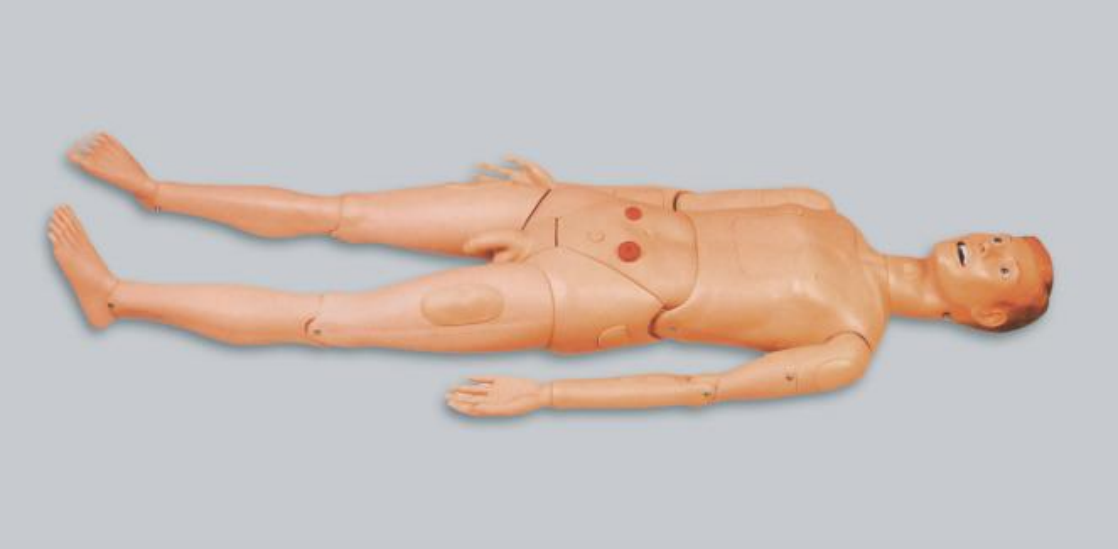
MANUAL

BIX-H130A advanced full-function nursing training simulator



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

Ada Med Supply Limited

BIX-H130A advanced full-function nursing training simulator

1. Product Features

This product is based on the requirements of clinical basic nursing operation and practice nursing technology program, which is newly developed by our company. It is a simulator model of all nursing operation functions covered by the advanced nursing foundation, replacing the previous model that could not be trained in real operation. Nursing person, this model is made of plastic material through mold casting process, injection, puncture, genitals, etc. are made of imported soft plastic. It has the characteristics of lifelike image, real operation, convenient disassembly and assembly, reasonable structure and durability. The model has all the functions of holistic care and can also be disassembled and assembled into parts for teaching training. It is the advanced nursing training model with complete functions and exquisite materials.

2. Product function

1. Wash your hair and face
2. Eye and ear cleaning, medicine drop
3. Oral care
4. Oronasal endotracheal tube
5. Tracheostomy care
6. Sputum suction
7. Oxygen inhalation
8. Oral and Nasal Feeding
9. Gastric lavage
10. Thoracic anatomy important organ structure
11. Arm vein puncture, injection, infusion (blood)
12. Deltoid subcutaneous injection
13. Lateral femoral muscle injection
14. Thoracic cavity, abdominal cavity, liver, bone marrow, lumbar puncture

15. Enema

16. Female catheterization

17. Male catheterization

18. Female bladder irrigation

19. Male bladder irrigation

20. Fistula drainage

twenty one. Hip intramuscular injection

twenty two. Abdominal anatomy important organ structure

twenty three. Overall care: wipe the bath, wear changing clothes

3. How to use

Oral endotracheal intubation training :

1. Preparation before intubation: (A: Check that the laryngoscope lens and the handle of the laryngoscope have been properly engaged, and the front light of the lens has been turned on. B: Check the catheter cuff with a syringe toward the tip of the catheter Inflate the bladder, make sure that the cuff is not leaking, and then evacuate the cuff. C: Use a soft cloth moistened with lubricating oil to coat the tip of the catheter and the surface of the cuff, and use a brush moistened with lubricating oil to coat the inner side of the trachea to facilitate the catheter sliding.

2. Lay the simulator on its back, tilt its head back, and raise its neck so that the mouth, pharynx, and trachea are basically overlapped on one axis.

3. The operator stands on the side of the head of the simulated human and holds the laryngoscope in his left hand to make the illuminated laryngoscope lean towards the larynx at a right angle. Move the laryngoscope along the back of the tongue to the root of the tongue and lift the laryngoscope slightly. Place the front end of the laryngeal lens at the junction of the epiglottis and the root of the tongue, and then lift the laryngoscope to see the glottis.

4. After exposing the glottis, take the catheter in your right hand, align its front end with the glottis, and gently insert the catheter into the trachea. Insert the catheter into

the glottis about 1cm, and then continue to rotate into the trachea, about 4cm for adults and 2cm for children. Generally, the full length of adult care is 22cm-24cm (can be customized according to the patient's condition).

5. Put a dental tray next to the tracheal tube, and then withdraw the laryngoscope.

6. Connect the resuscitator and the catheter, squeeze the resuscitator balloon and blow into the catheter.

7. If the catheter is inserted into the trachea, inflation will inflate both lungs. If the catheter is inserted into the esophagus by mistake, inflation will inflate the stomach with a buzzing sound.

8. After verifying that the catheter has been inserted into the trachea accurately, use a long tape to properly fix the catheter and dental tray.

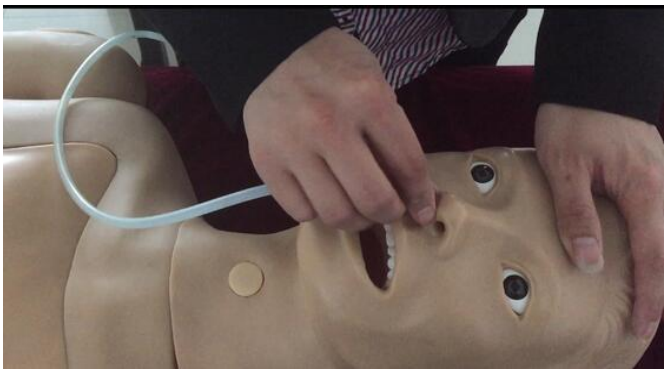
9. Use a syringe to inject an appropriate amount of air into the cuff. The cuff can be inflated to seal the catheter and the tracheal wall, so as to prevent the mechanical respirator from leaking when air is delivered to the lungs, and to prevent vomit and secretions from flowing back into the trachea.

10. Evacuate the cuff with a syringe and pull out the custody.

Training by inserting a gastric tube through the nose ;

1. Take the simulator into a semi-recumbent position. Lubricate the front part of the stomach tube with paraffin oil. Hold the gastric tube with gauze in the left hand. Hold the right hand tweezers to clamp the front end of the gastric tube.

2. Slowly insert into the throat (14--16cm) along one nostril, and at the same time send down the stomach tube. The insertion depth is 45-55cm (equivalent to the length from the patient's hairline to the xiphoid process), and then the gastric tube is fixed to the wing of the nose with tape.



Arm vein puncture, injection, transfusion (blood transfusion)

1. Blood drawn through the vein of the forearm of the elbow

2. Intravenous injection or intravenous infusion via elbow forearm

3. Blood transfusion via elbow and forearm vein

1) Installation method:

Put the two rubber tube clips into the two rubber tubes connected to the plastic upper limb model. One rubber tube is upward and connected to the infusion bag (bottle) containing the blood simulation fluid through the connecting sleeve. (Note: When starting the exercise, the infusion Use clean water in the bag first, and then use the blood simulant fluid after being skilled. Blood simulant preparation: It is

recommended to use 4 grams of simulant blood meal plus 100 ml of water to prepare.) Another rubber tube is downward and inserted into the waste fluid bottle.

1. Blood draw through the vein of the forearm of the elbow:

Step (1) Connect 200-300 ml of blood simulation fluid to the upper rubber tube of the plastic upper limb model, inject the blood simulation liquid into and fill the pipe system in the plastic upper limb model, and clamp the lower rubber tube clamp to block the lower rubber tube.

Step (2) Routinely disinfect the skin of the forearm of the elbow.

Step (3) Select a suitable vein, puncture the vein with a 10 ml syringe, and draw 2 ml of venous blood (blood simulation fluid).

2. Intravenous injection or intravenous infusion via elbow forearm

Step (1) Same as Step 1 of drawing blood through elbow forearm vein, use injection tray, appropriate syringe, 6-8 gauge needle, medicine, sand bag, sterile gloves and sterile treatment towel, etc. This method of injection is contraindicated for patients with hematological diseases, so as not to cause excessive blood flow.

Step (2) Routinely disinfect the skin of the elbow and forearm, wear sterile gloves, and spread sterile hole towels.

Step (3) Use the left index finger and middle finger to fix the selected vein, and in the other hand, use the syringe (50ml syringe, 6-8 gauge needle) to draw the liquid, and pierce the vein vertically or the vein at a 40 degree angle. , When red liquid enters the syringe, clamp the upper rubber tube clamp to block the upper rubber tube, loosen the lower rubber tube clamp, fix the puncture needle with one hand, and at the same time use the other hand to inject as fast as possible For the liquid medicine, the liquid medicine in the syringe flows through the pipe system in the model, and the liquid medicine enters the waste liquid bottle through the lower rubber tube. Pull out the needle quickly after the injection. When puncturing the vein during intravenous infusion, when red liquid enters the syringe, loosen the rubber tube clamp and adjust

the drip speed of the intravenous infusion set so that the red blood simulation liquid in the infusion bottle flows through the pipeline system in the model and passes through the lower rubber The tube enters the waste liquid bottle, and the puncture needle is fixed.

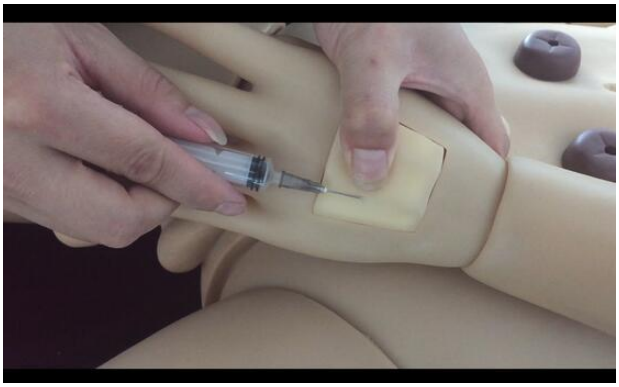
3. Blood transfusion via elbow and forearm vein:

Venous blood transfusion operation training

Step ① Step 1 of drawing blood from the elbow forearm vein.

Step ② Routinely disinfect the skin of the forearm of the elbow.

Step ③ Select the appropriate vein, puncture the vein with an injection needle, and after the red liquid has been drawn back, adjust the dripping speed of the venous transfusion set so that the red blood simulation liquid in the infusion bottle flows through the piping system in the model and through the lower rubber tube Enter the waste liquid bottle.

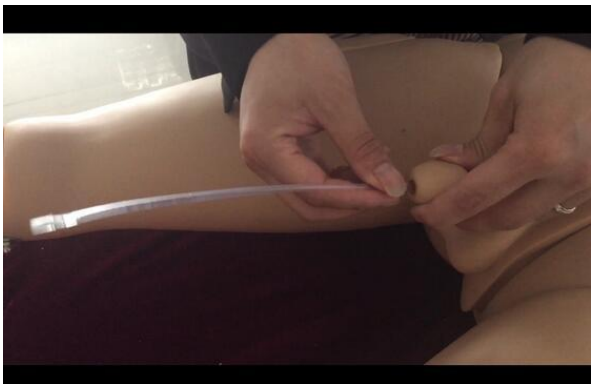


Urinary catheter for training

1. Open the bladder injection port of the simulated human abdomen and inject about 200ml of liquid.

2. Lubricate the urinary catheter with lubricant and lift the penis so that it forms an angle of 60-90 degrees with the abdominal wall . Slowly insert the urethra from the

vulvar urethral orifice, (through the corpus cavernosum, membrane and prostate of males) the catheter inserted into the urethra has a length of 18-20CM (the adult urethra length is 12-16CM). Draining urine (water) out of the catheter indicates that the catheterization is successful (the catheter can be gently rotated forward if it encounters resistance, and the resistance disappears after entering the urethra).



Fourth, the scope of use

1) Clinical teaching demonstration and practical operation training of students in medical universities, nursing schools, health schools, and medical schools.

2) Continuing education for hospital medical and nursing staff, clinical teaching practice operation training.

3) Popularization training of clinical medicine in primary health units.

Five, maintenance and warranty

1) After functional operation training such as nasal feeding, gastric lavage, enema, and male and female catheterization is completed, the residual fluid from the stomach, intestines, and bladder should be filled during emptying operations.

2) When not in use for a long time, the model should be wiped and cleaned, and the package should be stored in a cool and dry place to extend the service life.

3) The model is assembled. Keep the nuts for disassembly and assembly, and spare parts can be replaced.

*** This model is packaged in loose parts, assembled by the user**

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