

Difficult Airway Management Simulator -Training Model-

MW13



Difficult Airway Management Simulator offers unprecedented experience in DAM training with wide varieties of settings. Accurate anatomy and realistic feeling of airway will meet requirements of all levels of trainees.

Features

1. 24 variations of patient scenario (including 1 normal case): 3 stages of mouth opening, 2 stages of neck flexibility, 2 tongue sizes and 2 positions of the vocal cord.
2. The incisors are removable when excessive force is applied.

Training Skills

- Airway opening techniques (head tilt, jaw thrust)
- Bag-Valve-Mask ventilation
- Pre-intubation airway assessment
- "Sniffing position"
- Pressurization of external larynx to improve the laryngeal view
- Intraoral/Intranasal Intubation
- Use of oropharyngeal airway (OPA)
- Use of nasopharyngeal airway (NPA)
- Use of laryngeal mask airway
- Use of video laryngeal scope
- Confirmation of successful ventilation by:
 - observation of thoracic and abdominal movement (lung expansion, stomach inflation) or
 - auscultation of the chest
- Feedback of incorrect procedures including esophagus intubation and unilateral intubation
- Securing the tube in place with tape or Thomas™ endotracheal tube holder

Set Includes

- 1 manikin
- 3 upper incisors
- 1 lubricant
- 1 syringe
- 1 carrying bag
- 1 instruction manual

Manikin Size

W70 x D39 x H25 cm

Replacement Parts

- | | |
|-------------------|-----------------------|
| 11392-010 | 11392-030 |
| 10 upper incisors | 2 replacement tongues |
| 11392-020 | 11392-050 |
| 1 face mask | 5 pair of lungs |
| 11392-040 | 11392-060 |
| 1 chest cover | 5 stomachs |

Variation of DAM Setting



Neck flexibility
(Life-like jaw movement)

- Normal
- Rigid



Mouth Opening

- Normal
- Intermediate
- Difficult



Tongue

- Normal
- Swollen



Laryngospasm

- Normal
- Laryngospasm

Variation of DAM Training



Airway Opening Techniques

True-to-life articulation allows for head-tilt/chin-lift and jaw-thrust techniques.



Intraoral Intubation with Laryngoscope

Once the head is set at "sniffing position", intubation with laryngoscope can be performed.



Confirmation of Tracheal Tube Placement

The placement of the tube can be confirmed by auscultation or movement of thoracoabdominal area.



A Variety of Possible Airway Skills

Intubation with a laryngoscope, BVM ventilation, nasal intubation, Laryngeal mask ventilation, and use of a video laryngoscope

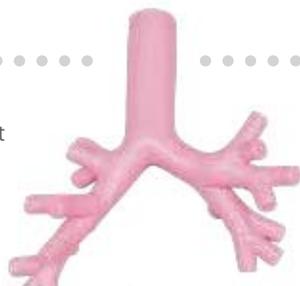
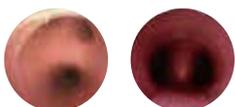
Training in Emergency, Pre-Hospital and Clinical Settings

Manufactured with a robust structure and stable base for training in various settings, including pre-hospital scenarios.



Optional Part

11384-100
bronchofiberscopy training unit
(available for purchase)



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Recommended Devices

macintosh laryngoscope:
blade size 3, 4

tracheal tube: internal diameter
7.0mm, 7.5mm

laryngeal mask
-Air-Q: size 3.5
-LMA Supreme: size 4
-I-gel: size 4

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