artificial excretory opening, is an important part of modern abdominal surgery. The CODE BLUE I has anatomically sculptured stomas of a transverse colostomy, ileostomy, and suprapubic cystostomy. The sites connect with reservoirs for the color and small bowel ileum 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 be practiced. The reservoirs may be cleansed by introducing a solution of soap and water or detergent with a 60 cc syringe. Irrigate the reservoirs from the red flange opening and allow the cleaning liquid to flow out through the ostomy. To clean the colostomy, introduce the tip of the syringe through the ostomy and allow the cleaning liquid to flow out through the urethral opening.

17. Prostatic Palpation

The palpation of the prostate gland in the adult male patient is an important part of health care training exercises. It is important for the student to learn the basics of the rectal examination as well as to ascertain the "feel" of the normal prostate. In order to make the examination lifelike, it is recommended that the gloved index finger is well lubricated before insertion into the anal orifice. The finger is pushed in as far as possible. The student should now make slow, firm, circular movements, clockwise or counter-clockwise, to determine the border of the gland and its consistency and to determine whether the surface palpated is smooth.

18. Gaumard Patient Training Arm and Hand Injection Simulator

INSTRUCTIONS FOR USE

SUMMARY:

1. Place the simulator on a level surface and raise the vinyl bag into position.
2. Close the white "click valve" at the outlet and fill the system with water initially. Once you are familiar with the simulator, use the blood concentrate.
3. Open the outlet and allow any air bubbles to escape.
4. Close the outlet.
5. Perform the intravenous, subcutaneous, or intramuscular procedures. See the following detailed instructions.
6. Note that use of needles larger than 22 gauge will reduce the skin/vein life.
7. The skin and veins are designed to show even minute leakage when an eccentric puncture is performed. A "perfect" stick will show little or no leakage.
8. When the training session is completed, open the outlet and drain the fluid.
9. Clean with water. See detailed instructions.
10. Call Customer Service at 1.800.882.6655 to place orders for additional skins, veins, and other replacement parts.

ASSEMBLY OF THE SIMULATOR

1. Place the arm on a table or other flat surface.
2. Lift the hinged metal stand supporting the blood dispenser and move the metal stand into position until it rests on the Lucite base. Check that the tubing is not kinked.
3. The veins of this simulator are designed to leak a small amount of fluid if the needle is not inserted correctly, simulating the response of the human body. Therefore, it is suggested that clean water be used in the system while students are learning correct venipuncture techniques.

4. Once a basic skill level is achieved, follow the instructions for preparing artificial blood, as shown on the jar enclosed. Pour the blood into dispenser using a small funnel.
5. Remove entrapped air in the veins by locating a small cutoff valve near the shoulder of the arm. This valve is normally closed to prevent leakage. Release this valve and you will be able to observe the flow of fluid. As soon as the bubbles stop, the lines are completely filled with fluid. "Click" the valve closed, and the simulator is ready for use.

DISASSEMBLY AND RE-ASSEMBLY

1. Starting at the top of the arm, remove the skin by rolling it down and over the wrist. This will expose the veins. Use talcum powder to ease movement.
2. Remove the arm from the manikin by following these steps:
 - A. Lift the skin from the torso to reveal the chest cavity.
 - B. Remove the ribs.
 - C. Unscrew and remove the washer and nut securing the arm in place at the shoulder.
 - D. Gently remove the arm by pulling outward.
 - E. Remove the veins from the grooves in the arm.
 - F. Replace the veins as required.
 - G. Reconnect the arm.
 - H. Replace the ribcage.
 - I. Replace the skin over the ribcage and attach with Velcro.

CLEANING AND REPAIR OF THE INTRAVENOUS TRAINING ARM

1. The skin of the Intravenous Training Arm can be cleaned with a mild detergent or soap and water. After drying the arm, lightly dust it with talcum powder. This will keep the training arm supple and easy to use.
2. If the venous system is blocked, first check that the tubes are not kinked. If the blockage persists, flush veins with water.
3. Indelible marks made with ballpoint pens, ink or magic markers will remain.
4. Call Customer Service for questions not answered in this instruction manual.

19. AMPUTATION STUMP

To attach the amputation stump, please follow the directions below:

- A. Remove the lower leg at the knee joint.
- B. Insert the amputation stump over the upper leg.
- C. To change the amputation stump back to the standard leg assembly, use the reverse procedure.

With the amputation stump in place, the following exercises may be performed.

1. Bandaging
2. Manipulation of the "stump".
3. General hospital care of the amputee.

20. **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 suppuration or pus/deeply infected stage.

SECTION III - GENERAL NOTES

1. CATHETERS

The manikin is designed to simulate the sensitivity of the human urinary system. For this reason, the bladder tank will disengage internally from the flange 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.

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

2. EMPTYING THE RESERVOIR SYSTEM

To remove the remaining fluid from the bladder reservoir after catheterization exercises are complete, simply sit the simulator over a bedpan with the catheter in situ. Purging the entire reservoir system of fluid may be accomplished by separating the upper and lower torso of the simulator (see INTERNAL CLEANING), and "squeezing" out the fluid.

3. FILLING OF THE BLADDER

The bladder should be filled through the suprapubic opening, as mentioned above. This can be done in one of two ways. Instillation of water (approximately 500ml) can be accomplished by introduction of an appropriate funnel at the suprapubic site. The bladder may also be filled using a catheter, with a 20 or 30 cc syringe attached.

4. INTERCHANGEABLE MALE AND FEMALE BREASTS AND GENITALIA

The outward appearance of the simulator is feminine. Attachment of the male genitalia and male chest inserts converts the simulator into a male patient.

5. INTERNAL CLEANING

To open the simulator, i.e. separate the upper torso from the lower, unscrew the small knobs at waist level on each side of the simulator, and remove the waist rod. The upper and lower torsos may now be gently eased apart. The tubes that lead to the stomach can be disengaged and removed, as can the reservoir itself. This makes the cleaning of the stomach reservoir possible.

NOTE: Be sure to reconnect all parts of the G tract tightly, to prevent leakage. Also remember that the bladder and colon are permanently fixed and should be maintained by irrigation.

6. LUBRICATION

Always use a lubricant when introducing a catheter, Levine tube, tracheotomy tube, intubator, anal irrigator, or enema nozzle.

7. CLEANING AND STORAGE

- The skin of the manikin may be cleaned with mild detergent, or soap and water.
- Indelible marks made with ballpoint pen, ink or magic marker 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 other items on top of the box your manikin is stored in.
- Keep your manikin in a cool area.

SHOULD YOU HAVE ANY QUESTIONS AFTER READING THIS INSTRUCTION MANUAL, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT FOR FURTHER ASSISTANCE:

800.882.6655 USA
305.666.8548/305.971.3790 Worldwide
305.667.6085 Fax
e-mail: sima@gaumard.com

Internet catalog: www.gaumard.com

3. FILLING OF THE BLADDER

The bladder should be filled through the suprapubic opening, as mentioned above. This can be done in one of two ways. Instillation of water (**approximately 2000 ml**) can be accomplished by introduction of an appropriate funnel at the suprapubic site. The bladder may also be filled using a catheter, with a 20 or 30 cc syringe attached.

4. INTERCHANGEABLE MALE AND FEMALE BREASTS AND GENITALIA:

The outward appearance of the simulator is feminine. Attachment of the male genitalia and male chest inserts converts the simulator into a male patient.

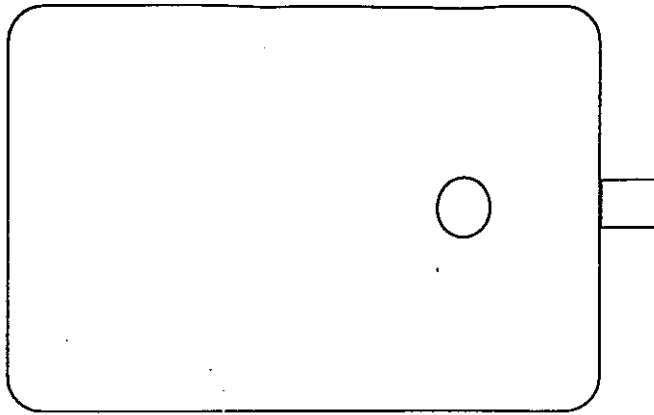
5. INTERNAL CLEANING: To open the simulator, i.e. separate the upper torso from the lower, unscrew the small knobs at waist level on each side of the simulator, and remove the waist rod. The upper and lower torsos may now be gently eased apart. The tubes that lead to the stomach can be disengaged and removed, as can the reservoir itself. This makes the cleaning of the stomach reservoir possible.

NOTE: Be sure to reconnect all parts of the G tract tightly, to prevent leakage. Also remember that the bladder and colon are permanently fixed and should be maintained by irrigation.

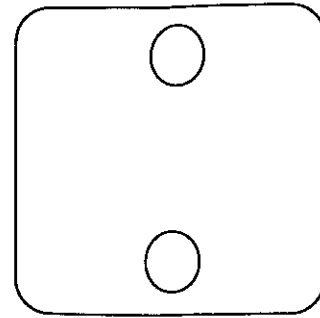
6. LUBRICATION: Always use a lubricant when introducing a catheter, Levine tube, tracheotomy tube, intubator, anal irrigator, or enema nozzle.

**If you have any questions pertaining to the CODE BLUE I manikin,
please call the Customer Service Department at (800) 882-6655
for additional assistance.**

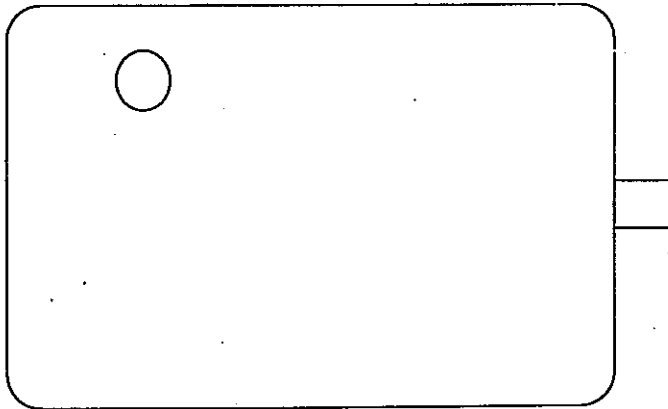
MAXIMUM CAPACITY (ml) - INTERNAL TANKS CODE BLUE SIMULATOR



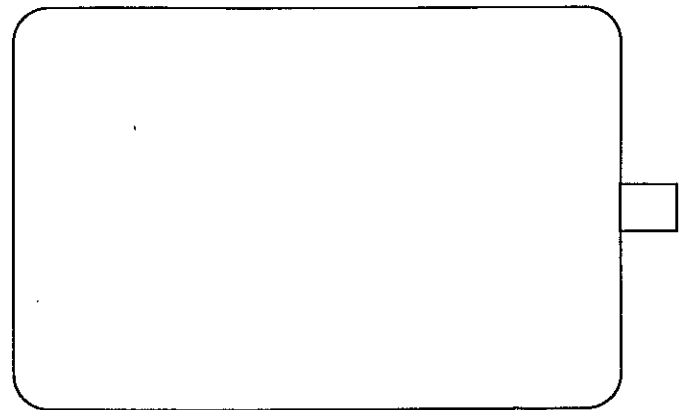
Bladder (Supra-pubic Stoma)
Tank - 2000 ml



Transverse Ileostomy
Tank - 500 ml



Rectum (Colostomy)
Tank - 800 ml



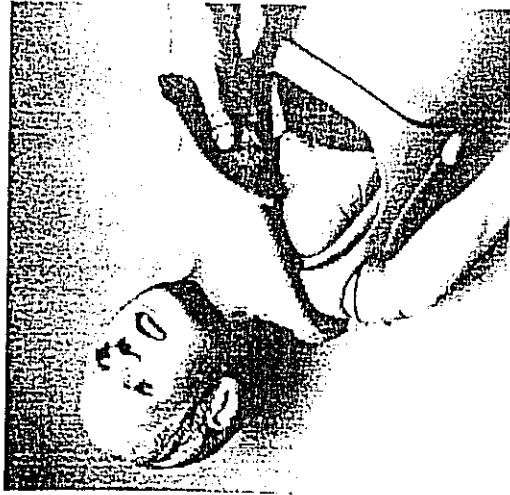
Lung-Tank - 1600 ml

Not Pictured

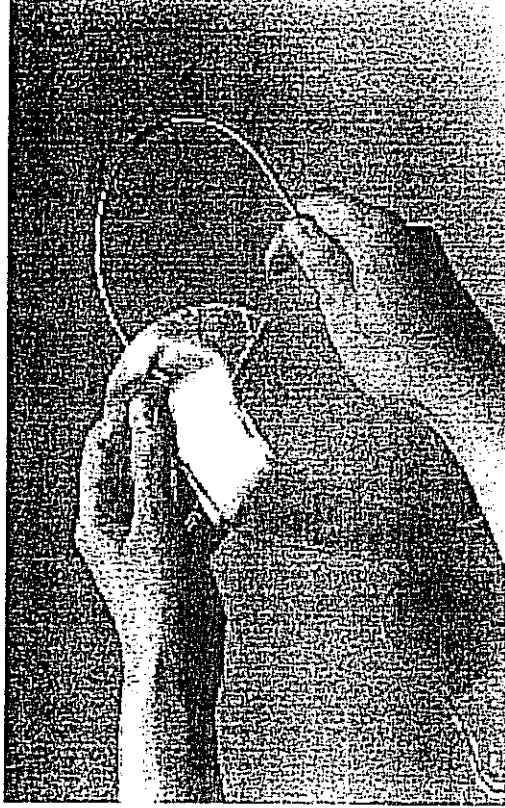
Stomach - 330 ml
Ear Canal - 10 ml
Trachea Tank - 75 ml

REPLACEMENT OF DISPOSABLE AIRWAY

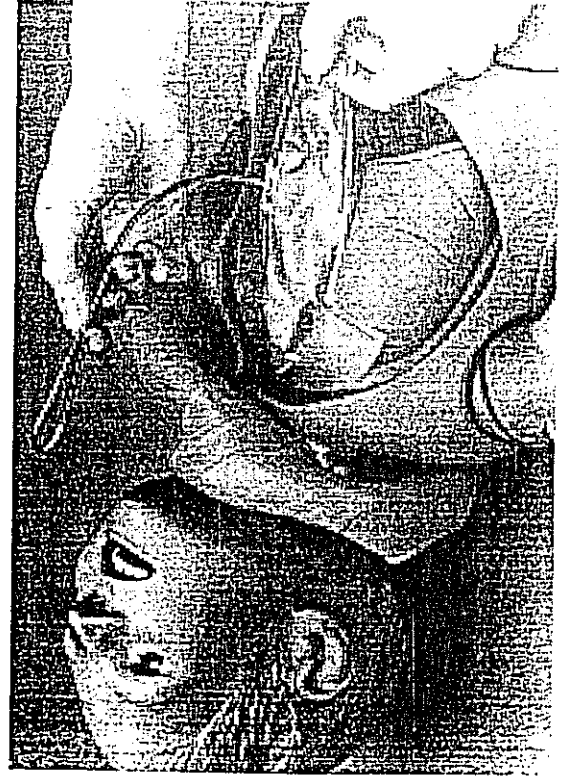
(Note: Illustrated on our pediatric manikin. Also applicable on adult.)



1. Lift the chest skin to expose the chest cavity. Remove the ribcage.



2. Thread the introducer through the disposable airway.



3. With the head tilted back, ease the introducer up through the neck using an upward curving motion.



4. Ease the introducer through the mouth, and straighten the disposable airway within the chest cavity and airway. Remove the introducer, replace the chest skin, and top of the disposable airway, and

Sima 31 SM Venous Patient Training Arm and Hand

