

S408
NEWBORN INJECTION TRAINING ARM

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INTRODUCTION

The S408 Injection Training Arm simulates the arm of a newborn. It is an effective training tool for intravenous and certain arterial exercises. It is only to be used as part of an approved program for patient care.

The S408 Injection Training Arm includes a blood dispensing bag, synthetic blood concentrate and a spare arm skin. The training arm contains anatomically located venous and arterial grooves which are fitted with soft latex tubes closely simulating the consistency of veins. A translucent, pliable latex skin, which is removable and washable, is stretched over the training arm.

The newborn training arm provides:

1. A medial venous antecubital vein for IV exercises
2. Radial and brachial arteries
3. Two veins in the dorsum of the hand for additional intravenous training techniques

Applying pressure via the blue pressure bulb permits the veins to stand out, simulating a clenched fist or a tourniquet situation. Release of the pressure simulates collapsed veins. Applying pressure via the red squeeze bulb causes the radial and brachial arteries to pulse.

INSTRUCTIONS FOR USE

1. Place the simulator on a level surface.
2. Open the inlet "click valve" between the bag and the arm. Close the outlet. Fill the system using water initially. Once you are familiar with the system, mix the blood concentrate.
3. Open the outlet and allow air bubbles to escape.
4. Close both the outlet and the inlet.
5. Perform the appropriate exercises. See the following instructions for intravenous exercises.
6. When the training session is completed, open the outlet and drain the fluid.

INTRAVENOUS EXERCISES

Setting up an IV line is an invasive procedure requiring an aseptic technique. The normal procedure for setting up an IV line using the simulator is as follows:

1. Apply desired pressure to the veins via the blue pressure bulb.
2. Squeeze the appropriate vein site and clean the skin with alcohol. Avoid use of povidone-iodine, as this will cause the latex skin to become discolored and brittle.
3. Omit tourniquet use if possible. If required, apply the tourniquet a few inches above the selected site.
4. Simulate anesthetization of the skin if needed.
5. Select a 22 gauge cannula and 23 gauge needle. Larger needles will damage the veins.
6. Apply finger pressure to the vein distal to the puncture site.
7. Puncture the skin and underlying vein with the needle. The bevel of the needle should be up and the needle should be at a 20-30° angle. You can feel a “pop” as the needle enters the veins and you can note the blood return.
8. Stabilize the entry site as desired.
9. Apply ointment and dressing, and remove tourniquet, if used.

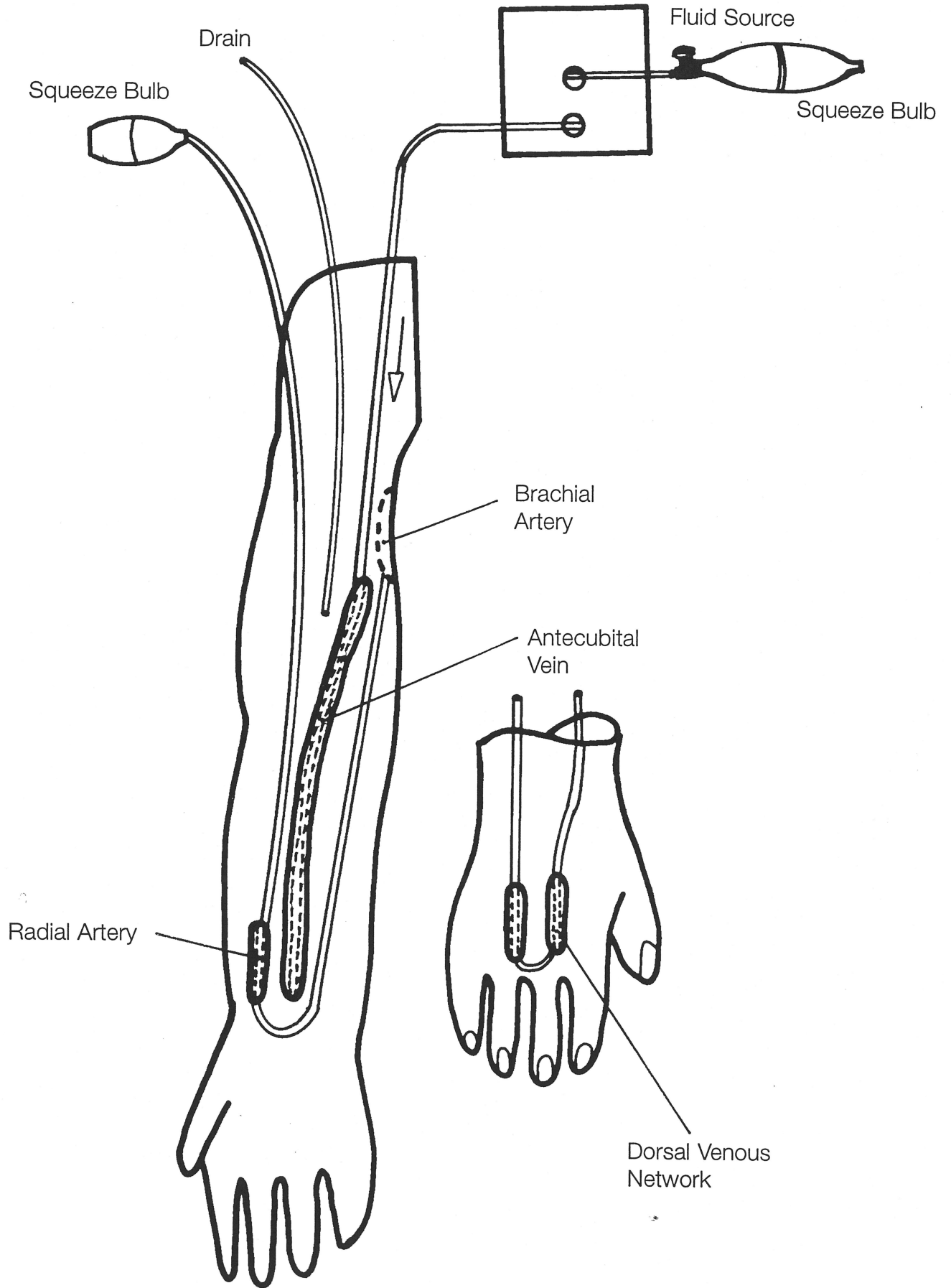
DISASSEMBLY AND RE-ASSEMBLY

1. Remove the latex skin starting with either the hand or shoulder. Use talcum powder on the latex skin to ease movement. Remove the skin, exposing the veins and arteries.
2. Remove the veins and arteries from the grooves in the simulator. Replace the veins and arteries as required (see sketch on following page).
3. Assemble in reverse order, being certain to powder the inside of the skin before rolling it on.

CLEANING AND REPAIR

1. The skin of the simulator can be cleaned with a mild detergent, or with soap and water. After drying the arm, lightly dust it with talcum powder. This will keep the training arm supple and easy to use. Note: dust the inside and outside of the latex skin lightly with talcum powder for ease in assembly.
2. If the venous system is blocked, first check that the tubes are not kinked. If blockage persists, remove the fist and flush the veins with water.
3. Indelible marks made with ballpoint pen, ink, or markers will remain.
4. Do not wrap the simulator in newsprint.

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