

MANUAL

BIX-J50 CLASSIC TRACHEA INTUBATION TRAINING MODEL



Shanghai Chinon Medical Model & Equipment Manufacturing Co.,Ltd.

Ada Med Supply Limited

BIX-J50 CLASSIC TRACHEA INTUBATION TRAINING MODEL

Products using the environment:

Temperature: 15 °C ~ 35 °C; Relative humidity: 45% ~ 80%; The atmospheric pressure: 86 kpa to 106 kpa.

Preparation before use

1. Open the box to check: when unpacking the case check count each part of the component. (note: the laryngoscope / plates / recovery / syringe to bring your own).
2. The model took out flat on the table.

Through oral endotracheal intubation

1. Preparation before intubation;
 - a, Check the laryngoscope, laryngoscope and mirrors the handle has the correct clamping, lens headlight has lights up.
 - b, Check the catheter set of sac - air inflation to the cuff through catheter front-end, confirm the cuff no leakage, then pump out the air from the cuff.
 - c, With a soft cloth stained with oil daub headend and set of sac surface so that the catheter tip catheter sliding.
2. When let the manikin lie on back, head back and neck lift, please make his mouth, pharynx, trachea basic overlap in an axis.
3. The operator in simulated head side, left hand holding the laryngoscope, make the laryngoscope in rectangular tendency of laryngeal with lighting, the laryngoscope slice along the tongue back deep into root of tongue, lift the laryngoscope a little bit, after see the edge of the epiglottis, put the laryngoscope on the junction of epiglottis with the root of tongue, lift the laryngoscope, you can see the glottis.

4. After see the glottis, right hand held the catheter, let the front end of the catheter aimed at the glottis, insert catheter into the trachea with gently momentum, the catheter inserted in glottis about 1 cm, then continue to rotating the trachea go deep into trachea, adult 4 cm, children 2 cm. General the adult intubation length is 22 cm-24 cm (the intubation length can be according to the situation of patient).
5. Stopper one denture beside the endotracheal tube, and then exit the laryngoscope.
6. Connect the resuscitator and catheter, extrusion resuscitator airbag and blowing to the catheter.
7. If the catheter is inserted wrong into the trachea, air inflation will make double lung expansion; if the catheter is insertion wrong into esophageal, air inflation will make the stomach expansion.
8. After proved the catheter has been inserted into the trachea accurate, properly fixed catheter and denture with a long tape.
9. Injection the amount of air into the Set of sac with a syringe, Air inflation into Set of sac can make the catheter and tracheal wall sealed, to avoid mechanical ventilator air leakage when aspirate to lung, but also can prevent the vomit, secretion or other back to the trachea.
10. Pumping the air in the Set of sac with a syringe, then pull out the intubation.
11. By pressing the air bag can simulate the carotid arterial pulse.

Through nasal cavity endotracheal intubation method

The method of catheter through the nose: The catheter in vertical direction with face into the nostril, the catheter along the inferior nasal meatus propulsion, through the nose metapore to the pharyngeal cavity.

After the catheter through the nasal cavity, with the left hand holding the laryngoscope appear glottis, right hand to continue to advance the catheter into the glottis (operation method is the same with orotracheal intubation).

Other steps is the same with orotracheal intubation.

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