

Multipurpose Patient Care and CPR Infant

S107



Gaumard[®]
Simulators for Health Care Education

Multipurpose Patient Care and CPR Infant is an interactive educational system developed to assist a certified instructor. It is not a substitute for a comprehensive understanding of the subject matter and not intended for clinical decision making.

User Guide 13.1.1
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Care and Cautions

Overall Warnings

Remember that damage caused by misuse is not covered by your warranty. It is critical to understand and comply with the following guidelines:

GENERAL

- This simulator is constructed of material that approximates skin texture. Therefore, in handling the model, use the same gentle techniques as you would in working with a patient.
- Ball point pens, ink and markers permanently stain the skin.
- Do not wrap this or any other Gaumard product in newsprint.
- Do not use alcohol, acetone, Betadine® or any other antiseptic which contains iodine in this or any Gaumard® simulator. These products could damage or stain the skin of the simulator.
- Replacement parts are available from Gaumard Scientific or your Distributor.

OPERATING CONDITIONS

Operating the simulator outside these ranges may affect performance:

- Operating temperature: 50°- 95° F (10°- 35° C).
- Humidity: 5%-95% (non-condensing).

STORAGE CONDITIONS

- Improper storage may damage the simulator.
- Keep it stored in the box and/or bag provided.
- Do not stack or store heavy materials on top of the carton.
- Storage temperature: 32°- 113° F (0°- 45° C).
- Humidity: 40%-60% (non-condensing).

IV ARM

- Treat the simulator with the same precautions that would be used with a real patient. Only use Gaumard's provided simulated blood. Any other simulated blood containing sugar or any additive may cause blockage and/or interruption of the vascular system.
- The use of needles smaller than 22 gauge will reduce the lifetime of the lower arms' skin and veins.
- After cleaning and drying the arm, lightly dust it with talcum powder. This will keep the training arm supple and easy to use.

WARNING

Vein tubing contains latex which may cause allergic reactions. Users allergic or sensitive to latex should avoid contact. Discontinue use of this product and seek medical attention if an allergic reaction occurs.

CLEANING

- Clean the skin of the simulator after every training session. The skin should be cleaned with a cloth dampened with diluted liquid dish washing soap and dry thoroughly.
- Remove all traces of any lubricant.
- Do not clean with harsh abrasives.
- The simulator is "splash-proof" but not waterproof. Do not submerge or allow water to enter the interior of the simulator.

Stoma Guidelines, Warnings, and Maintenance

USER GUIDELINES

- Always handle the stomas with clean hands.

WARNINGS

- Do not palpate using fingernails
- Do not clean with alcohol or aggressive solvents
- Do not pack any sharp objects with the stomas
- Do not press the stomas against soiled surfaces, ink, or newsprint. The stoma material is absorbent.
- The stomas are not detachable; never attempt to remove the stomas.

MAINTENANCE

- Prevent items from resting or pressing against the stomas as indentations will form on the pressure points.
- The stomas may return to the normal shape after the pressure is relieved.
- Place talcum powder on the stoma surface to reduce tackiness. This can be reapplied as needed.
- Clean the stomas using a mild solution of soap and water.
- Apply talcum powder to return the surface to a skin-like feel and appearance.

Equipment Set Up

(Optional)

If your simulator was purchased with the optional Omni controller with CPR Monitoring, please follow the set up instructions listed below.

POWER SUPPLY

Connect the power supply to the power input located on the simulator's left side, and then connect the power supply to the wall outlet.



OMNI™ SETUP

Omni controls the simulator with the touch of a button.

1. Connect the communication cable to the communication port located on the left side of the simulator.



2. Connect the other end of the communication cable to Omni.



A startup screen is shown while Omni is detecting the simulator features. After the start up screen, Omni will proceed to the main screen automatically.



WARNING

Do not connect the simulator or Omni to a computer, LAN network or unauthorized diagnostic equipment using the communication cable (Ethernet cable). Doing so will cause serious damage to the equipment.

If CPR Infant S107 is ordered without the optional Omni controller, there are no installed electrical components in the simulator.

Working with the Simulator

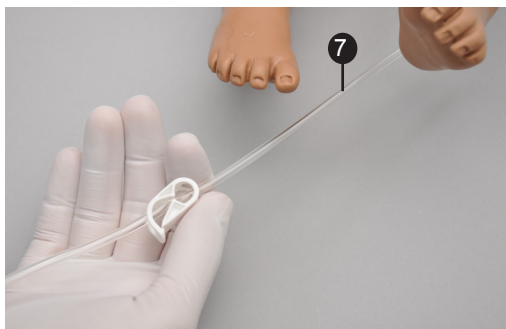
Overview

Your Simulator is a life support training simulator equipped with the following features:

FILLING AND DRAINAGE TUBES

The filling and drainage tubes of the simulator are located on the right side, except tube 7.

- Tube ① - drain the IV arm system.
- Tube ② - fill the IV arm system.
- Tube ③ - fill the umbilical cord system.
- Tube ④ - drain the umbilical cord system.
- Tube ⑤ - drain gastric contents introduced orally.
- Tube ⑥ - fill the tibia bone.
- Tube ⑦ - drain the contents of the tibia bone from the left foot.



AIRWAY

- Oral and nasal intubation
- User an ET tube or LMA
- Oral intubation plus suctioning
- Perform Sellick's maneuver

APPEARANCE

- Articulated neck, jaw, arms and legs

BREATHING

- Bilateral lung expansion with realistic chest rise
- Accommodates assisted ventilation
- Ventilation is measured and logged with optional controller

CIRCULATION

- Chest compressions are measured and logged with optional controller
- Simulated brachial, femoral, popliteal, tibial, radial, and umbilical pulses

SIMULATOR

- Enema administration
- Heart, lungs and ribs
- Interchangeable genitalia
- Intraosseous access at tibia
- IV training arm
- Medium skin tone is the standard simulator color; light or dark skin is available at no extra cost.
- Ostomy care
- Patent umbilicus
- Physical size is 50th percentile at 40 weeks gestational age

- Realistic airway with tongue, vocal cords, trachea and esophagus
- Urinary catheterization of female/male genitalia
- Femoral venous access

OPTIONAL CONTROLLER

- Powerful yet intuitive user controller and interface software
- CPR Training

OTHER

- One year limited warranty

Terminology

FACILITATOR

The person conducting the simulation; an instructor or lab staff member.

PROVIDER

A person participating in the simulation as a healthcare provider.

CODE BLUE®

Feature of the Omni controller to monitor, train, and evaluate CPR.

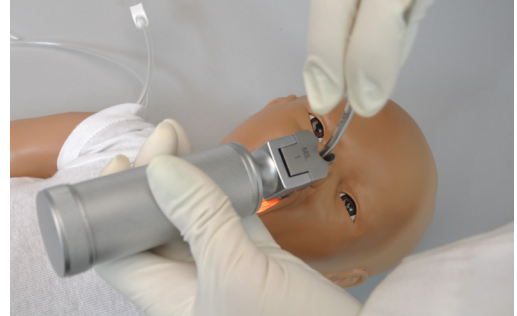
CPRLINK™

The application to monitor, train and evaluate CPR on a PC.

Airway

NASAL AND ORAL INTUBATION

Simulator's airway can be intubated orally using a LMA or endotracheal tubes and nasally through the left nostril using a nasogastric tube.



WARNING

Always lubricate tubing and nasal opening prior to performing nasal or oral exercises.

Failure to do so will make intubation very difficult and is likely to result in damage. It is not recommended that you spray silicone oil directly into the mouth and airway.

Procedure	Recommended Device Size
Intubation (Blade size)	Miller 0
LMA	Size 1
Nasal Intubation	8 Fr catheter
Oral Intubation	ETT 3.0 no cuff, 6 Fr suction catheter

SUCTION

Simulator can be used to simulate suction procedures. Suctioning may be practiced in either/or the esophagus/trachea.

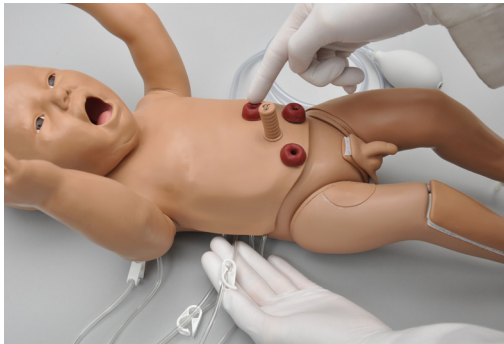
Breathing

PULMONARY VENTILATION



Practice BVM techniques using an infant sized mask having a thick seal. Bilateral lung expansion is perceived with realistic chest rise

During the pulmonary ventilation the upper left stoma located on the abdominal cavity, which connects to the stomach, should be sealed with the provided white plug.



Train CPR with Simulator and obtain feedback information via the Omni controller on the cadence and depth of chest compressions and airway ventilations.

Circulation

PALPABLE PULSES

The simulator is equipped with manual umbilical, right (brachial, femoral, radial) and left (popliteal, tibial) pulses.

ACTIVATING THE PULSES

Generate palpable pulses using the squeeze bulb attached to tube on the left side of the simulator.



IV ACCESS

The Pediatric Injection Training Arm simulates the arm of a newborn child. It is an effective training tool for intravenous and certain arterial exercises. It is only to be used as part of an approved program for patient care.

The training arm contains anatomically located venous and arterial grooves which are fitted with soft latex tubes closely simulating the consistency of the veins. A translucent, pliable latex skin, which is removable and washable, is stretched over the training arm.

The IV arm provides:

- A medial venous antecubital vein for IV exercises
- Radial and brachial pulse points
- Two veins in the dorsum of the hand for additional intravenous training techniques

Applying pressure via the syringe permits the veins to stand out, simulating a clenched fist or a tourniquet situation. Release of the pressure simulates collapsed veins. Use of the syringe permits the palpability of the veins to be varied as seen in routine hospital or emergency situation.

The instructor may ask the student to access the veins initially using a 23 gauge needle set without the use of fluids. Once the student is more skilled, water can be added to the syringe. Later one may elect to use the synthetic blood concentrate.

Flush the IV arm following each training session.

The IV training kit includes a blood dispensing syringe, synthetic blood concentrate and a spare arm skin.

Use a 23 to 25 gauge needle set.

FILLING IV SYSTEM

Fill the IV system with the tubing located on the right shoulder of the simulator.



1. Place end of drainage tube 1 into a container and open the adjustable clamp
2. Fill the dispensing syringe with fluid.
3. Connect the syringe to fill tube 2 and release the fluid. Allow fluid to flow through the system and into the drainage container.
4. Close the adjustable clamp of drainage tube 1.
5. Remove the syringe from the filling tube.

DIRECTIONS FOR USE

For IV infusion simulations, place the end of drainage tube into a container and open the adjustable clamp. Leave clamp open until the IV infusion is stopped to prevent damage to simulator.

Setting up an IV line is an invasive procedure requiring an aseptic technique. The normal procedure for setting up an IV line using the simulator is as follows:

1. Apply desired pressure to the veins.
2. Squeeze the appropriate vein site and clean the skin with alcohol. Avoid use of povidone-iodine, as this will cause the skin to become discolored and brittle.
3. Omit tourniquet use if possible. If required, apply the tourniquet a few inches above the selected site.
4. Simulate anesthetization of the skin if needed.

5. Select a 22 gauge cannula and 23 gauge needle. Large needles will damage the veins.
6. Apply finger pressure to the vein distal to the puncture site.
7. Puncture the skin and the underlying vein with the needle. The bevel of the needle should be up and the needle should be angled at a 20-30 degree angle.
8. Stabilize the entry site as desired.
9. Apply ointment and dressing and remove tourniquet, if used



WARNING

Use only Gaumard's provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

MAINTENANCE

1. Remove the skin starting at the upper thigh. Use talcum powder on the skin to ease movement. Remove the skin, exposing the vessel and pulse sites.

Gentle heating of the vinyl (with a hairdryer or heat gun) will make removal easier.

2. Assemble in reverse order, being certain to apply powder to the inside of the leg skin before rolling it on.

FEMORAL VENOUS ACCESS

During CPR, the preferred access site is the largest and most accessible site that does not interrupt resuscitation of the victim. Venous access can be obtained through the intraosseous route discussed previously, or the femoral, internal jugular, external jugular, or Subclavian veins. Of the latter four sites, the femoral is preferred because like the intraosseous site, it provides less interference with the resuscitation efforts.



FILLING THE FEMORAL VENOUS AND INTRAOSSEOUS ACCESS

Fill the femoral venous and intraosseous access system with the tubing located on the right side of the simulator (tube 6).

To fill the femoral vein with fluid, follow the instructions listed below.

1. Place the end of tube 7 into a drainage container and open the adjustable clamp.
2. Fill the fluid dispensing syringe with water or simulated blood.
3. Connect the syringe to tube 6 and release the water. Allow water to flow through the system and into the drainage container.
4. Once the water is seen draining, close the adjustable clamp.



WARNING

Always drain and flush the reservoirs after simulation.

Use only Gaumard's provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

Systemic

INTRAOSSEOUS ACCESS

Intraosseous access is used for the infusion of fluids, blood and/or drugs directly into the bone marrow of the tibia or other large bone. Setting up an intraosseous access line is an invasive procedure that can be simulated with the Simulator's lower right leg.

The intraosseous access kit includes: modified tibia bones with filling and drainage tubing, a fluid dispensing syringe and synthetic blood concentrate.

FILLING THE FEMORAL VENOUS ACCESS

Follow the instructions listed in the section "Filling the Femoral Venous Access"

INSTRUCTIONS FOR USE

The following procedure describes how to use the I/O access feature:

1. Palpate tibial tuberosity.
2. Clean the area with alcohol. Avoid the use of povidone-iodine, as this will discolor the simulator.
3. Simulate anesthetization of the area if needed.

The needle recommended for this procedure is a 16 gauge disposable bone marrow aspiration needle.

4. Insert bone aspiration needle below tibial tuberosity. Note the sharp decrease in needle resistance as it passes into the bone marrow cavity.



REPLACING THE TIBIA

To replace the tibia bone, place the end of tube 7 into a drainage container and open the adjustable clamp.

1. Drain all the fluids from the system.
2. Remove the tibia cover.



3. Gently remove the tibia bone insert.



4. Replace tibia with a new insert or rotate to use the other end of the bone.
5. Re-attach tibia cover.

WARNING

Always drain and flush the reservoirs after simulation.

UMBILICAL CORD

At birth and for only a few hours thereafter, the umbilical cord can be used for intravenous access, and for measuring arterial blood gasses/pressure.

This simulator features umbilical venous access.

You may access umbilical cord using an umbilical catheter. Lubricate the distal tip and insert the tip just below the level of the skin. Infusion exercises may then be practiced.

A reservoir within the simulator collects the fluid, which can be drained via a port on the torso.



FILLING THE UMBILICAL CORD



To fill the umbilical cord with fluid, follow the instructions listed below.

1. Place the end of tube 4 into a drainage container and open the adjustable clamp.
2. Fill the fluid dispensing syringe with water.
3. Connect the syringe to tube 3 and release the water. Allow water to flow through the system and into the drainage container.
4. Once the water is seen draining, close the adjustable clamp.

For catheterization, use a 6 Fr urethral round tip catheter lubricated with silicone oil.

Patient Care

BANDAGING

The fingers and toes of this simulator are separated to permit bandaging exercises. The surface of the manikin is smooth and resistant to water, oil, and liniments.

HEEL STICK EXERCISES

Both legs are molded from a very soft, lifelike material, permitting heel stick exercises.

EYES/OPHTHALMOLOGIC EXERCISES

The head has separately inset eyes, permitting the following exercises:

- Administration of orbital medicines, including instillation of drops or ointment into the conjunctival sac
- Removal of foreign bodies
- Eye irrigation

TONGUE

The simulator is supplied with a soft tongue.

RANGE OF MOVEMENT

The arms and legs are soft and rotate within the torso body. The head, neck, and jaw articulate.

NASOGASTRIC AND OROGASTRIC EXERCISES

Nasal and oral openings are connected to the stomach reservoir, so that an appropriately-sized catheter may be used to demonstrate tube feeding and gastric suction. The stomach is provided with an opening for gastrostomy.

NOSE AND THROAT

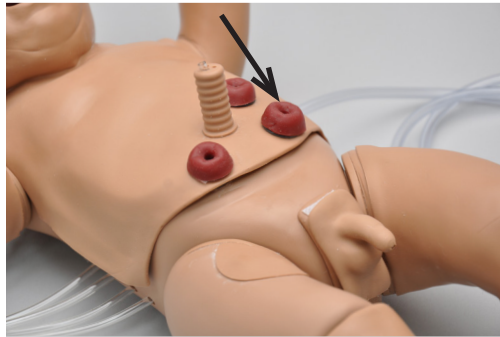
Nasal/Oral - Both the nasal and the oral openings are connected to the stomach tank.

ENEMA ADMINISTRATION

Administration of an enema may be performed on this manikin. The simulator should be placed on its side, and the enema introduced with an anal nozzle of small diameter. Please note that a non-return valve is built into the anal passage to prevent fluid spillage during installation.

FILLING THE COLON

Insert fluid using appropriate funnel at the colostomy site (shown below); or, use a catheter with a large syringe.



URINARY SYSTEM

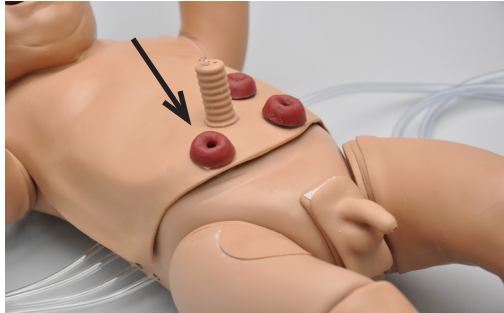
The urethral passage and the bladder are connected by a double diaphragm valve to make catheterization exercises more lifelike. Fluid may be withdrawn from the bladder after the insertion of a catheter.

URINARY CATHETERIZATION

The simulator can be catheterized via exchangeable male and female genitalia using a 6 Fr urethral round tip catheter lubricated with silicone oil.

FILLING THE BLADDER

Insert fluid using appropriate funnel at the suprapubic site (shown below); or, use a catheter with a large syringe.



Insert an appropriated sized catheter to the female or male genitalia to drain the bladder contents.

WARNING

Always use a lubricant when introducing any catheter.

OSTOMY CARE

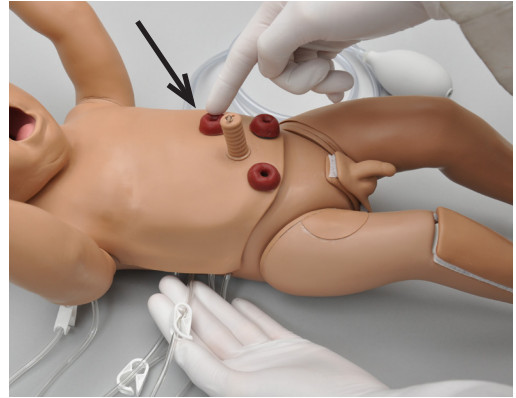
The simulator is equipped with three ostomies for care of the stomach, the bladder and, the rectum.

To seal the stomas, insert the provided white plugs into the ostomy.

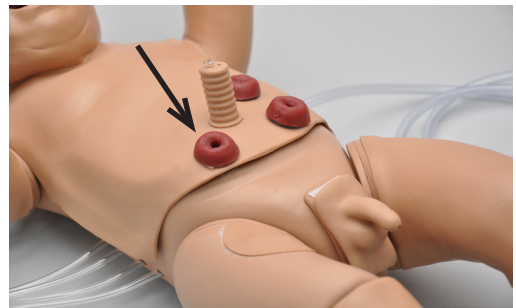


OSTOMY CONNECTIONS

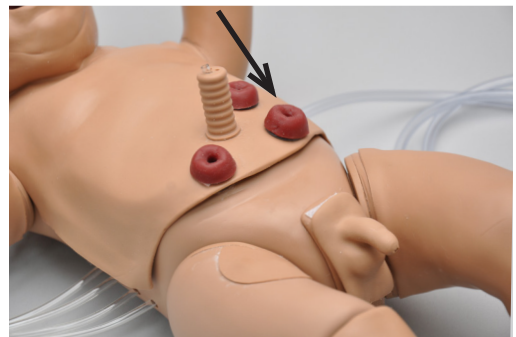
Fluid may be added through an ostomy connected to the stomach reservoir (upper left stoma) which can be drained through tube 5



Add fluid through the suprapubic stoma. This stoma connects to the bladder.

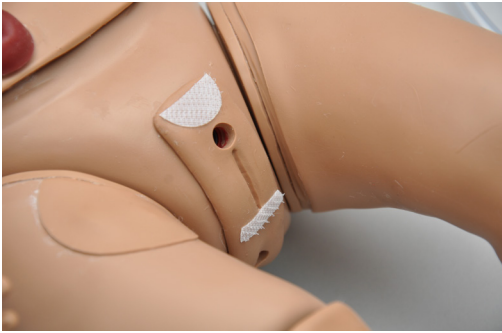
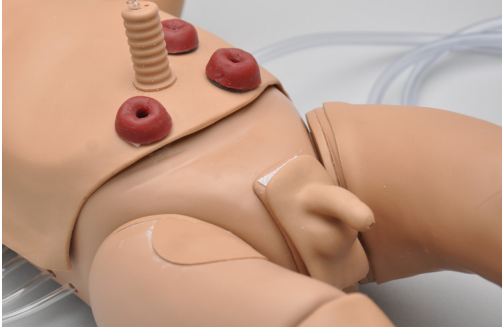


Fluid may be added to the stoma shown below. This stoma connects to the rectum tank for enema administration.



MALE AND FEMALE ORGANS

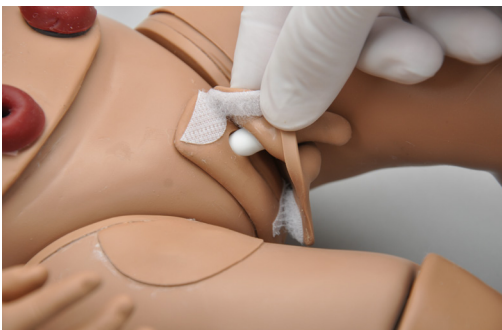
The male and female organs are molded of soft vinyl. The male organ attachment simulates the external genitalia, complete with scrotum. The vaginal passage is closed at the introitus.



Add fluid to the internal tank accessed through the suprapubic stoma. Male and female catheterization may be practiced.

REMOVING MALE GENITALIA

Gently remove the male genitalia insert by detaching the inferior and superior Velcro fastener.



Omni™ Code Blue®

(Optional)

Using Omni™ Code Blue

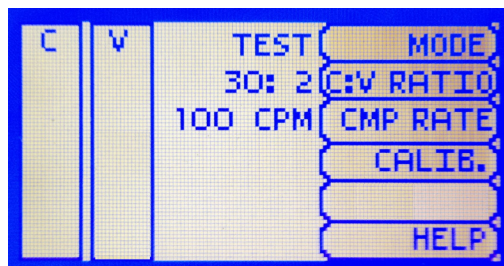
Code Blue® is a CPR training tool incorporated in the Omni controller. It was designed to help teach CPR by monitoring cadence and depth of cardiac compressions and airway ventilations in real time.

WARNING

Do not perform mouth to mouth ventilation since the simulator can be difficult to clean afterwards.

MAIN SCREEN

The Omni main screen is divided into three sections which are, listed from left to right, the Feedback Graphics, Current Settings, and Navigation Menus. Pressing each button will display the menu item in detail.



FEEDBACK GRAPHICS

Monitor and evaluate depth and cadence of compressions and ventilations in real time.

CURRENT SETTINGS

The current settings are listed on the middle of the screen. The settings will reflect the information saved during a previous session.

CODE BLUE NAVIGATION MENUS

Edit the simulator settings using the navigation menus. Select a menu item by pressing the soft key buttons located on the right side of the controller. Each menu has additional submenus or toggle selection. Use the submenus to decrease, increase, accept, or cancel values. Use the toggle selection to switch between available options in the menu.

The Code Blue menus are:

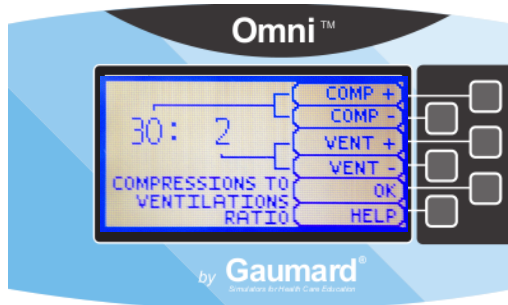
- CPR operational mode: TEST or COACH mode
- C:V Ratio: customize the compression to ventilation ratio to match correct guidelines
- Compression/Ventilation Rate: adjust the number of compressions and ventilations per minute
- Calib: calibrate the pressure sensor in the simulator
- Help: universal help menu

MODE MENU

Toggle between COACH and TEST modes. The COACH mode generates audible tones to coach CPR ratio. A high-pitched beep signals the care provider to perform a compression and a low pitched-beep signals a ventilation. Toggle to the TEST mode to perform CPR without the audible cues.

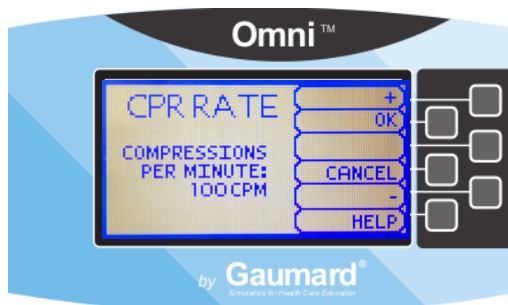
C:V RATIO MENU (COMPRESSION TO VENTILATION RATIO)

Adjust the compression to ventilation ratio using the + and - buttons. Press OK to save the changes and return to previous screen. The default value for the C:V Ratio is 30 compressions to 2 ventilations.



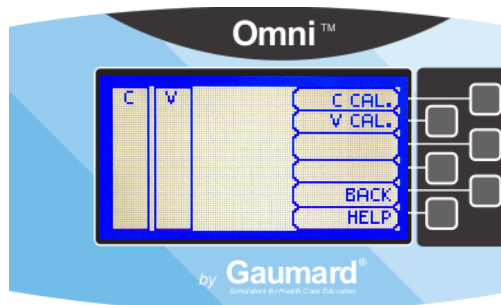
COMPRESSION / VENTILATION RATE MENU

The default value for the compression rate is 100 compressions per minute. Adjust rate using the '+' and '-' buttons. Press OK to save the changes and return to previous screen. The Compression rate range is 50 - 150 CPM. The Ventilation rate limits are 2- 60 VPM.



CALIBRATION MENU

Press CALIB. to access additional menu selections.

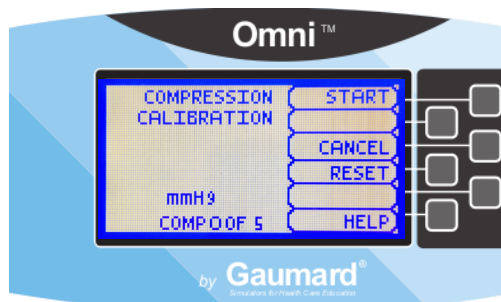


CALIBRATING CHEST COMPRESSIONS

The simulator is pre-calibrated to current CPR guidelines at time of manufacture. If the CPR guidelines change, calibrate the sensors inside the simulator using this option.

Calibrating chest compressions:

1. Select C CAL.
2. Press START to begin the calibration procedure.



3. Omni will ask you to perform several correct chest compressions. The facilitator should follow the text cue on the screen to perform just one compression at a time until finished. When Omni is ready to proceed it will display COMPRESS.
4. Perform a correct compression.
5. Follow the text cue on the screen to perform the remaining four compressions. When the calibration is complete Omni will display DONE.
6. Press SAVE.

CALIBRATING AIRWAY VENTILATIONS

Set the standard against which ventilation will be evaluated during training.

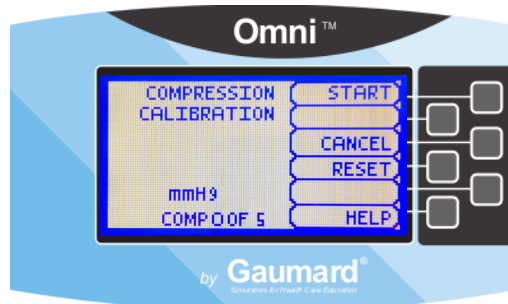
Calibrating airway ventilations:

1. Select V CAL.
2. Press START to begin the calibration procedure.
3. Omni will ask you to perform a number of correct airway ventilations. The facilitator should follow the text cue on the screen to perform just one ventilation at a time, until finished.
4. When Omni is ready to calibrate it will display VENTILATE.
5. Perform a ventilation.
6. Follow the text cue on the screen to perform the remaining four ventilations. When the calibration is complete Omni will display DONE.
7. Press SAVE.

RESETTING OMNI'S PRESSURE SENSOR

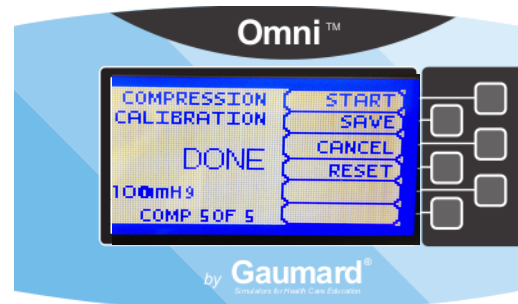
It is recommended that the Omni's pressure sensor is reset at altitudes greater than 1000 ft. to avoid inaccurate compressions and ventilations readings. Perform the sensor reset procedure only as part of the initial calibration process.

1. Select RESET within the compression or ventilation calibration menu.



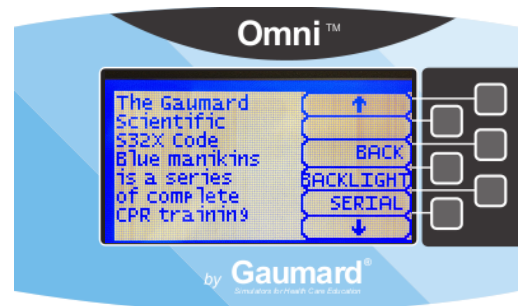
After resetting the sensor, Omni will display DONE.

2. Select SAVE to finish.



HELP

The help window provides access to global settings such as backlight time and Omni/Simulator serial number.



BACK

Return to previous screen.

BACKLIGHT

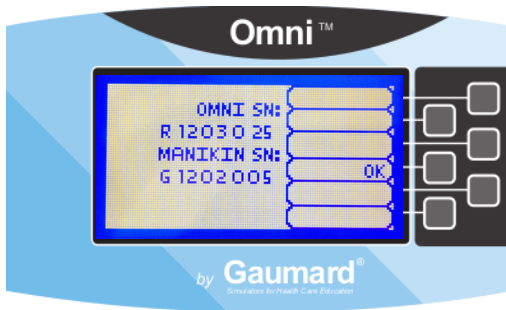
The default value for Omni's backlight timer is 10 minutes. After 10 minutes the backlight will turn off.

To increase the backlight duration, adjust the backlight timer with the plus or minus sign. Press OK to accept the changes.



SERIAL NUMBER

View Omni and Simulator serial number. Press OK to return to the HELP menu.



CPRLink™

CRPLink is an application that enables monitoring and logging of compressions and ventilations, performed in real time by the user, on a PC.

This software aims to provide additional testing and teaching tools for CPR using an interface to display a waveform graph of the compressions and ventilations.

CPRLINK MINIMUM SYSTEM REQUIREMENTS

- Operating System: Windows XP or Windows 7
- Computer and processor: 1 gigahertz (GHz) or faster 32-bit (x86) or 64-bit (x64) processor
- Memory: 1 gigabyte (GB) RAM (32-bit) or 2 GB RAM (64-bit)
- Hard disk: 3 gigabyte (GB) available disk space
- Install media: CD/DVD Drive
- I/O Ports: USB port

SETUP

CPRLINK SOFTWARE INSTALLATION

If installing the CPRLink software for the first time, follow the instructions listed below:

1. Insert the CPRLink installation CD in your PC.
2. Follow the instructions on your screen.

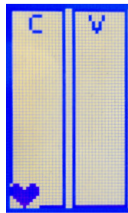
In case the auto run is disabled, open My Computer. In the My Computer window, open the drive that contains the CPRLink CD. Double-click on CPRLink and locate the setup file "RunMeFirst". Double-click on "RunMeFirst" to start the installation.

If installing the application on a Windows 7 computer, run the program as administrator. Right click the CPRLink icon and select Properties. Select the Compatibility tab and check mark the option "Run this program as an administration". Click on Apply and then OK to close the window.

EQUIPMENT SET UP

1. Connect the power supply to the power input on the simulator, and then connect the power supply to the wall outlet.
2. Connect the communication cable to the simulator and to Omni.
3. Connect the USB cable to Omni and to the USB port of your PC.

Omni will display a heart icon on the lower left side of the screen when a connection with the PC has been established.

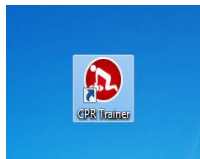


WARNING

Do not start the CPRLink application until Omni is connected to the PC.

STARTING CPRLINK

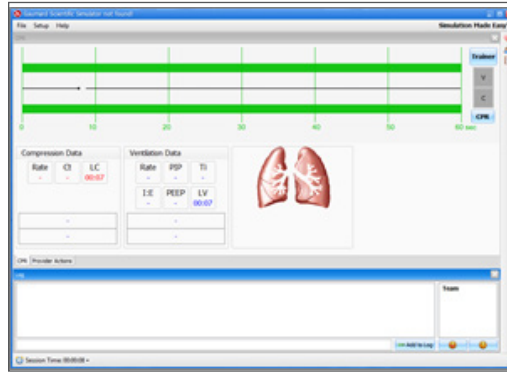
Double click on the CPRLink icon on the desktop of your PC.



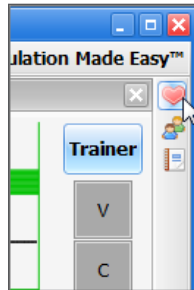
CPR SCREEN

The CPRLink main screen contains the drop-down menus used to save and clear session logs, change the application options, and access the program's help.

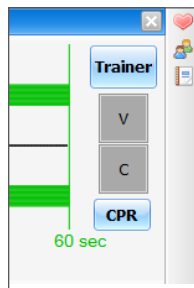
The main screen also contains the controls used to evaluate compressions and ventilations.



Open the CPR evaluator by clicking on the shortcut icon located on the upper right side of the application.



The provider performance indicator boxes are located on the right. The V (ventilation) and C (compression) box fill color changes between the following states:



- Grey: no intervention was detected.
- Yellow: compression was too shallow. Ventilation was too weak.
- Green: compression/ventilation was performed correctly.

- Red: compression was too deep. Ventilation was too strong.

Compression and ventilation data is displayed at the bottom of the window as CPR is performed by the provider.



COMPRESSION DATA

- Rate: rate of compressions in real time.
- Ct (Compression time): average length of each compression in seconds.
- LC (Last Compression): time elapsed since the last compression performed.

VENTILATION DATA

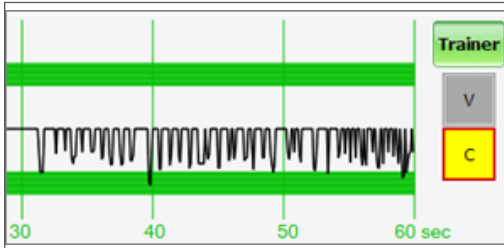
- Rate: ventilation rate in real time.
- PIP: Peak Inspiratory Pressure
- Ti: time inspiration
- I:E: Inspiratory : Expiratory ratio
- PEEP: Positive End Expiratory Pressure
- LV (Last Ventilation): time elapsed since the last ventilation performed

TRAINER

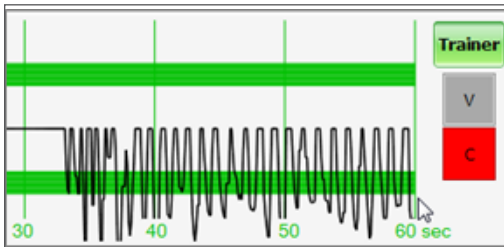
The CPRLink application generates visual and audible cues of the compression to ventilation ratio programmed in the CPR Options menu. When the Trainer button is clicked, the V (ventilations) and C (compressions) box borders blink to indicate the correct reference CPR rate. A high-pitched beep signals the care provider to perform a compression and a low pitched-beep signals a ventilation.

PERFORMANCE EXAMPLES

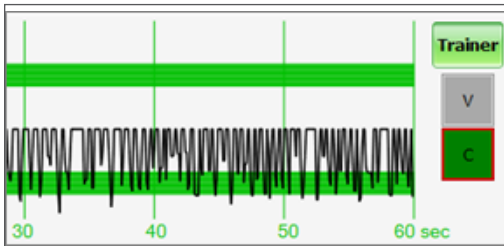
Compressions are too shallow. Most waveform peaks do not reach the green zone. Compression indicator is yellow.



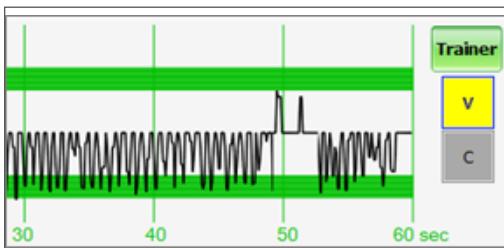
Compressions are too deep. Waveforms peaks mostly exceed the green zone. Compression indicator is red.



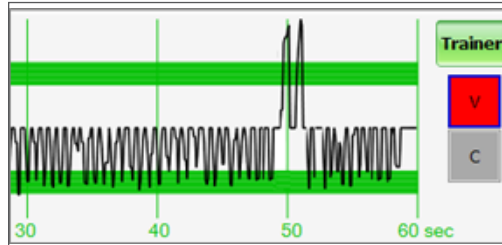
Compressions are performed correctly. Waveform peaks are mostly inside the green zone.



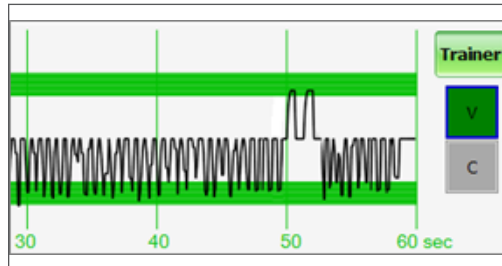
Ventilations are too shallow. Waveform peaks do not reach the green zone.



Ventilations are too strong. Waveform peaks exceed the green zone.

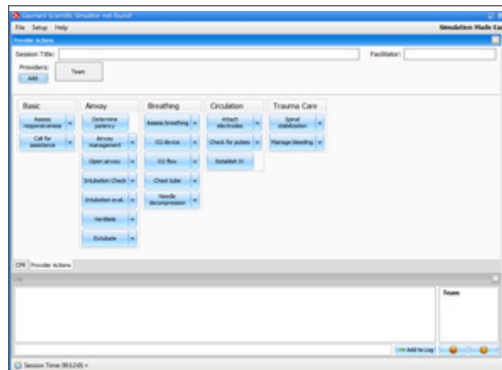


Ventilation was performed correctly. Waveform peak is inside the green zone.

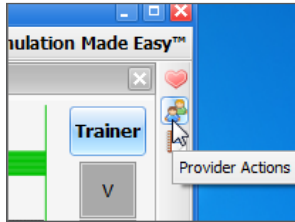


PROVIDER ACTIONS SCREEN

The provider actions screen allows the facilitator to keep track of every event during a session. It automatically creates an entry whenever a detected event occurs. Also, the facilitator can log provider actions with a simple click.



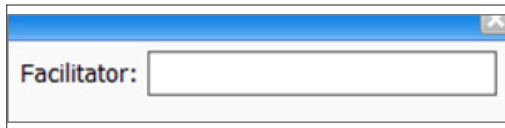
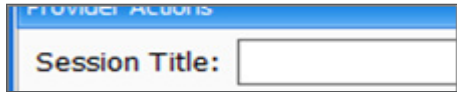
Open the provider actions screen by clicking on the shortcut icon located on the upper right side of the application.



The Provider Actions screen consists of four different areas (from top to bottom): session info, team logging buttons, provider action buttons, and text log.

SESSION INFO

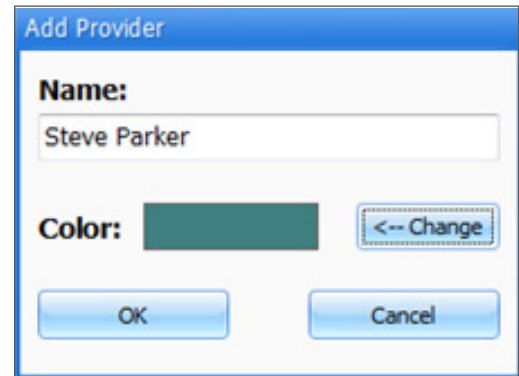
The header section consists of the 'Session Title' and 'Facilitator' fields at the top of the Team Logging section. Type the session title and facilitator name directly into the note field. It serves as assisting with record keeping purposes when a report is saved or printed.



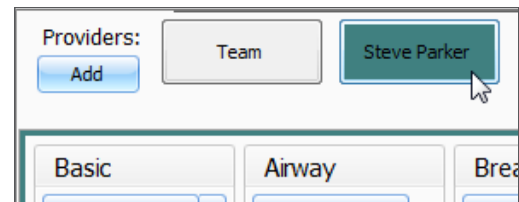
TEAM LOGGING

The Team Logging feature allows the facilitator to designate which member of the team performed a particular action. The Team Logging section is right above the Provider Actions section.

First, the facilitator should add all providers in the team, one by one, by clicking the Add button and filling out the Add Provider dialog box.



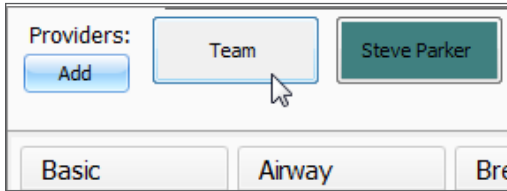
A colored button is inserted on the Team Logging region for the provider just added. There can be up to six different providers, each with a corresponding button. Every time one of the provider buttons is clicked, that person becomes the active provider. To indicate the active provider, the vertical bars on each side of the Log page will match the color chosen for that person.



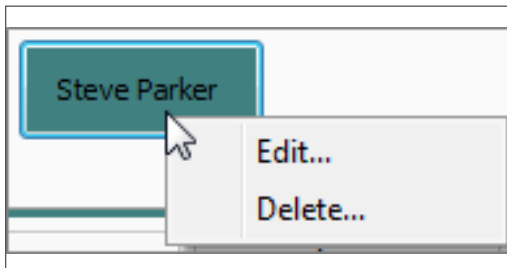
On the Log Page image, for example, the provider "Steve" is the active provider, so the vertical bars are teal colored. While there is an active provider, every time a Provider Action or Evaluation log entry is created it will have the name of the provider as follows:

"00:07:41 [Steve Parker] Action (Ventilate): BVM"

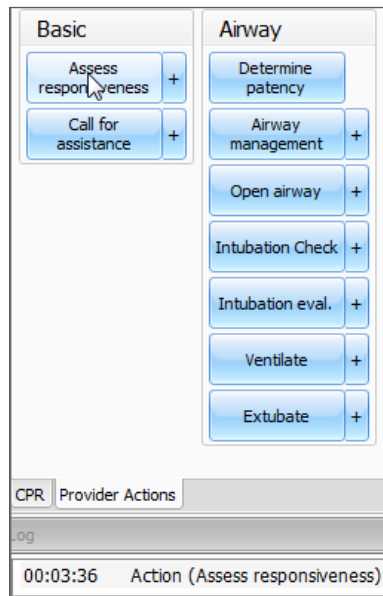
To deselect the active provider and return to general logging, click the Team button and the vertical bars will return to neutral color.



All provider buttons can be edited or deleted by right-clicking them and selecting an option from the menu.

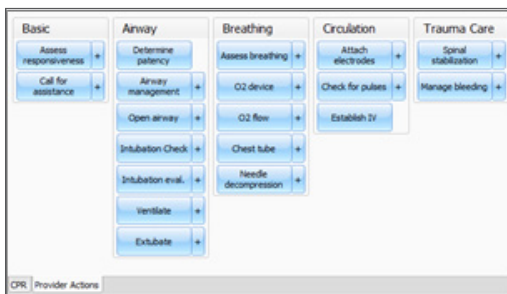


For example, if the 'Assess responsiveness' button is clicked when the session clock reads 00:03:36, the following entry is automatically generated: "00:03:36 Action (Assess Responsiveness)"



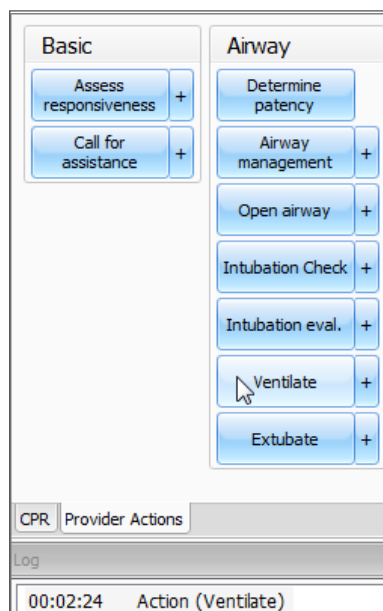
PROVIDER ACTIONS

This section refers to the collection of buttons in the middle of the page. It allows the facilitator to accurately keep track of provider actions. The buttons are grouped into 6 groups: Basic, Airway, Breathing, Circulation, and Trauma Care. Anytime the facilitator clicks one of the buttons, a time-stamped log entry is generated with that particular action.

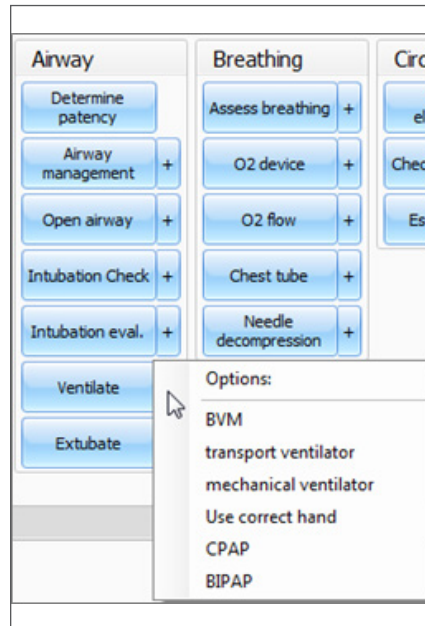


SPECIAL BUTTON

The special button adds additional functionality to the provider actions section. The button, ' + ', allows the facilitator to be more specific on the provider action he/she wishes to log. For example, if the button 'Ventilate' is clicked, the following entry is created: "00:02:24 Action (Ventilate)"

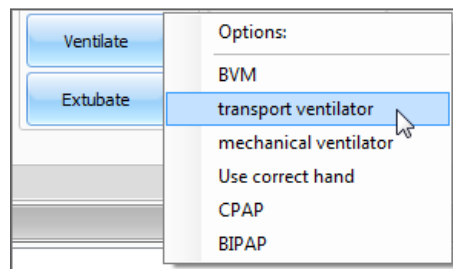


On the other hand, if the '+' button next to 'Ventilate' is clicked, a list of additional options appears.



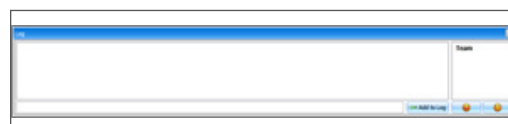
The facilitator can be more specific and choose, for example, 'transport ventilator'... and the following entry is added:

"00:01:28 Action (Ventilate): transport ventilator"

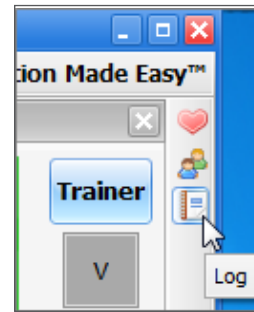


TEXT LOG

This is the large panel at the bottom of the Log Page, containing all the time-stamped text entries. Every event on a session is reflected as an entry in the Text Log.



Open the Text Log by clicking on the shortcut icon located on the upper right side of the application.



The different types of entries are classified as Actions, Detected Events, Evaluations, and Notes.

Text Log is subdivided in four different functions:

ACTIONS

Actions refer to those performed by one of the providers in the session. The facilitator can quickly log actions from the Provider Actions section and make the entry more specific using the Team Logging feature. The following is an example of an Action entry:

"00:07:24 Action (Assess responsiveness)"

DETECTED EVENTS

Each time one of the various sensors in the The simulator detects a provider action, it is automatically logged as a 'Detected' entry. These actions include artificial ventilations and chest compressions. The following example shows an entry after a provider administers a chest compression:

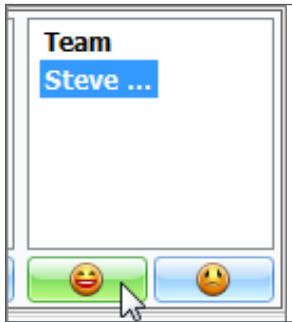
"00:05:36 Detected (chest compression): too weak"

EVALUATIONS

The facilitator adds evaluations by clicking on the 'Satisfactory' or 'Unsatisfactory' buttons next to Text Log.



The facilitator can evaluate individual providers with a single click.



For example, if provider Steve Parker did a correct procedure, the Evaluation entry would be:

00:36:01 [Steve Parker] Evaluation (Care Provided): Satisfactory

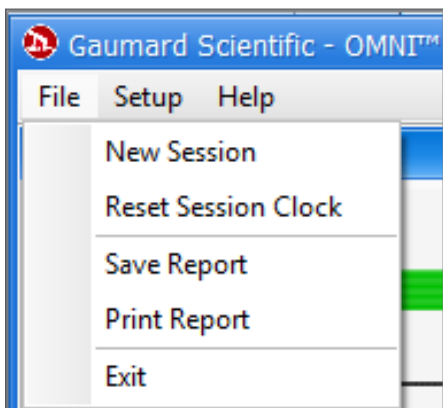
NOTES

Notes can be entered directly in the Text Log. The following is an example of a Note entry:

"00:51:09 [Steve Parker] Note: provider took too long to assess patient."

CPR LINK MENUS

FILE

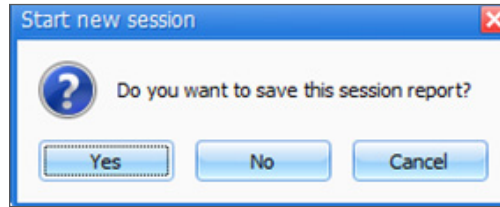


NEW SESSION

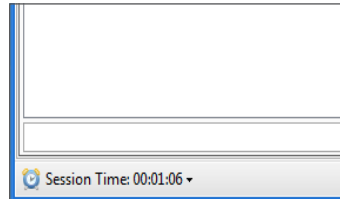
Clicking New Session in the file menu will:

- Start a new simulation session
- Clear out log page

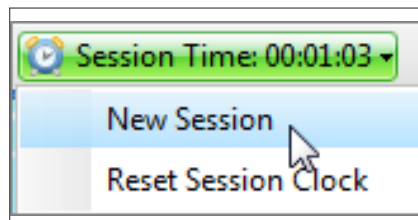
- Restart the session clock



The session clock is located at the bottom of the Log box.



You can also start a new session by clicking on the session clock drop down menu, located at the bottom of the Log box, and selecting New Session.

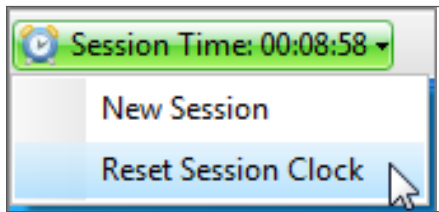


RESET SESSION CLOCK

Clicking on Reset Session Clock resets the clock back to zero.

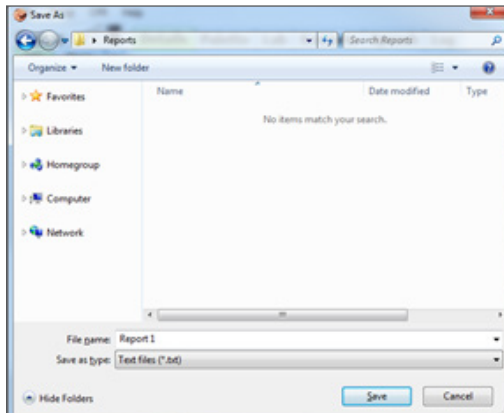


Reset the session Clock by clicking on the session clock drop down menu, located at the bottom of the Log box, and selecting Reset Session Clock.



SAVE REPORT

This option allows you to save all the information recorded in the log page as a text file. Clicking on it brings up the Save As dialog box:



Select the desired name and path, and click "Save".

A sample report is below:

Gaugard® Scientific - Gaugard CPR	
3/13/2012 10:40:27 AM	
Session:	
Facilitator:	
Providers:	[Team]
00:00:04	Detected (chest compression): peak = 44 mmHg, duration = 0.4 seconds.
00:00:04	Detected (chest compression): peak = 39 mmHg, duration = 0.1 seconds.
00:00:04	Detected (chest compression): peak = 48 mmHg, duration = 0.3 seconds.
00:00:05	Detected (chest compression): peak = 52 mmHg, duration = 0.2 seconds.
00:00:05	Detected (chest compression): peak = 39 mmHg, duration = 0.1 seconds.
00:00:06	Detected (chest compression): peak = 53 mmHg, duration = 0.1 seconds.
00:00:06	Detected (chest compression): peak = 10 mmHg, duration = 0.1 seconds.
00:00:08	Detected (chest compression): peak = 48 mmHg, duration = 0.2 seconds.
00:00:08	Detected (chest compression): peak = 43 mmHg, duration = 0.2 seconds.
00:00:09	Detected (chest compression): peak = 25 mmHg, duration = 0.1 seconds.
00:00:10	Detected (chest compression): peak = 22 mmHg, duration = 0.2 seconds.
00:00:11	Detected (chest compression): peak = 21 mmHg, duration = 0.1 seconds.
00:00:11	Detected (chest compression): peak = 54 mmHg, duration = 0.3 seconds.
00:00:12	Detected (chest compression): peak = 68 mmHg, duration = 0.6 seconds.
00:00:12	Detected (chest compression): peak = 58 mmHg, duration = 0.3 seconds.
00:00:14	Detected (chest compression): peak = 24 mmHg, duration = 0.1 seconds.
00:00:15	Detected (chest compression): peak = 42 mmHg, duration = 0.3 seconds.
00:00:16	Detected (chest compression): peak = 25 mmHg, duration = 0.2 seconds.
00:00:16	Detected (chest compression): peak = 46 mmHg, duration = 0.2 seconds.
00:00:16	Detected (chest compression): peak = 49 mmHg, duration = 0.1 seconds.

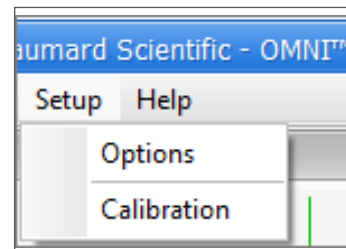
PRINT REPORT

This option allows you to print a text file containing all the information in the log for the latest session. Clicking on Print Report brings up the Print dialog box.

EXIT

You can exit the application at any time by going to File, Exit or by clicking on the red "x" button at the top right corner of the CPRLink.

SET UP



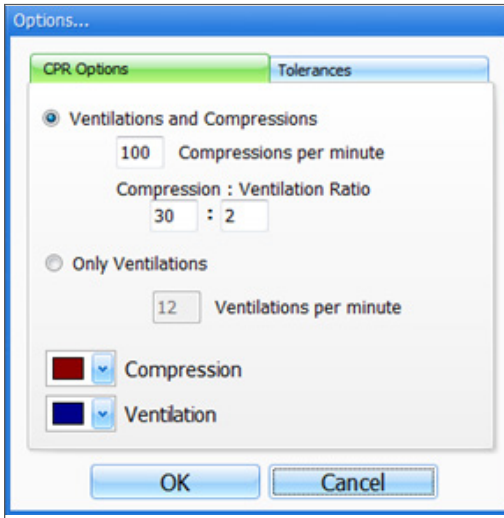
OPTIONS

The Options window contains the parameters accessible to the user for configuration.

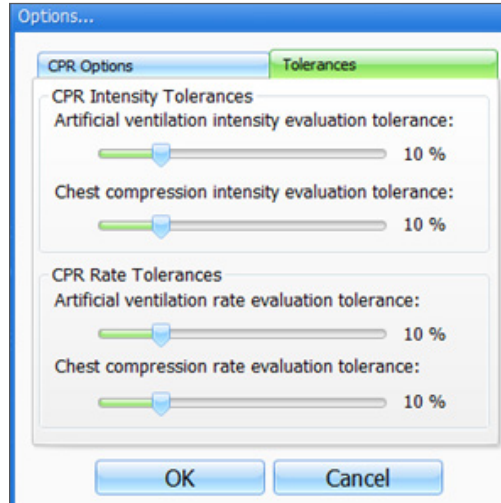
CPR OPTIONS

- Select the number of desired compressions per minute.
- Specify the compression/ventilation ratio
- Select number of ventilations per minute (if the 'Only Ventilations' option is selected).

CPRLink will retain the options, tolerances and calibration data last entered.



Rate Tolerances: the rate tolerance parameter sets the permissible deviation from the selected compression set. For example, if the user sets the Compression Rate at 100 compressions / minute and the Compression Rate Tolerance at 10 %, any compression frequency between 90 and 110 compressions per minute will be considered correct.



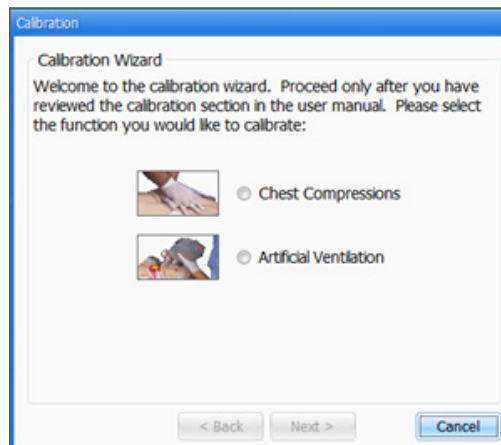
TOLERANCES

Select the tolerance and intensity of both chest compressions and ventilations. These parameters change the percentage deviation permitted while evaluating a compression or ventilation.

Intensity Tolerances: if the user has calibrated the software, these tolerances represent permissible deviation from the compressions or ventilations entered during the calibration procedure; otherwise the program uses default sensor values.

CALIBRATION

This tool allows you to easily calibrate the sensors inside the simulator. First choose which function you would like to calibrate: chest compressions or artificial ventilations.

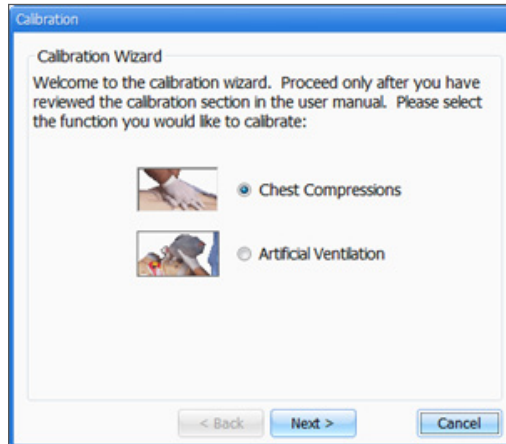


The procedures for each specific calibration are described in the sections below.

CHEST COMPRESSIONS/ARTIFICIAL VENTILATIONS

This tool allows you to calibrate the chest compressions and the artificial ventilations to your specific criteria. That is, you will be telling the system what a correct chest compression is and/or what a correct artificial ventilation is. Providers will be evaluated by the system based on this criteria.

The chest compressions and ventilations are calibrated in the same way. After making a selection, this dialog box is displayed:



Click next to proceed with the calibration.

The application will now ask you to perform a number of “correct” chest compressions or artificial ventilations, depending on which was selected.

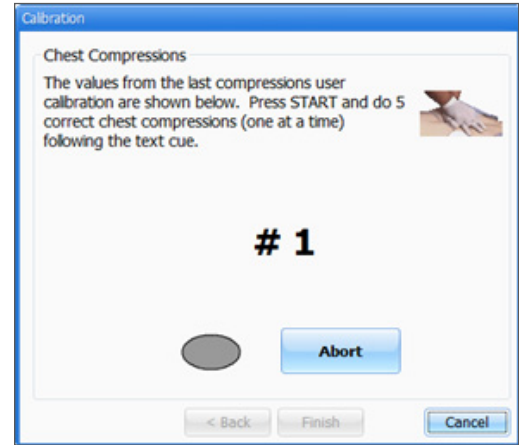
Click on Start to proceed.



The facilitator should follow the text cue on the screen to perform just one compression or ventilation at a time, until prompted for successive compressions/ventilations.

For example, if calibrating chest compressions:

The wizard prompts you with a “#1”.

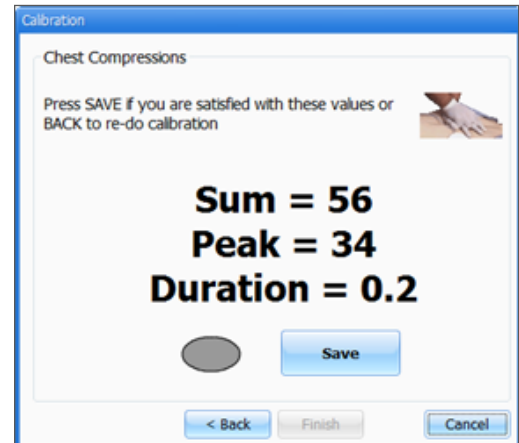


1. Perform one correct chest compression. A green filled oval indicates that the chest compression was successfully recorded.

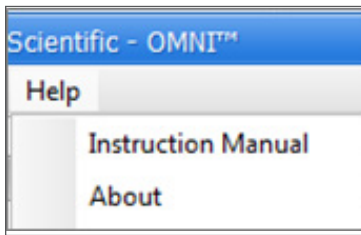
The wizard prompts you with “#2”.

2. Perform a second correct chest compression. A green filled oval indicates that the chest compression was successfully recorded.
3. Continue the process.

At the end of the calibrating session, the wizard shows the average peak, depth, and duration values for the procedure.



HELP



INSTRUCTIONAL MANUAL

Open the instructional manual.

ABOUT

Click to view the version of the software.



Appendix

Troubleshooting

GENERAL TROUBLESHOOTING GUIDE

Use the following table to find causes and solutions to a number of possible problems.

Symptom	Possible Cause	Solution
Omni is not turning on	Power supply not connected to simulator	Connect the power supply cable to the simulator and the other end to a power source
	Communication cable not connected to Omni or the simulator	Connect the communication cable to the simulator and to Omni.
I lost communication with the simulator	Corrupted connection	Reboot Omni by unplugging the communication cable and reconnecting after a few seconds
Communication never gets established or is lost	Data cable is not connected	Ensure the Ethernet cable is plugged into Omni and the simulator
		Verify the power cable is connected to the simulator
Omni is not detecting any compression or ventilations	System is not calibrated	Calibrate compressions and ventilations using Omni
Omni detects compressions but no ventilations	Module in the simulator is disconnected	Contact technical support to troubleshoot problem
Omni takes too long to boot up	A system restore is required	<ol style="list-style-type: none">1. Unplug the communication cable from Omni.2. Press and hold down the two outer keys, located on the right side of the controller, while reconnecting the communication cable.3. Once a "Please Wait" message appears on the screen, release the two outer keys. <p>Wait for the main screen to load and continue with simulations.</p>

Warranty

EXCLUSIVE ONE-YEAR LIMITED WARRANTY

Gaumard warrants that if the accompanying Gaumard product proves to be defective in material or workmanship within one year from the date on which the product is shipped from Gaumard to the customer, Gaumard will, at Gaumard's option, repair or replace the Gaumard product.

This limited warranty covers all defects in material and workmanship in the Gaumard product, except:

Damage resulting from accident, misuse, abuse, neglect, or unintended use of the Gaumard product;

Damage resulting from failure to properly maintain the Gaumard product in accordance with Gaumard product instructions, including failure to properly clean the Gaumard product; and

Damage resulting from a repair or attempted repair of the Gaumard product by anyone other than Gaumard or a Gaumard representative.

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This limited warranty applies only to the products manufactured and produced by Gaumard. This limited warranty does not apply to any products provided along with the Gaumard product that are manufactured by third parties. For example, third-party products such as computers (desktop, laptop, tablet, or handheld) and monitors (standard or touch-screen) are not covered by this limited warranty. Gaumard does not provide any warranty, express or implied, with respect to any third-party products. Defects in third-party products are covered exclusively by the warranty, if any, provided by the third-party.

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In the event of a perceived defect in material or workmanship of the Gaumard product, the first purchaser must:

Contact Gaumard and request authorization to return the Gaumard product. Do **NOT** return the Gaumard product to Gaumard without prior authorization.

Upon receiving authorization from Gaumard, send the Gaumard product along with copies of (1) the original bill of sale or receipt and (2) this limited warranty document to Gaumard at 14700 SW 136 Street, Miami, FL, 33196-5691 USA.

If the necessary repairs to the Gaumard product are covered by this limited warranty, then the first purchaser will pay only the incidental expenses associated with the repair, including any shipping, handling, and related costs for sending the product to Gaumard and for sending the product back to the first purchaser. However, if the repairs are not covered by this limited warranty, then the first purchaser will be liable for all repair costs in addition to costs of shipping and handling.

Extended Warranty In addition to the standard one year of coverage, the following support plans are available: Two-Year Extension (covers second and third years)

Call for pricing (USA only)



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Contact Us

E-mail Technical Support: support@gaumard.com

Before contacting Tech Support you must:

1. Have the simulator's Serial Number
2. Be next to the simulator if troubleshooting is needed.

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Phone: Toll-free in the USA: (800) 882-6655

Worldwide: 01 (305) 971-3790

Fax: (305) 667-6085

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General Information

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