

MANUAL

BIX-J5S ELECTRONIC AIRWAY INTUBATION MODEL



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

Ada Med Supply Limited

BIX-J5S ELECTRONIC AIRWAY INTUBATION MODEL

Product Description

BIX - J5S Electronic Airway Intubation Model is suitable for students of medical colleges, clinical medical staff, all kinds of on-site emergency personnel endotracheal intubation technique teaching demonstration and practice operation.

Train Items

1. The oral endotracheal intubation
2. Endotracheal intubation through the nose

Preparation before Use

1. Unpacking check: when unpacking the case, according to the packing list to check the count of each part components.

(note: the laryngoscope/denture/resuscitator/syringe, please use your own)

2. Taking out the model and put it flatwise on the table, using the cable connect the model and displayer.
3. Connect the model and power with power line.
4. Open the power switch, the power light lit up.

Through oral endotracheal intubation

1. Check before intubation:
 - A. Check the laryngoscope - laryngoscopic lens has correct clamping with mirror handle , lens headlight light up.
 - B. check catheter set of sac - to fill the tube's front end set with a syringe, if no leak, evacuate the air in set of sac.

C. Using a soft cloth, daub catheter tip with oil or soap and water to facilitate catheter slide.

2. Put the simulation manikin to lie on his back, hypsokinesis of head , neck lift, make the mouth, pharynx, trachea in an axis over lap .

3.The operator stand in the head side of simulator ,with left hand holding the laryngoscope, make the lighting laryngoscope in straight of right angle tendency to laryngeal, the laryngoscopic lens along the tongue back deep into the back of tongue, lift the laryngoscope a little until see the epiglottis edge. Then place the front of laryngoscopic lens in the border of epiglottis and root of tongue, lifting the on the laryngoscope, you can see the glottis.

4. After see the glottis, hold the catheter in right hand, make the front of catheter direct at glottis, gently insert catheter into the trachea. when catheter insert into the glottis 1 cm, continue to rotate into the trachea, adult 4 cm, 2 cm.

5. Plug the denture beside the endotracheal tube, and then exit the laryngoscope.

6. If the catheter can insert into the trachea, the green light is lit up and the music played; If the catheter into the esophagus, the yellow indicator light on the displayer up and have a ticking alarm sound.

7. Teeth compression issue an alarm report.

8. Connecting the resuscitator and catheter, squeeze the resuscitator to blow air into tube.

9. If the catheter can insert into the trachea, inflatable would make double lung expansion;If catheter insert esophageal, inflatable will make the stomach inflation

10.Confirmed that the catheter is correctly inserted into the organs, properly fixed catheter and the denture with long tape.

11. Added a suitable amount of air to the set of capsule, inflation of capsule can make the catheter with air sac wall closed, so as to avoid gas leak when echanical breathing apparatus send air into the lungs, also can prevent the vomit and secretions, back to the trachea.

12. Evacuate the air in set of capsule with a syringe, pull out the intubation.

- 12. Exudation of serous otitis media;
- 13. Early congestion of acute otitis media;
- 14. Acute otitis media;
- 15. Suppurative otitis media;
- 16. Chronic suppurative otitis media;
- 17. Cholesteatoma;
- 18. Foreign body in the ear;
- 19. Cleaning in the ear;

Note: Cerumen cleaning operation is available and ear lesions simulators components are replaceable.

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