

⚠ Caution | Do not mark on the model and other components with pen nor leave printed materials contacted on surface.
Ink marks on the models cannot be removed.

MW25

Patient Care Simulator “Yaye”

Instruction Manual

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Movie Site



English Site

<https://youtu.be/u76He93yocU>

Manufacturer's note

"Yaye" is a multipurpose fullbody training manikin for teaching and learning a wide variety of hospital and community care procedures. Various training features for clinical situations are included.

Attention

This patient care simulator "Yaye" has been developed for the training of medical and para-medical professionals only. Any other use, or any use not in accordance with the enclosed instructions, is strongly discouraged. The manufacturer cannot be held responsible for any accident or damage resulting from such use. Please use this product carefully and refrain from subjecting to any unnecessary stress or wear.

Features

- Life-like assessment
 - Abdominal inspection, palpation and percussion
 - Anatomical landmark and soft tissue offers realistic training.
- Patient-friendly IV route caring can be trained during infusion.
- Intubation assistance in emergency situation can be trained during perioperative period and in ICU.
- Face masks, wigs and external genitals are replaceable for various simulation settings and realistic trainings.

⚠ DOs and DON'Ts

DOs

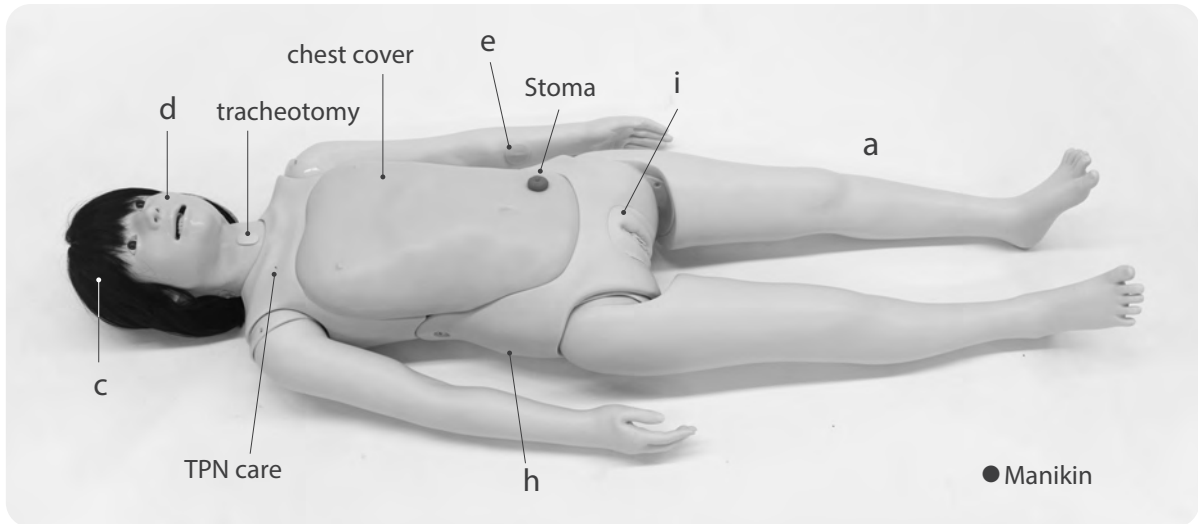
- Handle the manikin and the components with care.
- Storage in a dark, cool space will help prevent the skin colours from fading.
- The manikin skin may be cleaned with a wet cloth, if necessary, using mildly soapy water or diluted detergent.

DON'Ts

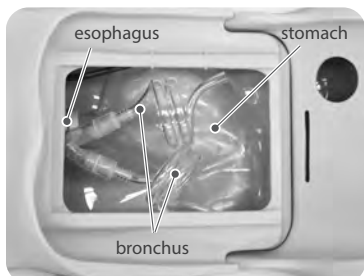
- Do not let ink from pens, newspapers, this manual or other sources contact with the manikin, as they cannot be cleaned off the manikin skin.
- Never use organic solvent like paint thinner to clean the skin, as this will damage the simulator.
- Even if color on its surface might be changed across the ages, this does not affect the quality of its performance.
- Do not leave the tapes or dressing materials onto the manikin as the adhesive may be left and the surface may become sticky.

Set includes

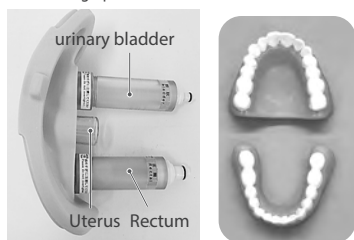
Before you start, ensure that you have all components listed below.



Parts

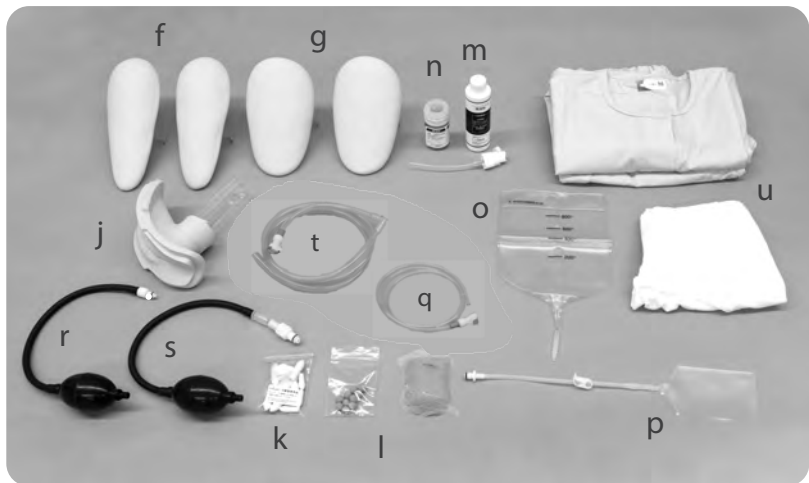


*Photograph which took off the chest cover



i. Female genitalia

b. Dentures



- | | | | | | |
|--------------------------------|-------|--|------|------------------------------------|------|
| a. Manikin | 1 | h. Hip IM pads | 2 | o. Irrigation bag (large) | 1 |
| b. Dentures | 1 set | i. Female genitalia (catheterization, enema) | 1 | p. Irrigation bag (small) | 1 |
| c. Wig (young) | 1 | j. Female genitalia (Suppository insertion/
digital disimpaction) | 1 | q. Tube for irrigation bag | 1 |
| d. Face mask (young) | 1 | k. Simulated suppository | 1set | r. Drainage pump (urinary bladder) | 1 |
| e. Injection pad (median vein) | 1 | l. Simulated feces | 1set | s. Drainage pump (rectum) | 1 |
| f. Shoulder injection pads | 2 | m. Lubricant (for airway suction etc.) | 1 | t. Drainage hose | 1 |
| g. Thigh injection pads | 2 | n. Lubricant (for catheterization etc.) | 1 | u. Pajama and under pants | 1set |
| | | | | Instruction manual | |

1 Setting of the wig

Set the wig by the magnets at the forehead and in front of right and left ears.

《Setting the wig》

- ① Put the wig on to the head noting the orientation then fix it with the magnet at the forehead.
- ② Fix the wig with the magnets in front of right and left ears.
- ③ Pull down the back side of the wig and fit it to the manikin's back of the head.
- ④ Complete.



《Removing the wig》

- ① Disengaging the magnet in front of the ears.
- ② Disengaging the magnet of the forehead and slip the wig backward.



《Maintenance》

Store the wig by following steps.

- ① Brush the wig after use.
- ② Insert the balled-up papers to avoid deformation.
- ③ Roll the tips of hairs inward by hands.
- ④ Store the wig in a bag.

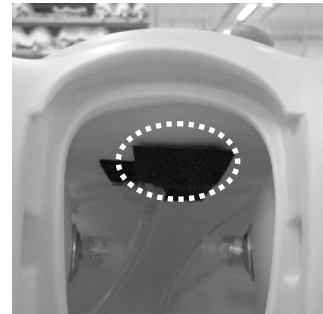
1 Preparation

1. Open the chest cover

Set the manikin to the sitting position. Then grasp the upper part of the chest cover with both hands and pull the cover to the front side. (The lower end of the chest cover is connected to the manikin with the belt.) When taking the chest cover off, at first remove the genitalia unit, and then remove the belt attached to inside of abdomen.

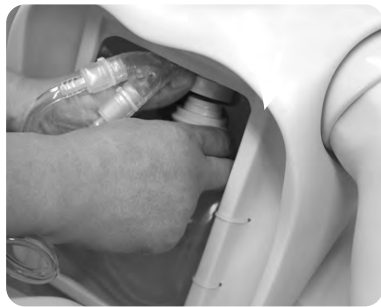


Back side of the chest cover



2. Pour the water into the stomach

Hold the one touch connector between the esophagus and the stomach and disengage the connection. Fill water up to the middle of the stomach. Then reconnect the stomach to the esophagus by pushing the connectors together.



3. Close the chest cover

Fit the upper part of chest cover to the opening in the body and insert the edges into the body. In case that the chest cover was taken off, insert the belt into the slit and attach the belt to magic tape inside the abdomen.



2 Training

Training of tube insertion for feeding (NG, OG) with the Fowler's position.

Catheters (feeding tube) can be inserted nasally or orally. Placement of the catheter can be confirmed by aspirating the stomach contents through the catheter, or auscultating over the epigastrium for bubbling sounds. Use water to simulate nutrients. Training in tube fixation and dressing is possible.

Spray the included lubricant to catheter and also cavity of nose and mouth. Shortage of lubricant will cause difficulty in insertion.



Caution

Be sure to perform tube feeding with the manikin in half sitting position. Water may flow out if the manikin is laid down while water is in the stomach.

12 Fr catheter is recommended for training.

Please use the lubricant included in the set. Usage of other Jelly-type lubricants may cause damages.

Do not leave the tapes on the manikin. If the tape left on the surface for long time, it may cause persisting stickiness.

3 After training

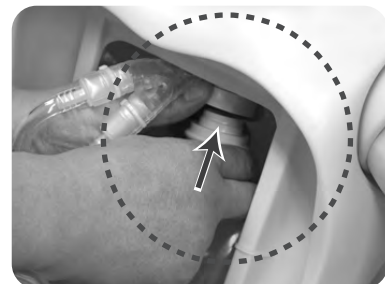
1. Remove the tapes and catheter after the training. Wipe the lubricant on the catheter and skin by wet tissue.

2. Open the chest cover and detouch the one-touch connection at the esophagus and stomach.

3. Take out the stomach and discharge the water.

*Be careful not to spill the water.

4. Dry the stomach and reconnect, connect it to the esophagus then close the chest cover.



Caution

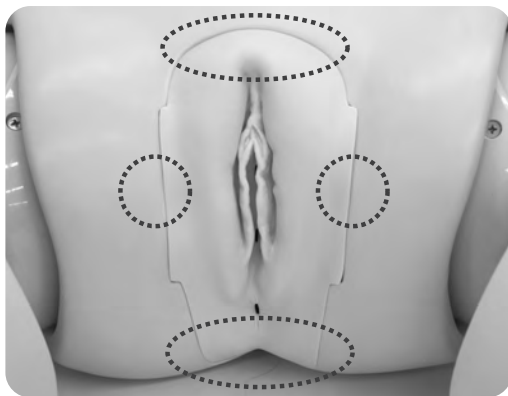
Do not leave the tapes on the manikin. If the tape left on the surface for long time, it may cause persisting stickiness.

1 Feature

- External water supply system facilitates uninterrupted session in urethral catheterization training.
- The design of the urinary bladder, uterus and rectum allows simple maintenance and handling.
- The urinary bladder, uterus and rectum can be easily detached by screwing connector for drainage.
- Interchangeable male genitalia unit (not included in basic set) is available as an option.

2 Preparation

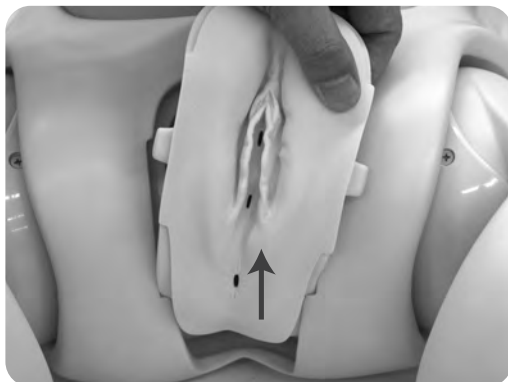
1. Remove the genitalia unit



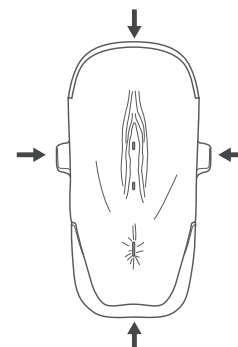
- ① Push the center of the part and detach the connector on one sides of the genitalia unit.



- ② Detaching the connector on other side and slide the genitalia unit upside.

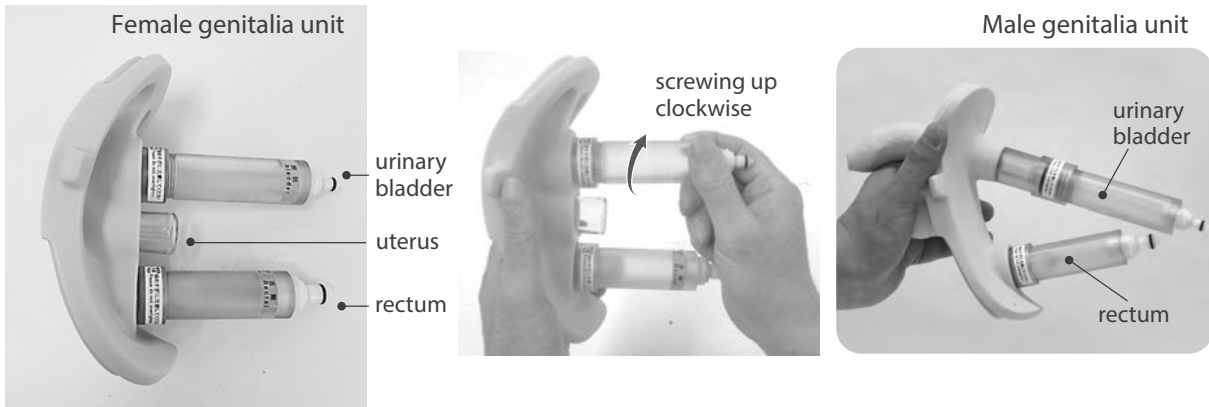


- ③ Slide the genitalia unit upward, detaching the connector at the back end.



2 Preparation

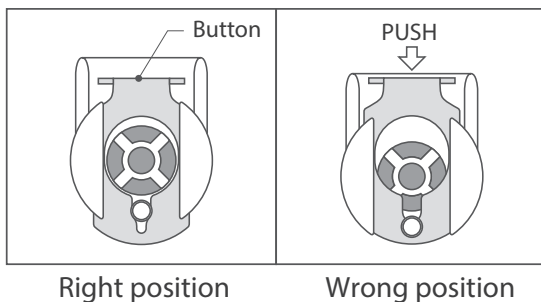
2. Urinary bladder, uterus and rectum is connected to female genitalia unit at the time of delivery. Turn the urinary bladder clockwise to verify that it is set firmly. In case the male genitalia unit (an optional part) is being used, remember that it does not have the uterus container.



3. Attach the tube to the urinary bladder. Pull out a pad placed at the left side of the waist. There is a hole leading to the inside of the waist. Insert a connector of the tube for the irrigation bag (q) and put through the connector to the space of the genitalia unit. (Please refer to the center picture below.) Attach the tube to the connector at the end of the urinary bladder. Fix it firmly by pushing the connector until the click sound is heard.



● Please note

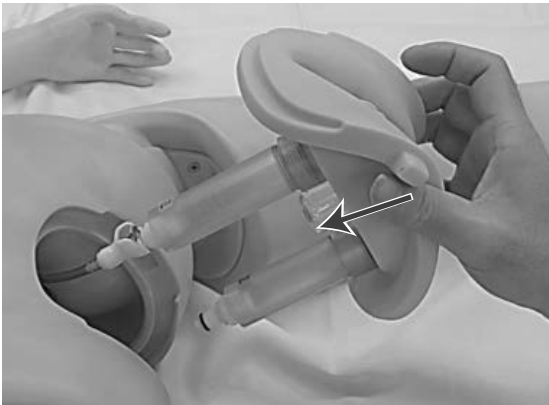


Make sure that the metal button on the side wall of the tube connector is pushed down. Otherwise, the tube may not be connected. When the button is popped-up, push it back until it clicks.

2 Preparation

4. Setting up the genitalia unit

① Set the genitalia unit in the body.



② Insert the bottom of the genitalia unit to the connection guide at the lower end of the body.



③ Slide the genitalia unit downward, leaving no space between the body and genitalia.



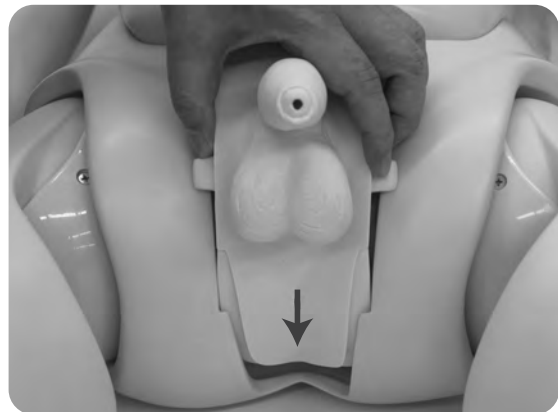
④ Insert the connector on both sides of the genitalia unit to the holes of the body.



⑤ Insert the connector at the front end.



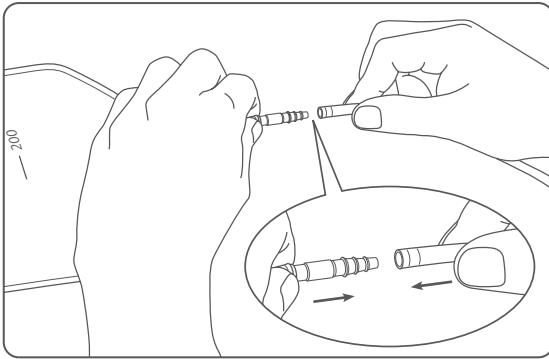
*Setting the male genitalia unit to the body is the same procedure.



2 Preparation

5. Setting up the irrigator bag

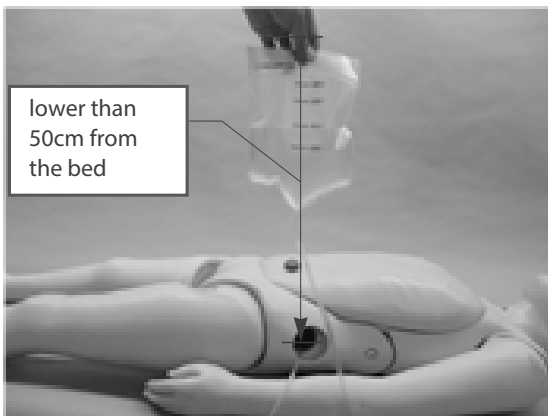
① Connect the irrigator bag tube to the irrigator bag.



② Fill irrigator bag with water.



③ Prepare a hook to hang the water bag. Hang the bag as shown below.



The top of the irrigator bag is to be higher than the bladder and lower than 50cm from the bed (table) surface. If the irrigator bag position is too high, excessive water pressure may cause leakage of the fluid from the valve.

*

3 Training

- Training in positioning, insertion of a urine catheter and placement of a indwelling catheter can be performed.
- Successful catheter insertion is confirmed by flowing out of simulated urine (water).
- The male genitalia unit is available as an optional part.
 - *The male genitalia unit is an optional part.

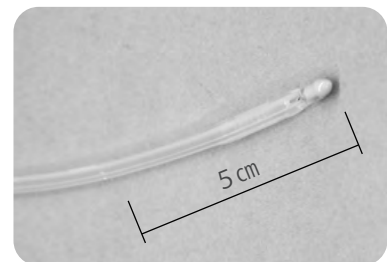


⚠ Caution

- Filling the bladder may take a couple of seconds. Wait for a while before starting first catheterization for after set-up.
- When water runs short, add some with a beaker etc.
- Use 14Fr catheter and 16Fr indwelling catheter. Using larger catheter may cause breakage of the valve.

Apply lubricant to the catheter

Put the catheter in the tray, drip small quantity of lubricant included in the set to its tip. Ensure that about 5cm from the tip is coated by lubricant.



⚠ Caution

- Please use the genuine lubricant included in the set. Usage of other lubricants will cause damage to the manikin in a short time as in the following cases:
- Jelly-type lubricants which remain in the pass way and harden will cause damage to the valves.
 - Water-soluble jelly-type lubricants will be washed out during urethral catheterization, which will decrease lubricating ability.

3 After training

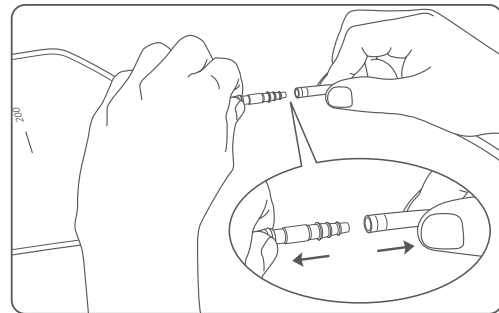
1. Open the genitalia unit, following the instruction on page 6.
2. Detach the joint of the urinary bladder by pushing the button on the wall of the connector at the end of the tube.
3. Attach the drainage pump (small connector) to the tip of the tube which detach the bladder .
*When the connection doesn't go smoothly, push the button at the side wall of the built-in joint. (See instruction on page 7)



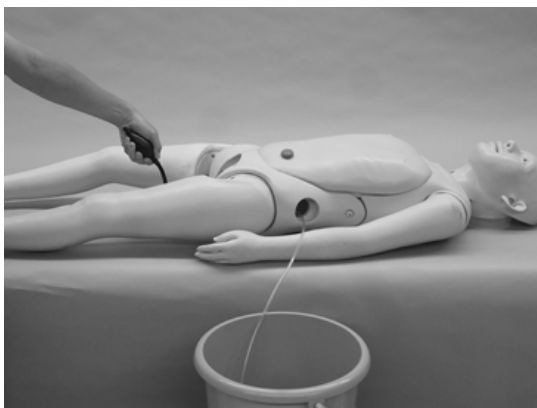
4. Prepare a container such as a bucket and pour off the water from the irrigator bag.



5. Disconnect the tube.



6. Put the tip of the tube into the bucket. Then drain water from the tube by squeezing the drainage pump.



7. After all water is discharged from the tube, remove the tube from the left hip and detach the drainage pump (urinary bladder) (r). Then take out the tube for irrigation bag (q) from the inside of the waist.

8. Take out the urinary bladder and valve from the genitalia unit by screwing counter-clockwise and drain the remaining water. Dry the parts naturally.



9. Attach the urinary bladder and the valve to the genitalia unit. (Refer to Page 14) Then attach the unit to the body. Applying baby powder to the unit helps smoothly attachment.



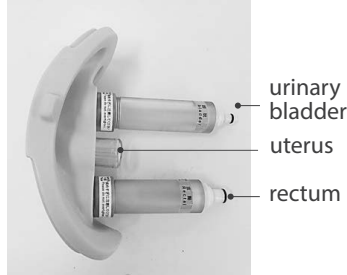
Caution

Be careful not to throw two rubber ring away.

1 Preparation

1. Take out the genitalia unit from the manikin
2. Turn the rectum and confirm that it is installed well.
3. Attach the tube to the rectum.

female genitalia unit



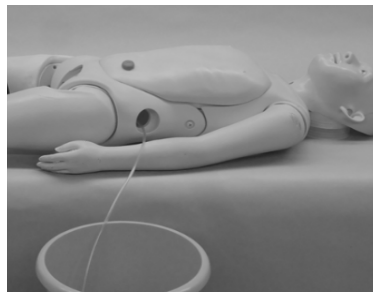
Pull out a pad placed at the left side of the waist.

There is a hole leading to the inside of the waist. Insert a connector of the draining hose (t) and put through the connector to the space of the genitalia unit. (Please refer to the right picture below.)



Please note:
When the connection doesn't fit smoothly, see instructions on page 7.

4. Attach the tube to the connector at the end of the rectum. Fix it firmly by pushing the connector until the click sound is heard. Prepare a bucket etc. for drainage and put the tip of the drainage hose (t) into the bucket.



2 Training

Training in positioning, enema and bowl irrigation can be performed.

Apply enough lubricant to the tool for enema using an instrument.



Use 14Fr rectal cleaning catheter for rectal irrigation.

Please use the genuine lubricant included in the set, not to use jelly-type lubricants which remain in the model will harden.



Enema

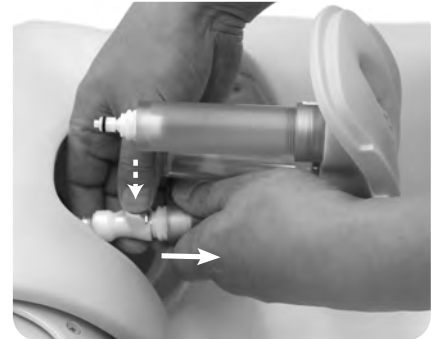


Rectal irrigation

3 After training

- Water drainage from the tube

1. Take out the genitalia unit. (See page 6).
2. Detach the joint of the rectum by pushing the button on the wall of the connector at the end of the tube.
3. Attach the drainage pump (large connector) to the tip of the tube which detach the rectum.
4. Put the tip of the tube into the bucket. Then drain water from the tube by squeezing the drainage pump.



5. After all water is discharged from the tube, remove the tube from the right hip and detach the drainage pump (rectum) (s). Then reattach the injection pad.
6. Take out the rectum and valve from the genitalia unit by screwing counter-clockwise and drain the remaining water. Dry the parts naturally.



Caution

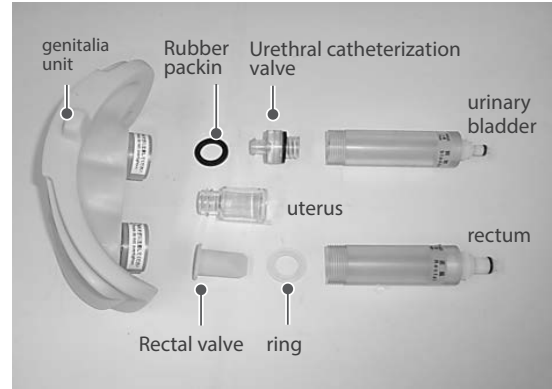
Be careful not to throw "o" ring away.

7. Dry the inside of the rectum. Before insertion of the rectum valve to the rectum, attach the ring to the valve. Then screwing the rectum on the hole of the genitalia unit, attach the rectum to the unit. On the attaching the genitalia unit to the body, applying baby powder to the unit helps smoothly attachment.

Attach and detach the urinary bladder, rectum

4 Replacement of valve for urethral catheterization and rectum

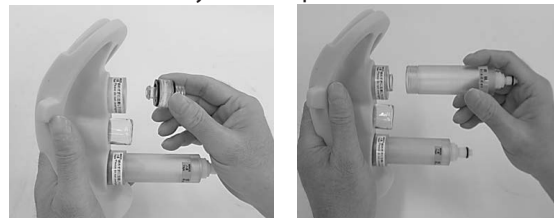
The urinary bladder and the rectum parts are with screw type connection. Turn the cylinder clockwise or counter-clock with to fix or release respectively. To attach the uterus part, simply push its narrower side into the opening at the rear side of the genitalia unit.



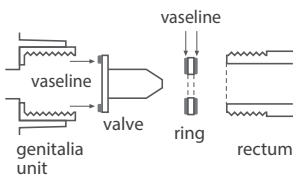
- Replacement of urethral catheterization valve
 1. Screw the urinary bladder part counter-clockwise.
 2. Take out the valve and set the new one.
 3. Reattach the urinary bladder to the genitalia unit.

- Replacement of rectum valve
 1. Screw the rectum part counter-clockwise.
 2. Take out the valve and the ring, then change the new valve.
 3. Before insertion of the valve into the rectum part, put the ring over the valve. And then screw the rectum on the connector of the genitalia unit.

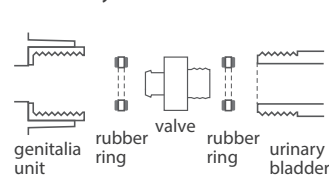
Attach the urinary bladder part



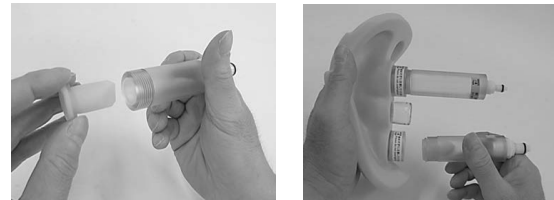
• Rectum



• Urinary bladder



Attach the rectum part



*Apply Vaseline to both sides of ring/ ring and also on the tip of the rectum container that touches the valve.



When replace the valve, be sure set two rubber Packin or ring. Omitting the rings may lead to leakage of water. When the rectal valve is twisted, it may cause leakage of water. If it occurs, remove the rectal part, adjust the valve and set the part again.

1 Stoma care

Training in replacing stoma pouch (one piece type, two piece type) is possible. Simulated feces (soft) is available as an optional part for realistic training.



For storage, put the simulated feces into an airtight container or a bag. The simulated feces are made of wheat clay. Dried simulated feces can be softened by wafer repeated use.



1 Preparation

1. Detach the rectum bottle at the internal side of the unit by screwing clockwise.



2. Put on the white cap, then remount the bottle again.



3. Attach the unit to the manikin. (*See on page 8)

2 Training

1. Set the simulated feces. Prepare the simulated feces with desired soft/hardness and shape for training. The soft/hardness can be controlled by adding water to the included simulated feces. Put enough lubricant to your finger and push prepared feces into the unit from the anus opening.

2. Training session

Always put enough lubricant to the trainees' gloved finger and the anus opening.



hardness simulated feces



soft simulated feces



lubricant (for catheterization etc.)



3 After training

1. Take out the rectum unit (Digital disimpaction and suppository insertion unit) from the manikin. (See on the page 6)

2. Detach the rectum bottle and the white cap from the rectum unit.

3. Remove the simulated feces from the rectum unit, and wash it up well.

After the rectum parts gets dry, apply the powder, and put the rectum bottle and the white cap into the rectum unit for storage.

4. For storage, put the simulated feces into an airtight container or a bag.

Note: The simulated feces are made of wheat clay. Dried simulated feces can be soften by water for repeated use.

1 Feature

- Limbs, fingers and toes with full articulation allow various patient postures for nursing care training.
- Yaye can be placed in a sitting position with no support.
- Fingers can be flexed and stretched.



2 Training

Training of the changing position, positions held, passive exercise and range of motion exercise is possible.



1 Feature

- Seamless arms and legs provide true-to-life trainings in bed-bathing and foot-bathing training.
- Life-like manikin skin surface realize realistic smooth movement of dry towel in bed-bathing
- The artificial human hair wig for Yaye, allows shampooing practice with actual shampoo, conditioner, brush and dryer.



2 Preparation

《 Age setting 》

The training of the senior patient is possible by use the optional face mask and wig (elderly).

- Setting of the wig

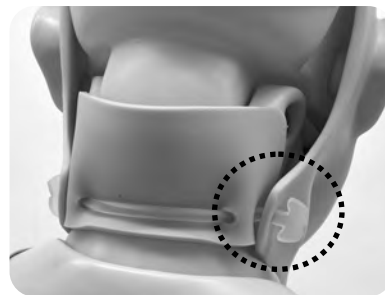
Setting of the wig see on the page 3.

- Take off the face mask

1. Take off the plug for tracheotomy.



2. Remove the one side of the band fixing face mask in the back of the head.



3. Take off the face mask from the neck side.



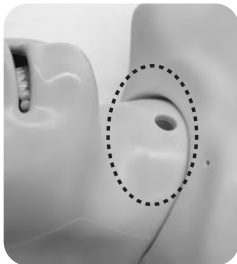
2 Preparation

● Setting the face mask

1. Insert the tip of the belt that goes through the protective cover to the hole in the face mask.
2. Match the hole of the mask with three places of magnets part which is sum and before both ears.
3. Insert the salient of the mask in the hole of the neighborhood of ear.



5. Insert the skin of the mask to the body and set the plug for tracheotomy.



4. Fit the belt in the hole of the mask in the back of the head.

*Set the senior patient with wig and face mask (elderly).



3 After training

1. Taking off the wig. (Follow the instruction on P.3)

《Maintenance》

Do not leave the wig wet.

To avoid hairs of the wig getting tangled, maintain the wig by following instruction.

- ① Wash the wig in water while brushing, then dry the wig with dry in the shade or a dryer.
- ② Brush wig again after dried. Then silicon spray can be used to avoid tangling of hairs.

2. Water is in the mask in the shampoo training. When water enters, take off the mask and wipe off water of the mask and head part enough. Then store the mask after set it again.



.....
Hair of wig curls when use it for a long time. Periodical washing in water and brushing are effective to avoid it.

1 Training

● Oral care

Whole body manikin allows oral care training in various patient situation.

- Brushing (with the denture)
- Oral massage (without the denture)
- Denture care (with the denture)



《Setting of the dentures》

Lift the molar side with both upper and lower dentures and take it off. Raise the upper denture forward and can remove it



《Detaching the dentures》

Put the dentures one by one, in the mouth cavity of the manikin. Fit the groove at the back of the denture onto the gum and push them together firmly.

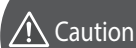


back side of the dentures



● Changing clothes

Yaye has soft limbs with close-to-human articulation. Yaye facilitates training in changing clothes.



Caution

.....
Avoid color migration to the manikin, choose the faint color pajama.
Optional pajama is recommended to keep the manikin wear in long-term.

1 Training: Oxygen inhalation

An oxygen mask can be set to the manikin to simulate oxygen inhalation.



2 Training: Airway suction (oral, nasal and tracheostomy)

Three approaches for procedure of suction catheter insertion: oral, nasal and tracheostomy opening.

*The training of the airway suction using the simulated sputum is not possible.



2. Apply the included lubricant to the catheter, oral, nasal and tracheostomy opening.



.....
We recommend 12 Fr catheters for this model.
Please use the genuine lubricant included in the set. Usage of other Jelly-type lubricants which remain in the model will harden and cause damage to the valves.

3. Setting of tracheostomy tube.

Take off the plug for tracheostomy and apply the included lubricant to the tracheostomy tube then insert it to the hole.

Training in changing gauze and cleansing the tube can also be performed.



.....
Recommended tracheal tube is PORTEX tracheostomy tube II MY-102 2746-020.
Other tubes may not fit to the opening.

3 After training: Airway suction (oral, nasal and tracheostomy)

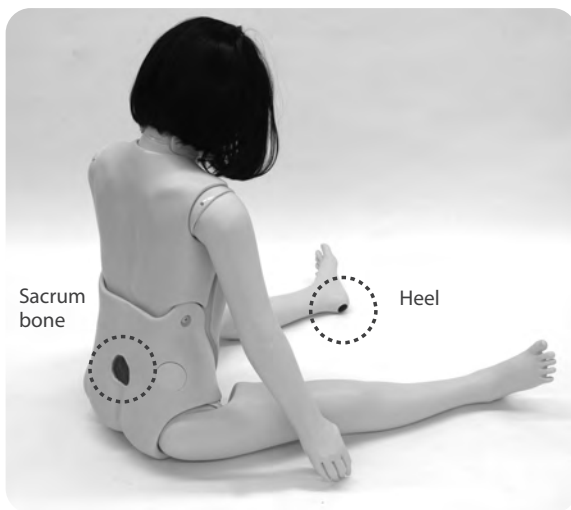
1. Remove the catheter or tracheostomy tube.
After tracheostomy tube, set the plug to the tracheotomy hole.
2. Wipe off the remaining lubricant completely with wet cloth which stuck to catheter, tracheotomy tube, nose and oral cavity part.




1 Training: Pressures sores care

Understanding the place and stage of pressure sores and support to the having pressure sores.
Learning of method of the pressure sores care, washing and pasting up method of wound dressing materials.

- Body positioning
- hygiene and skin care
- Changing diapers



 Caution

When wash the skin, use the water in substitution for saline.

1 Preparation

1. Detach the rectum bottle at the internal side of the unit by screwing clockwise.



2. Take out the white cap, then remount the bottle again.



3. Attach the unit to the manikin. (*See on page 8)

2 Training

1. Use the included lubricant onto the hand and simulated suppository for the training. Simulated suppositories come in the rectal bottle when the procedure is successful.



3 After training

1. Take out the rectal unit (Digital disimpaction and suppository insertion unit) from the manikin. (See on the page 6)
2. Detach the rectal bottle from the rectal unit.
3. Clean the rectal unit, rectal bottle and simulated suppositories. After the parts gets dry, apply the powder, and put the rectal bottle and the white cap into the rectum unit for storage.
4. For storage, put the simulated suppositories into an container or a bag.

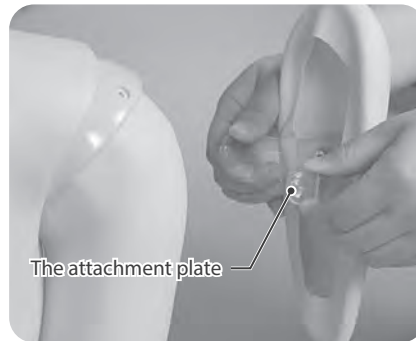
1 Preparation

Attach and detach the IM injection pads for upper arms and thighs.

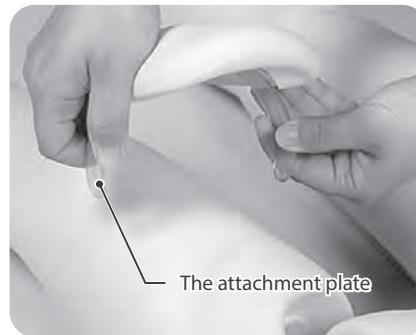
- Attach the pads

The shape of each pad is the same. Open the attachment plate of an injection pad and fix it to the injection site as shown in the pictures.

Attach an injection pad to upper arm.



Upper-arm IM injection pad position.



Attach an injection pad to thigh.



Femoral IM injection pad position.

- Detach the pads

Open the attachment plate by hand and detach the pad from the manikin.

*Open the attachment plate wide enough. Do not pull the pads without opening the attachment plate. Otherwise, it may cause a tear in the manikin skin.



Caution

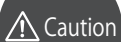
- Ensure to remove the shoulder/thigh injection pads swiftly after use. The impressions on the manikin skin may become persistent.
- Discharge all water from the pads after each session. Do not store the pads with water remain inside.

2 Training

The training of Intramuscular injection can be conducted on upper arm and right gluteal.

The training of Hypodermic injection can be conducted on upper arm, femoral and right gluteal.

At the left gluteal, the just only puncture training can be conducted.



Caution

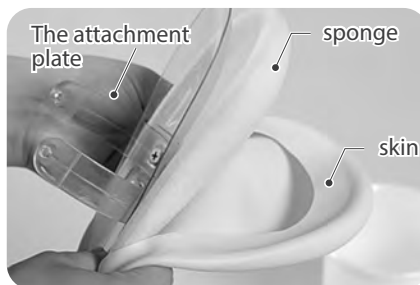
At the left gluteal, injection fluid training cannot be conducted. Just only puncture training can be conducted. Intramuscular injection needle of 21-23G and hypodermic injection needle of 24-27G are recommended for training.



3 After training

Upper arm and femoral injection pads

- Detach the pads



1. Push the attachment plate inward, pull out the edge of the skin between the attachment and the transparent back plate.
2. Take off the skin carefully and remove the sponge and transparent back plate.
3. Squeeze the sponge. After all parts get completely dry, reassemble them carefully.



Caution

Do not pull or twist the sponge. Excessive force may cause breakage.

- Assemble the pads

1. Set the sponge on the convex side of the transparent back plate. Grip the skin at the narrow end.
2. Pushing the attachment plate inward, put the edges of the skin between the attachment plate and the transparent back plate.

Gluteal injection pads

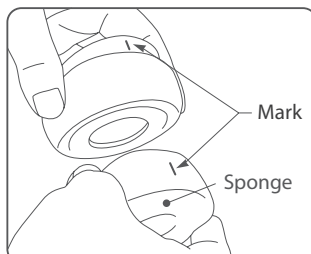
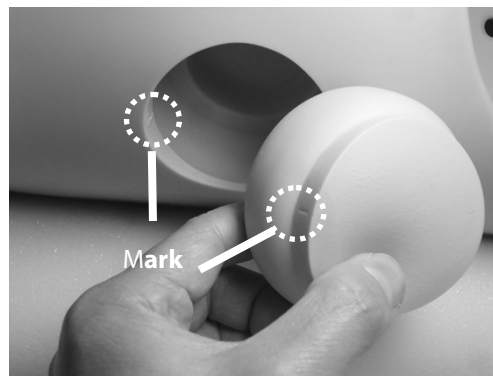
- Attach the pads

Insert a pad to the pit at the buttock (both sides) so that the marks on the pad and the wall of the pit come to the same side.

- Detach the pads

Pull out the injection pad with your fingers.

- Cleaning up and maintenance of gluteal injection pads



Caution

Do not pull or twist the sponge. Excessive force may cause breakage.

1. Pull out the sponge from the pit at the rear side of the pad. Squeeze the sponge and dry it well naturally.
2. After the sponge and the skin get completely dry, put the sponge into the skin noting the direction, so that the marks on the walls of the skin and sponge come to the same side.

1 Preparation

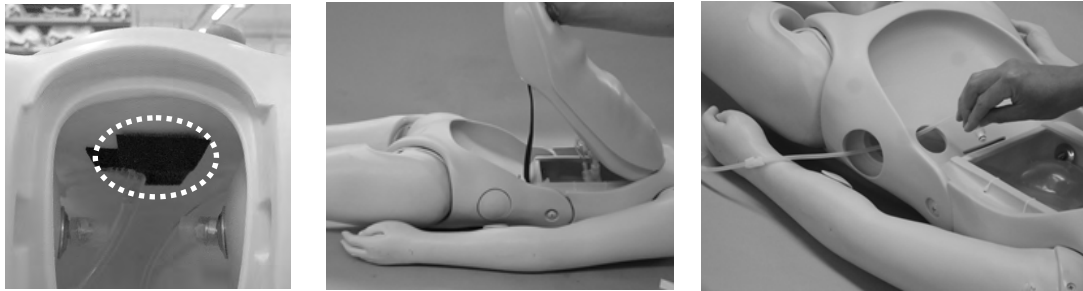
1. Insertion of tube of the irrigation bag

It is recommended that following operation should be made with two persons.

Detach the genitalia unit from the manikin and peel off the Velcro tape on the inside of the waist. Then lift the leg side of the chest cover up. (In regard to the detail of this operation, please refer to article 1 in page 4.) One person support the chest cover.

Another person pull out a pad at the left side of the waist. There is a hole leading to the inside of the waist.

Insert a tube of the irrigation bag (small) (p) and put through the tube to the hole at the front face of the waist.



2. Connection of the tube of the irrigation bag and the connector attached to inside of the waist

Connect connector of the blue tube attached to the left side inside of the waist and the connector of the tube of the irrigation bag. Then close the chest cover. (Refer to article 3 in page 4.)



2 Training

Openings on the left forearm and the back of the hand allow training on intravenous injection and fixing the dressing materials.

Median vein on the left forearm which is fixing of the the puncture site allow training on confirmation of natural instillation



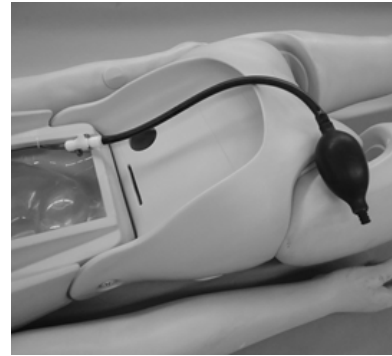
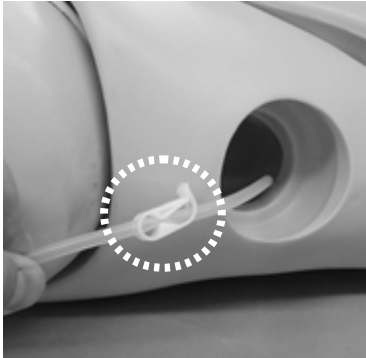
When water leakage occurred, the condition of the pad fitting into the hole of the arm might be not good. So that groove of the pad is inserted to flange on the arm hole, re-attach the pad to the hole of the arm.



3 After training

1. Water drainage from the tube

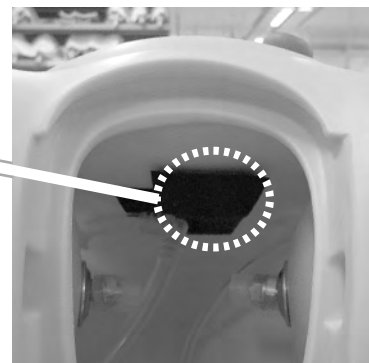
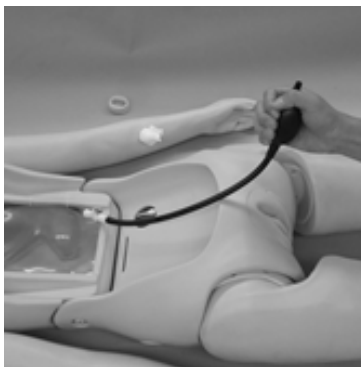
Close the tube cock of the irrigation bag (small). Detach the genitalia unit and peel off the Velcro tape on the inside of the waist. Then lift the leg side of the chest cover up. (Refer to article 1 in page 4)
Pushing the button of the joint, detach the irrigation bag (small). Connect the joint and Drainage pump (urinary bladder) (r).



Detach the Injection pad (median vein) (e). Fill the opening at the median vein with about two pieces of tissue paper and then drain water in the tube with the drainage pump (r).

After water drainage from the tube, remove the tissue paper from the opening and wipe inside of the opening as well as the pad. Dry the parts naturally and attach the injection pad.

When closing the chest cover, insert the Velcro tape to the waist at first. (Refer to article 1 in page 4)



1 Training: TPN care

Yaye has an opening for a CVC catheter

to allow training in TPN care such as:

- fixing and dressing on the catheter route,
- cleansing of the site
- changing of dressing materials



Caution

.....
Use CVC kit for training.



1 Training

Training in assistance of tracheal intubation is possible, allowing training in perioperative or ICU scenarios.

-preparation of devices –oral airway intubation (laryngoscope, video laryngoscope), confirmation by auscultation, fixing the tracheal tube –observation of the rise of the chest -chest compression



- Inserting the tracheal tube

Setting the head at "sniffing position", intubation with laryngoscope can be performed.

For oral route airway, spray enough lubricant in the mouth and the tracheal tube before inserting the tracheal tube.



Recommended tools: Macintosh laryngoscope Size: No.4
Tracheal tube: 7.0, 7.5 mm (inside diameter)

Use the lubricant included in the set. Others like gel type may remain in the model and become irremovable.

- Confirmation Successful Intubation

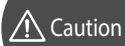
The placement of the tube can be confirmed by auscultation or movement of thoracoabdominal area.



1 Training

- Intubation by the video laryngoscope

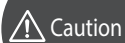
Spray enough lubricant to the video laryngoscope and the oral cavity before training.



Caution

.....
Use the lubricant included in the set.

- Securing the tracheal tube



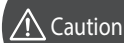
Caution

.....
Do not leave the tapes on the model. If the tapes remain on the model for long time, its skin surface will become sticky with adhesive of tapes.

2 After training

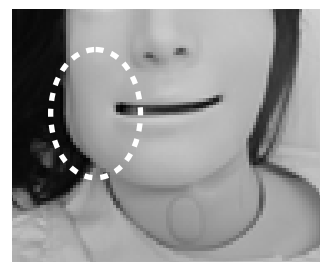
- Wipe off the lubricant

Wipe off the remaining lubricant completely with wet cloth which stuck to tracheal tube and oral cavity part.



Caution

.....
After the training, be sure that the position of lower jaw is correct. In case that the lower jaw is stored in a distorted condition, it can cause the model to be deformed or damaged.



1 Training: Thoracoabdominal assessment

- T Procedures of abdominal assessment can be performed including observation, palpation and percussion.
- Thoracoabdominal part represent softness of human body. Ribs are embedded in the chest area.



1 Training: Postmortem care

- The eyelids can be closed by fingers.
- The fingers can be set at designated position.
- Stuffing the nostrils and anus with cotton can also be practiced. Do not stuff with too much cotton.

Close the eyelids



Hold the edge of an upper lid with the tip of your fingers and pull it down.

Open the eyelids



Hold the edge of an upper lid with the tip of your fingers and pull it up.



Caution

Don't mark on the model and other components with pen or leave printed materials contacted on their surface.
Ink marks on the models will be irremovable.

Consumable parts

code	name
11404-020	Face Mask (young)
11404-040	Wig (young)
11404-060	Female genitalia (catheterization, enema)
11251-310	Female genitalia (suppository insertion, digital disimpaction)
11251-350	Rectal valve
11404-080	6 valves for urinary bladder valve
11251-320	Simulated suppository set
11251-330	Simulated feces set
11251-030	2 shoulder injection pads
11251-040	2 thigh injection pads
11251-050	2 hip IM pads
11404-050	4 injection pad (median vein)
11229-050	Lubricant (for airway suction etc.)
11381-800	Lubricant (for catheterization etc.)



Face Mask (young)



Wig (young)



Female genitalia (catheterization, enema)



Female genitalia (suppository insertion, digital disimpaction)



Rectal valve



Urinary bladder valve



Simulated suppository



Simulated feces (hardness)



Simulated feces (soft)



Shoulder injection pads



Thigh injection pads



Hip IM pads



Injection pad (median vein)



Lubricant (for airway suction etc.)



Lubricant (for catheterization etc.)

Optional parts

code	name
11404-010	Face Mask (elderly)
11404-030	Wig (elderly)
11404-070	Male genitalia



Face mask (elderly)



Wig (elderly)



Male genitalia

For inquiries and service, please contact your distributor or KYOTO KAGAKU CO., LTD.

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