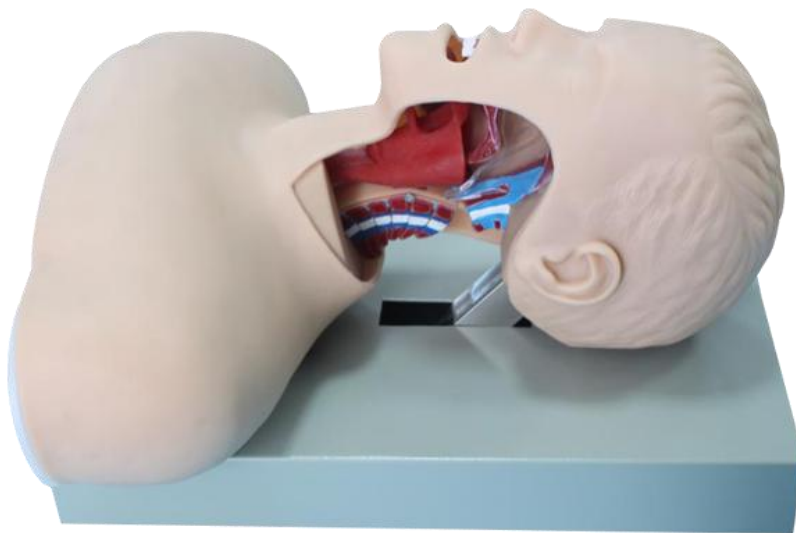


MANUAL

BIX-J51 ADVANCED TRACHEA INTUBATION TRAINING MODEL



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

Ada Med Supply Limited

BIX-J51 ADVANCED TRACHEA INTUBATION TRAINING MODEL

Product overview:

BIX-J51 Advanced trachea intubation training model suitable for students of medical colleges, clinical medical staff, All kinds of emergency workers at the scene for endotracheal intubation technique teaching demonstration and practice operation.

Product features:

1. Activities of the jaws and cervical activity brings realistic operating feelings.
2. The exposure mutual relation of the trachea, esophagus, nasal cavity, and cervical section in order to convenient and intuitive teaching demonstration.
3. Laryngoscope oppression teeth sends an alarm.

Available for training project:

1. Oral tracheal intubation inside
2. Nasal tracheal intubation inside
3. Fibre-optic light guide intubation
4. Nose and mouth and breathe tube insertion
5. Attract catheter insertion
6. Stomach and nasogastric tube insertion
7. Oxygen catheter insertion.

Before use to prepare:

1. The model took out flat on the table.(note: the laryngoscope/plates/recovery, need to bring your own)

2. Check that the alarm switch which back of the pedestal is turn on, assure the use of all teeth pressure alarm function.

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 and use brush with lubricating oil to daub tube inside in order to 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.

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.

Product maintenance:

1. After use, With a soft cloth rub-up the lubricant of the catheter front-end and the surface of the capsule in order to use again.
2. If there is smudginess on the surface of model, you can use the soft cloth with neutral detergent to scrub it.
3. If the alarm function failure, first check the battery (9V) is finished, pull out the battery pack of the back of the pedestal, checked again after replace the battery.
4. Storage: put the model in a ventilated indoor place, to prevent sunburn and be affected with damp, so as not to affect the service life of the product. If not use it long time, please put out the battery.

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

Ada Med Supply Limited

Shanghai Chinon Medical Model & Equipment Manufacturing Co.,Ltd. Building 3,
No.1288 kungang Road, Xiaokunshan Town, Songjiang District, Shanghai, China

TEL: +86-13383897707

FAX: 021—57722933

Post code: 201612

E-mail: edith@adahealthy.com

Website: www.adahealthy.com