

INSTRUCTION MANUAL

DANi

Patient Care Trainer
Patient Skills Trainer
Auscultation Patient Skills Trainer
Patient Simulator
Patient Simulator, Export

LF04500/LF04500M
LF04502/LF04502M
LF0503/LF0503M
LF04504/LF04504M
LF04504EX/LF04504MEX



Table of Contents

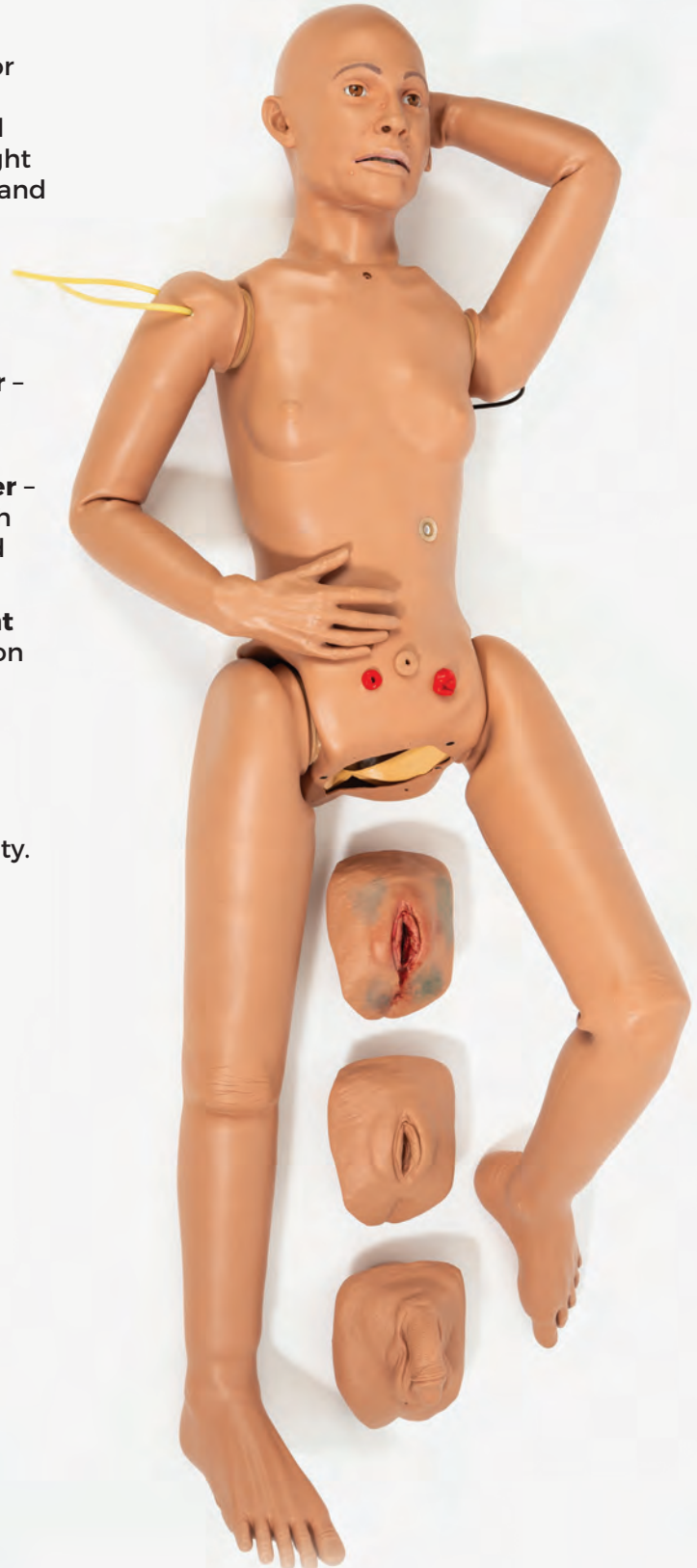
About the Simulator	3
List of Components	7
Arms / Joints / Legs / Eyes / Oral Hygiene	8
Ear Care / Bath & Washing / Tracheostomy Care.....	9
Lavage / Gavage / Suctioning / Carotid Pulse.....	10
Nasogastric / Lung Bag and Stomach Bag	11
Intubatable Head	12
Ostomy Care.....	13
Gastrostomy Care Lavage and Gavage.....	14
Male Catheterization	15
Foreskin Application / Prostate Examination.....	16
Female Catheterization.....	17
Enema Administration	18
Female Cervical Exam.....	18
Suprapubic and Urinary Catheterization.....	19
Blood Pressure Arm.....	20
IV and Injection Arm	25
Injectable Arm.....	26
Auscultation.....	30
Anterior Heart Sites	32
Anterior / Posterior Lung Sites	33
Pressure Injury Wounds	34
Edema	34
CPR Measuring	35
Identifying Parts and Consumables	36
Care and Maintenance	38

About the Simulator

Nasco Healthcare DANI Teen & Young Adult is a comprehensive male/female patient care trainer for medical simulation. Evolving from our KERI™ full-body manikins, it has a more realistic look and feel accurately representing the human anatomy. Weight is distributed to represent a real patient for lifting and carrying.

Each version is affordable and durable with upgradable items.

- **DANI Teen & Young Adult Patient Care Trainer** – General patient care, daily living assistance simulation platform.
- **DANI Teen & Young Adult Patient Skills Trainer** – Physical skills practice simulation platform with injection/IV, catheterization, cardiovascular and respiratory support.
- **DANI Teen & Young Adult Auscultation Patient Skills Trainer** – Physical skills practice simulation platform with injection/IV, catheterization, cardiovascular, respiratory support and auscultation.
- **DANI Teen & Young Adult Patient Simulator** – Comprehensive and complete simulation platform including patient monitoring capability.



About the Simulator

LF04500/LF04500M: **DANi Teen & Young Adult Patient Care Trainer**

- Superior Range of Motion
- Enhanced Full Body Aesthetics
- Articulating Jaw
- Lightweight: 50 lbs.
- Interchangeable Pupils: normal, constricted, dilated
- Male & Female Options (wigs included)
- Soft Male and Female Genitalia
- Normal and Cancerous Moles
- Stage 1 Sacral Ulcer
- Bandaging and Wound Dressing (Recommended bandages: Silicone Adhesive Bandages)
- Patient Positioning (fully articulated)
- Clothing Changes
- Bed Baths
- Eye Irrigation & Optic Drops
- Dental Care
- Ear Canal Irrigation
- Hair Care
- Pericare
- Ostomy Care (ileostomy and colostomy care)
- Urinary Catheter Care (external care only; supporting bladders not included)
- Stomas (colostomy and ileostomy)
- Standard Arms with Injection Sites (IM injection only)
- Injection Sites (thigh, right side buttocks supporting IM and sub-cutaneous injections)
- Support for Oxygen Administration
- Clothing Changes
- Bed Baths
- Eye Irrigation & Optic Drops
- Dental Care
- Ear Canal Irrigation
- Hair Care
- Pericare
- Ostomy Care (ileostomy and colostomy care)
- Urinary Catheter Care (external care only; supporting bladders not included)
- Stomas (colostomy and ileostomy)
- Standard Arms with Injection Sites (IM injection only)
- Injection Sites (thigh, right side buttocks supporting IM and sub-cutaneous injections)
- Support for Oxygen Administration
- Left Blood Pressure Arm with Radial Pulse
- Injection Sites (arms, thigh, right side buttocks supporting IM and sub-cutaneous injections)
- Gastrostomy Procedures (lavage, gavage, tube placement)
- Nasogastric Tube Procedures (lavage, gavage, tube placement, feeding, suctioning)
- Respiratory Support – Tracheostomy Care, Airway/Trach Suctioning (lavage, suctioning)
- Urinary Catheterization
- Suprapubic Catheterization
- Enema Administration (female)
- Pap Smears (female)
- Pelvic Examination (female) – 7 cervix presentations (normal, pregnancy, dysplasia, polyp, early cancer, late cancer, inflammation)
- Prostate Examination (male) – 5 prostate presentations (1 normal/healthy, 4 cancerous in varied sizes)
- Right IV Arm
- Foot Wound Care
- CPR with Quality Performance Metrics (compressions and ventilation rate & depth; audible and visual feedback)
- Carotid Pulse (manual)
- Intubation
- Ventilation

LF04502/LF04502M: **DANi Teen & Young Adult Patient Skills Trainer**

- Superior Range of Motion
- Enhanced Full Body Aesthetics
- Articulating Jaw
- Lightweight: 50 lbs.
- Interchangeable Pupils: normal, constricted, dilated
- Male & Female Options (wigs included)
- Soft Male and Female Genitalia
- Normal and Cancerous Moles
- Stage 1 Sacral Ulcer
- Bandaging and Wound Dressing (Recommended bandages: Silicone Adhesive Bandages)
- Patient Positioning (fully articulated)

LF0503/LF0503M: DANi Teen & Young Adult Auscultation Patient Skills Trainer (includes all the features of LF04502 plus auscultation)

LF04504/LF04504M: DANi Teen & Young Adult Patient Simulator (includes monitors)

LF04504EX/LF04504MEX: DANi Teen & Young Adult Patient Simulator, Export (excludes monitors)

- Superior Range of Motion
- Enhanced Full Body Aesthetics
- Articulating Jaw
- Lightweight: 50 lbs.
- Interchangeable Pupils: normal, constricted, dilated
- Male & Female Options (wigs included)
- Soft Male and Female Genitalia
- Normal and Cancerous Moles
- Stage 1 Sacral Ulcer
- Bandaging and Wound Dressing (Recommended bandages: Silicone Adhesive Bandages)
- Patient Positioning (fully articulated)
- Clothing Changes
- Bed Baths
- Eye Irrigation & Optic Drops
- Dental Care
- Ear Canal Irrigation
- Hair Care
- Pericare
- Ostomy Care (ileostomy and colostomy care)
- Urinary Catheter Care
- Stomas (colostomy and ileostomy)
- Support for Oxygen Administration
- Left Blood Pressure Arm with Radial Pulse
- Injection Sites (arms, thigh, right side buttocks supporting IM and sub-cutaneous injections)
- Gastrostomy Procedures (lavage, gavage, tube placement)
- Nasogastric Tube Procedures (lavage, gavage, tube placement, feeding, suctioning)
- Respiratory Support – Tracheostomy Care, Airway/Trach Suctioning (lavage, suctioning)
- Urinary Catheterization
- Suprapubic Catheterization
- Enema Administration (female)
- Pap Smears (female)
- Pelvic Examination (female) – 7 cervix presentations (normal, pregnancy, dysplasia, polyp, early cancer, late cancer, inflammation)
- Prostate Examination (male) – 5 prostate presentations (1 normal/healthy, 4 cancerous in varied sizes)
- Right IV Arm
- Foot Wound Care
- CPR with Quality Performance Metrics (compressions and ventilation rate & depth; audible and visual feedback)
- Carotid Pulse (manual)
- Intubation
- Ventilation
- Auscultation (heart and lung sounds)
- Patient Simulation Suite (LF04504EX/LF04504MEX does not include monitors/tablets)

DANi Teen & Young Adult Training Solution

	Model	LF04500 / LF04500M	LF04502 / LF04502M	LF0503 / LF0503M	LF04504/EX LF04504M / LF04504MX
Feature Set Capability		Advanced Patient Care Trainer	Advanced Patient Skills Trainer	Auscultation Patient Skills Trainer	Advanced Patient Simulator
General					
Superior Range of Motion		✓	✓	✓	✓
Enhanced Aesthetics		✓	✓	✓	✓
Multiple Skin Tones		✓	✓	✓	✓
Lightweight: 50lbs		✓	✓	✓	✓
Pupils		✓	✓	✓	✓
Acne		✓	✓	✓	✓
Gender		✓	✓	✓	✓
Soft Female & Male Genitalia		✓	✓	✓	✓
Skin Care					
Normal and Cancerous Moles		✓	✓	✓	✓
Stage I Sacral Ulcer		✓	✓	✓	✓
Bandaging and Wound Dressing		✓	✓	✓	✓
Movement Assistance, Fall Prevention and Care					
Patient Positioning		✓	✓	✓	✓
Bathing					
Clothing Changes		✓	✓	✓	✓
Bed Baths		✓	✓	✓	✓
Grooming & Daily Living Assistance					
Eye Irrigation & Optic Drops		✓	✓	✓	✓
Dental Care		✓	✓	✓	✓
Ear Canal Irrigation		✓	✓	✓	✓
Hair Care		✓	✓	✓	✓
Nursing Care					
Pericare		✓	✓	✓	✓
Ostomy Care		✓	✓	✓	✓
Urinary Catheter Care	✓ No aux equipment	✓	✓	✓	✓
Stomas	✓	✓	✓	✓	✓
Standard Arms with Injection Sites	✓	✓	✓	✓	✓
Support for Oxygen Administration	✓	✓	✓	✓	✓
Left Blood Pressure Arm	Option	✓	✓	✓	✓
Advanced Skills					
Injections Sites		✓	✓	✓	✓
Gastrostomy Procedures		✓	✓	✓	✓
Nasogastric Tube Procedures		✓	✓	✓	✓
Respiratory Support: Tracheostomy Care, Airway/Trach Suctioning		✓	✓	✓	✓
Urinary Catheterization		✓	✓	✓	✓
Enema Administration (Female)		✓	✓	✓	✓
Pap Smears (Female)		✓	✓	✓	✓
Pelvic Examination (Female)		✓	✓	✓	✓
Prostate Examination (Male)		✓	✓	✓	✓
Right IV Arm Trainer	Option	✓	✓	✓	✓
Vaginal Sexual Assault Evidence Collection	✓	✓	✓	✓	✓
Foot Wound Care		✓	✓	✓	✓
ACLS/BLS					
CPR with Quality Performance Metrics		✓	✓	✓	✓
Carotid Pulse		✓	✓	✓	✓
Articulating jaw	✓	✓	✓	✓	✓
Intubation		✓	✓	✓	✓
Advanced Nursing ACLS/BLS					
Auscultation (Heart & Lung Sounds)		✓	✓	✓	✓
Monitoring & Therapeutics					
Patient Vital Signs & Monitored Signals		✓	✓	✓	✓
Accessories					
Sexual Assault Female Genitalia	✓ No aux equipment	✓	✓	✓	✓
Short Black Wig/Long Brown Wig	✓	✓	✓	✓	✓
Dyed Hair Wig	✓	✓	✓	✓	✓
Drug Use Moulage	✓	✓	✓	✓	✓
Self Harm Moulage	✓	✓	✓	✓	✓
Piercings	✓	✓	✓	✓	✓
Tattoo Sleeve	✓	✓	✓	✓	✓

List of Components

DANi Teen & Young Adult Patient Care Trainer LF04500/LF04500M

- Male Genitalia Foreskins, Pack of 3 (LF000843 G, Light/LF00842 G, Medium)
- Pupils, Constricted, Set of 2 (LF04317 B)
- Pupils, Dilated, Set of 2 (LF04317 C)
- Male Genitalia (LF04318, Light/LF04318M, Medium)
- Female Genitalia (LF04319, Light/LF04319M, Medium)
- Wigs, Set of 3 (LF04522, Multicolored/LF04525, Brown/LF04523, Black)
- Hospital Gown (LF04333)
- Tattoo Sleeve
- Wounds: Cutting/Self-Harm (LF04527), Bruising/Drug Use (LF04526)
- Female Genitalia, SANE (LF04514, Light/LF04514M, Medium)

DANi Teen & Young Adult Patient Skills Trainer LF04502/LF04502M

- Male Genitalia Foreskins, Pack of 3 (LF000843 G, Light/LF00842 G, Medium)
- Pupils, Constricted, Set of 2 (LF04317 B)
- Pupils, Dilated, Set of 2 (LF04317 C)
- Male Genitalia (LF04318, Light/LF04318M, Medium)
- Female Genitalia (LF04319, Light/LF04319M, Medium)
- Wigs, Set of 3 (LF04522, Multicolored/LF04525, Brown/LF04523, Black)
- Hospital Gown (LF04333)
- Simulated Blood, Pint
- Blood Pressure Cuff with Sphygmomanometer (LF01073)
- Electronic Blood Pressure Control Unit with Batteries (LF01096)
- Fluid Supply Bag, 500 ml, with Pinch Clamp (LF01130)
- Cervix Kit, Set of 7 (LF01230 C)
- Pump Spray Lubricant (LF03644)
- Foot Wounds, Pressure Injury Stages 1-4 (LF04310, Light/LF04310M, Medium)
- Foot Wound Sleeve (LF04513, Light/LF04513M, Medium)
- Deep Tissue Wound (LF04328)
- Enema Bag (LF04316)
- Edema, Set of 5, Stages 1-4 & Non-Pitting (LF04528, Light/LF04525M, Medium)
- Prostate Kit, Set of 5 (LF04332)
- External Bladder Bag, Urinary & Suprapubic (LF04334)
- Simulated Urine, Quart (PN01037)
- Carotid Pulse Bulb (100-2028)
- Syringe, 20 cc
- Tattoo Sleeve
- Wounds: Cutting/Self-Harm (LF04527), Bruising/Drug Use (LF04526)
- Female Genitalia, SANE (LF04514, Light/LF04514M, Medium)

DANi Teen & Young Adult Auscultation Patient Skills Trainer LF0503/LF0503M (plus auscultation components)

DANi Teen & Young Adult Patient Simulator LF04504/LF04504M (includes monitors)

DANi Teen & Young Adult Patient Simulator, Export LF04504EX/LF04504MEX (excludes monitors)

- Male Genitalia Foreskins, Pack of 3 (LF000843 G, Light/LF00842 G, Medium)
- Pupils, Constricted, Set of 2 (LF04317 B)
- Pupils, Dilated, Set of 2 (LF04317 C)
- Male Genitalia (LF04318, Light/LF04318M, Medium)
- Female Genitalia (LF04319, Light/LF04319M, Medium)
- Wigs, Set of 3 (LF04522, Multicolored/LF04525, Brown/LF04523, Black)
- Hospital Gown (LF04333)
- Simulated Blood, Pint
- Blood Pressure Cuff with Sphygmomanometer (LF01073)
- Electronic Blood Pressure Control Unit with Batteries (LF01096)
- Fluid Supply Bag, 500 ml, with Pinch Clamp (LF01130)
- Cervix Kit, Set of 7 (LF01230 C)
- Pump Spray Lubricant (LF03644)
- Foot Wounds, Pressure Injury Stages 1-4 (LF04310, Light/LF04310M, Medium)
- Foot Wound Sleeve (LF04513, Light/LF04513M, Medium)
- Deep Tissue Wound (LF04328)
- Enema Bag (LF04316)
- Edema, Set of 5, Stages 1-4 & Non-Pitting (LF04528, Light/LF04525M, Medium)
- Prostate Kit, Set of 5 (LF04332)
- External Bladder Bag, Urinary & Suprapubic (LF04334)
- Simulated Urine, Quart (PN01037)
- Carotid Pulse Bulb (100-2028)
- Syringe, 20 cc
- Auscultation SmartScope™ with Batteries (LF01144, LF0503/LF0503M)
- Auscultation Remote with Batteries (LF01148, LF0503/LF0503M)
- Patient Monitoring Simulation Bundle (LF04504EX & LF04504MEX does not include monitors/tablets)
- Tattoo Sleeve
- Wounds: Cutting/Self-Harm (LF04527), Bruising/Drug Use (LF04526)
- Female Genitalia, SANE (LF04514, Light/LF04514M, Medium)

DANi comes packaged with the normal pupils, teeth, female genitalia, lungs, stomach, and other internal reservoir bags installed (features included with LF04502/LF04502M, LF04503/LF04503M, LF04504/LF04504M, and LF04504EX/LF04504MEX).

Set Up

Arms / Joints / Legs / Eyes / Oral Hygiene

Note: All Versions of DANi come packaged with the normal eyes, and female genitalia installed. The Patient Skills Trainer and Simulator come with lungs, stomach, and other internal reservoir bags installed.

Arms / Joints

DANi is packaged with arms and female genitalia attached and legs unattached to prevent damage during shipping. Refer to the following sections for assembly instructions (See Figure 1).



Fig 1.

Leg Assembly

The legs attach to the body at the hips by rotating the legs backward approximately 150° so the feet are near the shoulders and the keyholes are aligned. (See Figure 2).

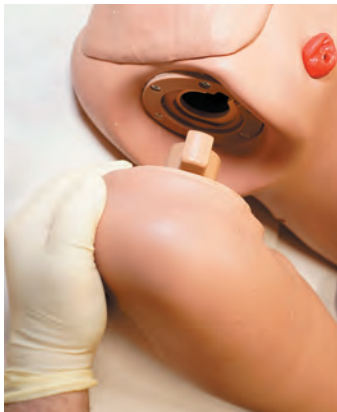


Fig 2.

Eyes

All versions of DANi come with 3 sets of brown eyes. 1 set of normal pupil brown eyes, 1 set of constricted pupil brown eyes and 1 set of dilated pupil brown eyes.

The normal eyes come installed in the head. The eyes can be changed to dilated or constricted by creasing the skin at the outside of each eye and rolling the eye up. (See Figure 3.) Both eyes may be irrigated using water. Eye sockets will hold no more than a few drops of liquid at a time. Following completion of the exercise, follow the above instructions for removing the eye, dry the sockets completely with a soft cloth, and replace the eyes.



Fig 3.

Oral Hygiene

Tooth brushing should be simulated without water or any cleaning agents to avoid leaking into the head of the manikin and to simplify cleanup. Teeth cannot be flossed.

Set Up

Ear Care / Bath & Washing / Tracheostomy Care

Ear Care

Both ears may be irrigated. Using water to perform ear irrigation is recommended. The ear canal will hold up to 1 mL of water.

To drain, tilt the head sideways and empty into the basin or absorbent cloth. (See Figure 4 & 5).

Cotton swabs may be used gently in the ear as you would with a real patient.

Bed Baths and Hair Washing

To simplify cleanup, dry bed baths and shampoos are recommended to eliminate the chance of water entering the inside of the manikin. A soft cloth and water can be used for bathing exercises, and a mild shampoo and cool water can be used for hair washing. Avoid scrubbing any painted areas of the manikin. To dry the wigs, blot with a soft towel and air dry. Do not brush the hair when wet, and never use a hair dryer or blow dryer on the wigs.



Fig 4.



Fig 5.

Tracheostomy Care

Suctioning, dressing changes, tracheostomy tube placement, and cuff inflation may be practiced on the simulator. The tracheostomy canal is not removable from the body. Any water administered to this site must be suctioned out after completion of the exercise. The tracheostomy canal (See Figure 6) can hold approximately 20 cc of water.

Ensure proper lubrication prior to inserting tubes into the stoma site by using the Pump Spray Lubricant included. The tracheostomy canal is not connected to the oronasal system, and access is provided only through the stoma site. Recommended tracheostomy tube size is 6.0 mm.

Note: Does not support ventilation of lungs through tracheostomy. Supports lavage and saline treatment. Features included with LF04502/LF04502M, LF04504/LF04504M, LF0503/LF0503M and LF04504EX/LF04504MEX.



Fig 6.

Set Up

Lavage / Gavage / Suctioning / Nasogastric / Carotid Pulse

Oral and Nasal Lavage, Gavage, and Suctioning

Access to the stomach is provided through the mouth and both nostrils. The internal stomach reservoir bag has a 200 cc capacity. The head should be connected to the stomach reservoir bag (green) and NOT the intubation air bladder bag (yellow). (See Figure 7).



Fig 7.

Lubricate feeding tubes generously prior to inserting through mouth, nose, or nostrils by using the Pump Spray Lubricant included. Only water should be used in tube feeding exercises. Ensure the upper torso of the manikin is slightly elevated to prevent water backflow into the head of the manikin. Introduce water only using standard facility procedures and materials.

Following the procedure, empty the stomach. Water may be removed by suctioning or removing the stomach reservoir bag by disconnecting 2 VELCRO® straps and white disconnect and then draining it into a sink or basin. (See Figure 8).



Fig 8.

Note: Ensure the manikin's torso remains elevated when the stomach reservoir bag contains water to continue to prevent backflow into the head of the manikin. Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.



Fig 9.

To remove the Stomach Reservoir Bag:

1. Remove the head by disconnecting the snaps on the head skin, around the neck, rotating the head 45 degrees, and aligning the head with the notch on the neck ring and pulling the head up (See Figure 9).
2. Gently pull up head to expose four tubes with the stomach reservoir bag connected at the end. (See Figure 10).
3. Unfasten the strap that holds the Stomach Reservoir Bag and esophagus tube together and depress button on the quick disconnect feature of the bag. (See Figure 11).



Fig 10.



Fig 11.

Following completion of the procedures, completely drain the stomach reservoir and allow drying prior to reattaching and storing inside the manikin. Wipe any residual lubricant with warm water and a soft cloth.

Carotid Pulse

Attach pump bulb to Carotid tube exiting the rear neck. (See Figure 12). Pump bulb to simulate pulse at the pulse points of the Carotid (See Figure 13). Pulse points are present on both sides.



Fig 12.



Fig 13.

Set Up

Lavage / Gavage / Suctioning / Nasogastric

Nasogastric

This section pertains to DANi Patient Skills Trainer (LF04502/LF04502M), DANi Auscultation Patient Skills Trainer (LF0503/LF0503M) and DANi Patient Simulator (LF04504/LF04504M, LF04504EX, LF04504MEX). The simulator can be connected for nasogastric (NG) suctioning or airway intubation with stomach rise. The airway includes a sinus passage to the back of the throat through the nostrils. The esophagus leads to a stomach reservoir bag located in the lower end of the torso. This stomach reservoir bag is accessible by the user for maintenance. Air insertion will cause a visual stomach rise only when the head is connected to the airway intubation stomach reservoir. Supported procedures include nasal trumpet and nasogastric tube insertion. Lavage and gavage are also supported.

1. Ensure the nasogastric tubing is connected to the nasogastric stomach reservoir via the (green, yellow) coded tubes. Ensure tubing is well attached and adhere the tubes with the hook and loop. Insert the tubes back into the torso of the manikin and replace the head on the torso. (See Figure 14).



Fig 14.

2. Lubricate nasogastric devices and supplies being used with the Pump Spray Lubricant provided (See Figure 15). NG tubes should be well lubricated and force should not be used when placing the tube through the sinus canal.



Fig 15.

3. Fluids should be drained and the reservoir bags emptied after every use.

Accessing Lung Bag and Stomach Bag for Cleaning or Replacement

1. To remove lung bags disconnect four snaps on the neck skin and pull neck skin away from two rivets in front of neck. Roll the skin down from the neck to change the lung bags (See Figure 16).

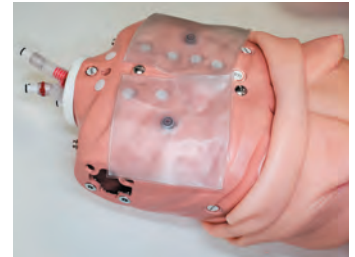


Fig 16.

2. To remove the stomach reservoir. Remove legs. Roll the skin up from the pelvis (See Figures 17 and 18). Ensure the bag is clean and dry prior to storing it back inside the torso.



Fig 17.



Fig 18.

3. Wipe any residual lubricant from the site with warm water and a soft cloth prior to storing the manikin.

Note: Use Nasco Healthcare's Pump Spray Lubricant to lubricate airway devices before use.

Set Up Intubatable Head

Intubatable Head

There are individual inflatable lung bags for both left and right lungs and a separate stomach bag. Each bag will cause visual chest rise in the correct anatomical location to indicate effective and ineffective intubation styles. Jaw thrust is supported. A manual pulse bulb is included to simulate a carotid pulse. Features included with LF04502/LF04502M, LF04504/LF04504M, LF0503/LF0503M, LF04504EX and LF04504MEX.

The unit is not designed for use with mouth-to-mouth techniques and may contaminate the mouth and airway. Airway devices are recommended and the supported devices are listed.

Before using the simulator for airway management, lubricate both the simulator and supplies being used with the Pump Spray Lubricant provided. (See Figures 19 & 20).



Fig 19.

Extreme care should be exercised when using a laryngoscope blade. As with a real human, (See Figure 21), damage can be caused if improper forces and techniques are used. Damaged caused by improper use will void the warranty



Fig 20.

Note: There is no cricoid.



Fig 21.

NG Tube, Nasal

Size 16FR Preferred

Note: Use Nasco Healthcare's Pump Spray Lubricant to lubricate airway devices before use.

Laryngoscope Blades

Miller Blades: Size 3

Macintosh Blades: Size 4

Nasal Trumpet

Size 6 (24FR) Preferred

Size 7 (28FR) Supported

BVM - Bag Valve Mask

Adult Size

King Airway

Size 3 Supported

Size 4 Preferred

Size 5 Supported

Oropharyngeal Airway

110 Preferred

100 Smallest acceptable

NG Tube, Nasal

Size 16FR Preferred

Endotracheal Tube

7.0mm Preferred

6.5mm Supported

7.5mm Supported

NG Tube, Oral

Size 16 Preferred

Size 14 Supported

Size 18 Supported

Combitube

37FR Preferred

41FR Supported

Tracheostomy

Intubation

Uncuffed 6.0mm Preferred

7.0mm Preferred

Cuffed 6.0mm Preferred

7.0mm Preferred

LMA Supreme and iGel

Size 3 Supported

Size 4 Preferred

Size 5 Supported

Set Up

Ostomy Care

Ostomy Care

Colostomy and ileostomy care can be practiced on all DANI models, including stoma dilation, cleaning, and ostomy bag changing procedures. Irrigation can be practiced. Irrigation tubes should be well lubricated prior to insertion. After completion of the exercises, the stomas can be rinsed with warm water to remove any residual lubricant. The stoma reservoirs have a 20 cc fluid capacity.

Removal of the internal stoma reservoirs
(See Figure 22) :

1. Remove the genitalia and reach through the genital cavity. It is recommended to suction the fluid from the bag prior to removal to prevent spillage when removing for cleaning.
2. The reservoir bags are attached to the underside of the stomas. To remove push in on the L-shaped button pull the reservoir fittings down and disconnect from the stomas.
3. Pull the reservoir bags from the hook-and-loop attachments. (See Figures 23 and 24). Rinse with water to clean.
4. Reverse the procedure to reattach the internal stoma reservoirs. Ensure reservoirs are clean and dry prior to reattaching for storage.



Fig 22.



Fig 23.



Fig 24.

Set Up

Gastrostomy Care Lavage and Gavage

Gastrostomy Care Lavage and Gavage

A flanged hole simulating an abdominal incision for the insertion of a feeding tube is included on the upper torso for performing lavage and gavage. (See Figure 25).



Fig 25.

Inside the upper torso is a reservoir bag with a maximum capacity of 200 cc, which is attached to the underside of the gastrostomy opening with a two-part coupler. Access the bag by:

1. Reaching through the genital opening in the pelvis, on the left side of the torso.
2. Remove the bag by pushing in on the L-shaped button and pulling it straight away. (See Figure 26 and inset).



Fig 26.

Note: In some models, the waist pin will need to be removed for easier access. Not easy to remove the waist connection, it no longer a pin but two individual attachment points



To attach the bag:

1. Push the coupler body (with bag attached) onto the coupler insert (part with the black O-ring) that is protruding from the underside of the gastrostomy inside the upper torso of the manikin. You will hear a slight snap when the connection is complete.
2. Test the connection by gently pulling on the coupler body to ensure it is locked.

Note: The gastrostomy feature is designed for use with a 16 French Gastrostomy Tube. It is recommended that the tip of the feeding tube is well lubricated before inserting.

3. Ensure the reservoir is straight and flat before attempting to simulate feeding with water.
- Note:** Water only should be used to perform feeding procedures.
4. Lubricate the end of the feeding tube and gently insert through the flanged hole.
5. Upon completion of the exercise, remove genitals, remove the reservoir, drain the liquid from the reservoir bag, and rinse the bag.
6. Ensure the bag is clean and dry prior to storing it back inside the torso. Wipe any residual lubricant with warm water and a soft cloth prior to storing the manikin.

Set Up

Male Catheterization

Male Catheterization & Prostate Examination

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

The male genital insert can represent an uncircumcised or circumcised adult male, with the addition of the included foreskin. To change genitals in the simulator, simply press to fit into the open genital area of the pelvis. (See Figure 29).

The urinary catheterization reservoir is interchangeable between male and female genitals. Female Genitals come installed with the simulator.

Note: To apply the foreskin, apply the included pump spray lubricant to the glans and slide the foreskin in place. To prepare for catheterization exercises:

1. The urinary reservoir is installed on the back side, make sure the urinary reservoir is firmly in place. (See Figure 28).



Fig 28.

2. Close the clamp on the Fluid Supply Bag (See Figure 29) and fill with water or included simulated urine. Recommended amount of fluid to fill the Fluid Supply Bag is between 100 and 250 mL.



Fig 29.

3. Hang the filled Fluid Supply Bag. Attach the tubing quick connect on end of Fluid Supply Bag to the quick connect on the left lower side of the simulator's torso. Open Clamp on fluid supply bag (See Figure 30).

Note: The Fluid Supply Stand is not included. Use distilled water or follow instructions on the Simulated Urine.

4. Lubricate the catheter being used with the Pump Spray Lubricant provided (See Figure 31). The catheter should be well lubricated and force should not be used when placing the tube.



Fig 30.

Note: Special care should be taken when using a Foley catheter. Nasco Healthcare recommends use of

16 French Foley catheters. Use of this size will avoid the possibility of leakage. Cuff inflation should only be attempted when the catheter is in the proper position inside the bladder. The cuff must also be completely deflated before the catheter is removed. The catheter should not be left inserted in the simulator for an extended period of time. Improper use of a Foley catheter may result in damage to the simulator and void the warranty.



Fig 31.

5. After completion of the exercise, close the clamp on the Fluid Supply Bag tubing and remove the male genital insert by reversing the assembly instructions. Disconnect the urinary catheter reservoir tubing via the quick disconnect, remove the reservoir from the male genitalia insert, and drain the reservoir thoroughly (See Figure 28).
6. Rinse the reservoir and the outside of the male genitalia to remove any residual lubricant.

Fluids should be drained and the reservoir emptied after every use. Ensure the reservoir is clean and dry prior to storing.

Set Up

Foreskin Application / Prostate Examination

Foreskin Application

Place the foreskin over the gland by lubricating the gland with baby powder and placing the foreskin over the glans. The placement of the foreskin can be placed higher or lower depending on how much skin needed. (See Figures 32 and 33).



Fig 32.



Fig 33.

Prostate Examination

There are five prostates included with your simulator.

- 1 normal size,
- 2 normal size with hard nodule,
- 3 enlarged on one side,
- 4 enlarged across the midway with hard nodule, and
- 5 enlarged with hard irregular surface (See Figure 34).



Fig 34.



Fig 35.

Insert chosen prostate via the backside of the male genitalia in the bottom cavity (See Figure 35).

Use included Pump Spray Lubricant to practice prostate examination. Following the procedure, rinse the rectum with warm water and allow to dry prior to storing.

Note: The male genital insert does not have the capacity for enema administration. Must use female genital insert for enema administration practice.

Set Up

Female Catheterization

Female Catheterization, Enema Insertion & Cervical Examination

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.



Fig 36.

To change genitals in the simulator, simply press to fit into the open genital area of the pelvis. (See Figure 36).

The urinary catheterization reservoir is interchangeable between male and female genitals. Female Genitals come installed with the simulator.

To prepare for catheterization exercises:

1. The urinary reservoir is installed on the back side, make sure the urinary reservoir is firmly in place. (See Figure 37).
- 2.. Close the clamp on the Fluid Supply Bag (See Figure 38) and fill with water or included simulated urine. Recommended amount of fluid to fill the Fluid Supply Bag is between 100 and 250 ML.
3. Hang the filled Fluid Supply Bag. Attach the tubing quick connect on end of Fluid Supply Bag to the quick connect on the left lower side of the simulator's torso. Open clamp on fluid supply bag (See Figure 39).



Fig 37.



Fig 38.



Fig 39.

Note: The Fluid Supply Stand is not included. Use distilled water or follow instructions on the Simulated Urine.

4. Lubricate the catheter being used with the Pump Spray Lubricant provided (See Figure 40). The catheter should be well lubricated and force should not be used when placing the tube.



Fig 40.

Note: Special care should be taken when using a Foley catheter. Nasco Healthcare recommends use of 16 French Foley catheters. use of this size will avoid the possibility of leakage. Cuff inflation should only be attempted when the catheter is in the proper position inside the bladder. The cuff must also be completely deflated before the catheter is removed. The catheter should not be left inserted in the simulator for an extended period of time. Improper use of a Foley catheter may result in damage to the simulator and void the warranty.

5. After completion of the exercise, close the clamp on the Fluid Supply Bag tubing and remove the female genital insert by reversing the assembly instructions. Disconnect the urinary catheter reservoir tubing via the quick disconnect, remove the reservoir from the female genitalia insert, and drain the reservoir thoroughly.
6. Rinse the reservoir and the outside of the female genitalia to remove any residual lubricant.

Fluids should be drained and the reservoir emptied after every use. Ensure the reservoir is clean and dry prior to storing.

Set Up Enema Administration

Enema Administration

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

Enema Administration can only be practiced on the female genital insert.

To prepare the simulator for enema administration:

1. Remove the female genital insert the simulator, and ensure the enema reservoir is inserted into the inside of the rectum (See Figure 41).
2. Press the female genital insert into the pelvis of the simulator. Position the simulator. Using a facility supplied enema kit, lubricate the applicator liberally with the included Pump Spray Lubricant and gently insert through the anus.
3. After completion of the exercise, remove the female genital insert by reversing the assembly instructions.
4. Remove the enema from the female genitalia insert and drain the reservoir thoroughly. Rinse the reservoir and the outside of the female rectum to remove any residual lubricant.
5. Drain the reservoir and dry thoroughly after every use. Ensure the reservoir is clean and dry prior to storing.

Note: Use water ONLY when administering an enema. The enema reservoir holds up to 200cc of fluid.

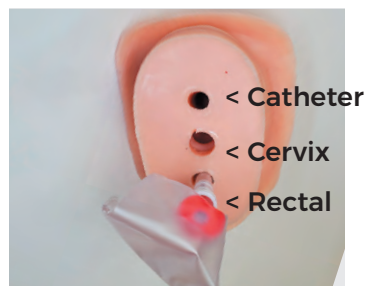


Fig 41.

Set Up Female Cervical Exam

Female Cervical Examination

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

The female genital insert allows for douching. Only water should be used as a douching agent. Pap smear procedures and visual inspection of the vagina and cervix may also be demonstrated. Seven cervical conditions are included: 1 normal, 2 early pregnancy, 3 polyp, 4 early cancer, 5 late cancer, 6 inflammation, and 7 dysplasia (See Figure 42).

To prepare the simulator for cervical examination:

1. Insert the chosen cervix via the backside of the female genitalia in the center cavity (See Figure 43).
2. To perform procedures, generously lubricate the instrument of insertion using the included Pump Spray Lubricant and use the smallest possible speculum for Pap smear and visual inspection exercises. Avoid exerting too much pressure on the vaginal walls.

Following completion of the exercises:

1. Remove the female genital insert by reversing the assembly instructions.
2. Rinse the vagina with warm water to remove any residual lubricant.
3. Allow to dry before reassembling into the simulator.



Fig 42.



Fig 43.

Set Up

Suprapubic and Urinary Catheterization

Suprapubic Catheterization

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

To prepare the simulator for suprapubic catheterization:

1. Attach the suprapubic stoma/bladder reservoir to the twist lock quick connect located in the abdomen of the simulator (See Figure 44).
2. Lubricate the suprapubic stoma/bladder reservoir using the included Pump Spray Lubricant.
3. Insert the suprapubic stoma/bladder reservoir through the pelvis and into the abdomen (See Figure 45). See Inset for exterior view.

Note: The suprapubic bladder will come installed in the simulator. Insert the male or female genitalia.

4. Close the clamp on the Fluid Supply Bag (See Figure 46) and fill with water or included simulated urine. Recommended amount of fluid to fill the Fluid Supply Bag is between 100 and 250 ML.
5. Hang the filled Fluid Supply Bag.
6. Attach the tubing quick connect on the end of Fluid Supply Bag to the quick connect on the left lower side of the simulator's torso. (See Figure 47).



Fig 44.

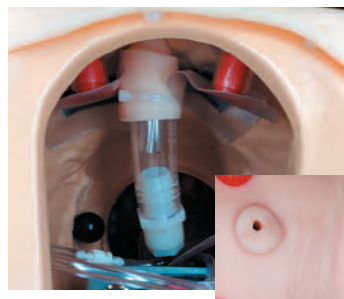


Fig 45.



Fig 46.



Fig 47.

Note: Use distilled water or follow instructions on the Simulated Urine.

7. Lubricate the catheter being used with the Pump Spray Lubricant provided. The catheter should be well lubricated and force should not be used when placing the tube.

After completion of the exercise:

1. Close the clamp on the fluid supply bag tubing and remove the suprapubic insert by reversing the assembly instructions.
2. Disconnect the fluid supply bag via the quick disconnect on the left side of the simulator.
3. Drain the bag and tubing thoroughly.
4. Rinse the reservoir and the suprapubic stoma to remove any residual lubricant.

Fluids should be drained and the reservoir emptied after every use. Ensure the reservoir is clean and dry prior to storing.

Urinary Catheterization and Suprapubic Valve Maintenance

To keep the urinary catheterization features of this simulator operating efficiently, maintenance is required at the beginning of catheterization training for both the urinary catheterization and suprapubic reservoirs, with the included silicone lubricant.

Before training:

1. Remove the urinary or suprapubic reservoir from the torso or genitalia.
2. Apply a generous amount of silicone lubricant onto the end of a cotton swab. Deposit grease between the valve membranes. (See Figure 48).



Fig 48.

Set Up

Blood Pressure Arm

Blood Pressure Arm

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

Installing the Batteries

1. Take the Blood Pressure Electronic Control Unit out of the box and turn it over, placing it face down onto a padded work surface. Locate the “Open” compartment on the back of the panel where the batteries are to be installed. Place your thumb or index finger on the “Open” compartment and push up. (See Figure 49).
2. Install 6 “AA” batteries as indicated by the orientation diagram embossed in the bottom of the bracket. After the batteries have been properly installed, reassemble the Electronic Control Unit by reversing the disassembly procedures.

Fig 49.



Turning the Electronic Control Unit On

1. Place the unit face up on the padded work surface.
2. Press the power button on the top right of the unit. (See Figure 50).
3. Observe the display and verify that a readable display is present.

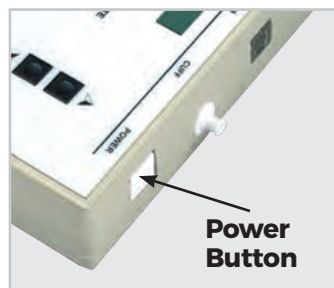


Fig 50.

Connecting the Arm, Electronic Control Unit, and Sphygmomanometer

1. Locate the end of the pressure line attached to the sphygmomanometer that is assembled with a male luer fitting.

2. Attach this end of the pressure line to the female luer fitting assembled at the top of the electronic control unit marked CUFF. (See Figure 51).

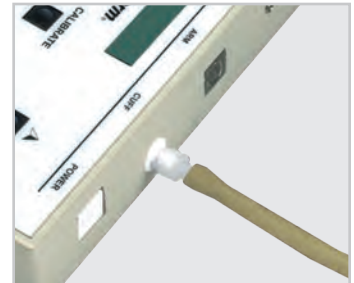


Fig 51.

3. Locate the cable that extends from the blood pressure simulator arm and plug into the top of the Electronic Control Unit using the jack labeled ARM. (See Figure 52).



Fig 52.

At this point, the blood pressure simulator is ready for use. The unit has been factory calibrated for use with accessories included. No further calibration adjustments are necessary at this time. If the unit is to be used with a sphygmomanometer other than the one supplied, or when recalibration is necessary, see the section titled Calibration Procedures.

Electronic Control Unit Function

1. Press the power button on the top right of the unit. (See Figure 53). Observe the display and verify that a readable display is present.

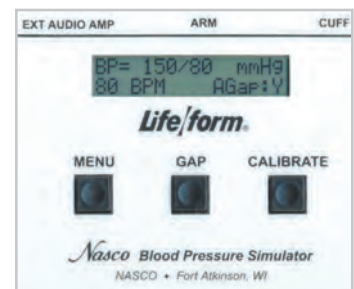


Fig 53.

Note: The control box has a battery saving feature that will turn the unit off after approximately 8-10 minutes if no keys are used within that period of time.

2. Under the display window are three buttons: Menu, Gap, and Calibrate.

Set Up Blood Pressure Arm

Setting Systolic and Diastolic Pressure

1. Press the Menu Key once.
2. The “Set SYSTOLIC” pressure menu will display in the Electronic Control Unit window. (See Figure 54).
3. Use the up or down arrow keys, located to the right of the menu button, to adjust the systolic pressure.

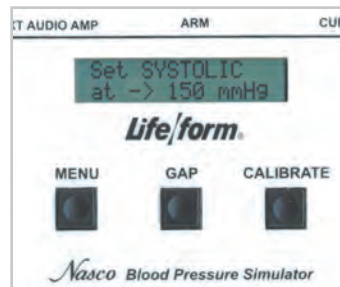


Fig 54.

4. Press the Menu key a second time.
5. The “Set DIASTOLIC” pressure menu will display in the Electronic Control Unit window. (See Figure 55).
6. Use the up or down arrow keys located to the right of the menu button to adjust the diastolic pressure.

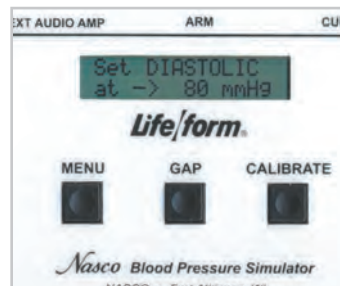


Fig 55.

Note: The systolic and diastolic pressures can be set anywhere from 0-300 mmHg.

Setting the Heart Rate

1. Press the Menu Key a third time.
2. The “Set HEARTRATE” menu will display in the Electronic Control Unit window. (See Figure 56).
3. Use the up or down keys located to the right of the menu button to adjust the heart rate. The heart rate can be set from 0-300 beats per minute.

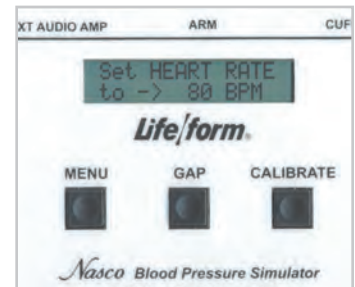


Fig 56.

Set Up

Blood Pressure Arm

Setting the Palpable Pulse

The palpable pulse is found at the radial location. (See Figure 57). Palpations can be felt upon start-up of the unit or after blood pressure and heart rate settings have been made. The palpable pulse is delicate and should be palpated lightly. Pressing too hard will damage the pulse feature.



Fig 57.

1. Press the Menu key a fourth time.
2. The "Set PALPATION" menu will display in the Electronic Control Unit window.
3. "Pulse ON" is defaulted.
4. Use the down arrow key to the right of the menu key to set palpation to "pulseless."

Note: The palpation can be set to either on or pulseless. When the pulseless setting is used, the diastolic and systolic pressures will automatically be set to 0.

5. Use the up arrow key to the right of the menu key to set palpation as "Pulse ON." (See Figure 58).

Note: During an actual blood pressure reading, the palpable pulse will automatically turn off when the cuff is inflated and surpasses the systolic set point. It will turn on when the cuff is deflated 20 mmHg below the diastolic set point. This function allows students to clearly hear Korotkoff sounds.

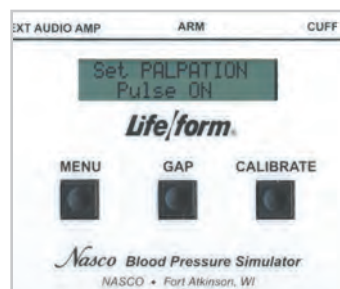


Fig 58.

Setting the Auscultatory Gap

This function is included to simulate the gap that is sometimes present between phases 1 and 2 in which no audible sound is noted.

1. Locate the GAP Key to the right of the MENU Key.
2. Press the GAP Key to set the function on (Y=Yes) or off (N=No).
3. When the key is pressed, a message will briefly appear that the auscultatory gap is enabled or disabled.
4. The Main display will show AGap:Y (or ON) (See Figure 59) or AGap:N (or OFF).



Fig 59.

Setting the Volume

The arrow keys also control the volume of the sounds present in the arm.

1. From the main menu, press the up arrow key to increase the volume.
2. Press the down arrow key to decrease the volume.

The volume levels can be adjusted from level 1 (the lowest volume) to level 7 (the highest volume).

Set Up Blood Pressure Arm

Performing a Blood Pressure

1. Verify the pressure line tubing from the sphygmomanometer and the audio line from the arm are properly connected to the electronic control unit. (See above connection instructions)
2. Apply the sphygmomanometer cuff and gauge to the arm according to facility procedures.
3. Place the stethoscope to the arm according to facility procedures.
4. Set the systolic and diastolic pressure to the desired levels.
5. Select the auscultatory gap.
6. Select the heart rate to the desired setting.

Note: The electronic control unit will default to the last levels previously set. It is important to go through all menus and program the electronic control unit with each training session as desired. A standard stethoscope will work with the blood pressure simulator, one is not provided. **Low Battery Indicator**

When the battery supply diminishes to a level near the point the unit will no longer function properly, a “low batt” message will display on the systolic pressure menu when the systolic pressure reaches above 20 mmHg. At this point, the batteries should be replaced as soon as possible to ensure proper operation of the unit. Refer to the section “Installing the Batteries” for more information.

Calibration Procedures

1. Follow the setup procedures.
2. Apply the cuff to the simulated arm.
3. Set the electronic control unit systolic pressure to 150 mmHg and set the diastolic pressure to 70 mmHg.
4. Proceed with performing the blood pressure and note the differences between the gauge and what was set on the electronic control unit.
5. Set the systolic correction by pressing and holding the CALIBRATE key to the right of the GAP key. (See Figure 60).



Fig 60.

6. Using the arrow keys, set the correction. For example, if the blood pressure reading for systolic pressure was 148 mmHg, the systolic correction would be +2 and the up arrow key would be pressed until +2 would display in the window.
7. Press the MENU key from the Systolic Correction window to change to the Diastolic Correction window. (See Figure 61).
8. Using the arrow keys, set the correction. For example, if the blood pressure reading for diastolic pressure was 72 mmHg, the diastolic correction would be -2 and the down arrow would be pressed until -2 would display in the window.
9. Press the MENU key. The “CALIBRATION COMPLETE” message will appear and the main menu window will be displayed.



Fig 61.

Set Up

Blood Pressure Arm

Preparing Your Sphygmomanometer for Use with Blood Pressure Simulator

In the event the supplied sphygmomanometer would cease to operate, any standard sphygmomanometer can be adapted for use with the blood pressure simulator. It is recommended that a child size cuff continue to be used.

1. Disconnect the sphygmomanometer from the pressure line connected to the electronic control unit. The pressure line can be left connected to the electronic control unit.
2. Remove the T-fitting included with the assembled sphygmomanometer.
3. Obtain a new sphygmomanometer.
4. Using a scissors, carefully cut the tube of the sphygmomanometer about 2" from the gauge. (See Figure 62).
5. Take the T-fitting and insert the horizontal ends in-between the two ends of the cut tubing of the new sphygmomanometer. (See Figure 63).
6. Assemble the free end of the pressure line tubing, still connected to the electronic control unit, to the free end of the T-fitting. (See Figure 64).
7. Connect the newly modified sphygmomanometer to the child-size cuff.
8. Follow the calibration instructions to calibrate with the electronic control unit and blood pressure simulator.



Fig 62.



Fig 63.



Fig 64.

Set Up

IV and Injection Arm

IV and Injection Arm

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

DANi has skin texture realistic to touch thanks to modern plastics technology. The following adhesives will alleviate challenges in adhesion: 3M Kind Removal Adhesive Tape, Safe N Simple Silicone Adhesive Tape, Curad Silicone Band-Aid, Safe N Simple Simpurity IV Derm Silicone (Tegaderm equivalent).

Internal and External Structure

The outer skin is easily peeled off, revealing the “core” and veins. The skin and veins can be readily replaced when needed. Using smaller gauge needles will prolong the life of the original skin and veins. Replacement parts are available and listed at the end of this manual. The internal vascular structure begins at the shoulder and continues under the arm, crosses the antecubital fossa forearm, makes a loop in the back of the hand, and then returns to the underarm. This venous system is constructed of special, natural dry rubber, with the lumen being the approximate size of an adult human vein (See Figure 65). This vascular structure has inlet and outlet tubing at the shoulder. It is via these tubes that synthetic blood is infiltrated.

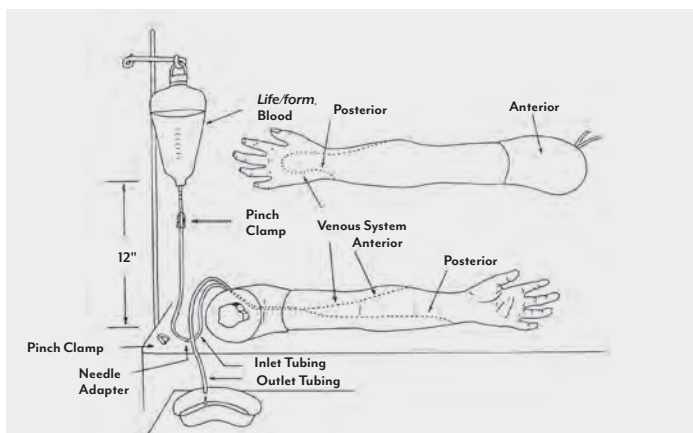


Fig 65.

Filling the Venous System and Preparing the Arm for Blood Draws

1. Prepare the synthetic blood by filling the pint bottle containing the synthetic blood concentrate with distilled water.
2. Close the clamp on the IV tubing and pour the synthetic blood into one of the provided fluid supply bags. This will be IV Bag A. Fill to 500 cc maximum.
3. Hang IV Bag A no more than 18" (45.72 cm) above the level of the arm. Fluid Supply stand shown sold separately.
4. Attach the tubing on IV Bag A to one of the shoulder tubes. Since this is a single tube loop system it does not matter which tube you use. This will now be the inlet tube.
5. Use the second shoulder tube for draining; this will be the outlet tube. With the outlet shoulder tube in a basin, a sink, or attached to the second IV Bag or IV Bag B, make sure the clamp on the drain tube is open. If using IV Bag B, ensure the clamp on IV Bag B is also open. Flush the vascular system with synthetic blood by slowly opening the clamp on IV Bag A. Allow the system to flush with synthetic blood until the air bubbles are no longer passing through the outlet shoulder tubing into the basin, sink, or IV Bag B. (See Figure 66).
6. Close the clamp on the outlet shoulder tube and, if using IV Bag B to close off the blood outlet, the system is now filled and pressurized. Be sure to leave the clamp on IV Bag A open.



Fig 66.

The arm is ready to practice drawing blood. Synthetic blood can be drawn anywhere along the pathway of the vein.

Set Up Injectable Arm

Preparing the Arm for Intravenous Infusions

1. Start with an “empty” unpressurized arm. Close the clamp at the end of IV Bag A and then fill with distilled water, 500 cc maximum. Hang IV Bag A not more than 18” (45.72 cm) above the arm.
2. Ensure one of the tubes leading from the shoulder of the Injectable Training Arm is fitted with a clamp. Attach fitting end of IV Bag A to the shoulder tubing with the clamp. Attach the fitting end of IV Bag B to the remaining shoulder tube.
3. With IV Bag B laying on the surface and IV Bag A hanging, open the clamps on both bags and the arm tube. Allow fluid to flow through the Injectable Training Arm until air bubbles are no longer seen flowing into IV Bag B. Close the clamp on IV Bag B, the system is now pressurized. (See Figure 67).

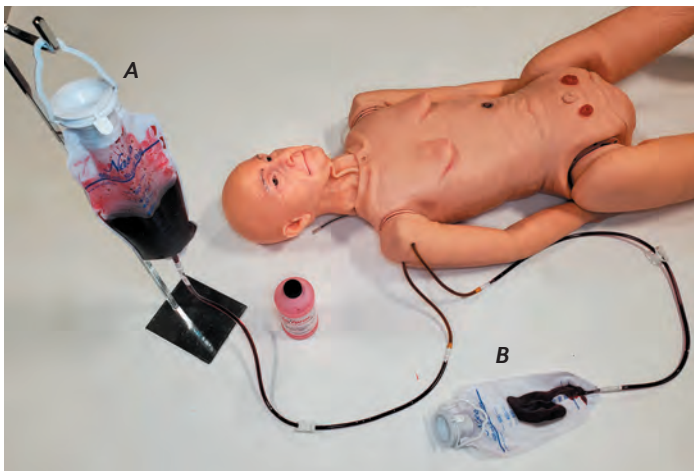


Fig 67.

4. Insert IV needle in vein. “Flashback” will indicate proper insertion.
5. After IV Bag A empties, close the clamp on IV Bag A and the clamp on the arm tube. Disconnect IV Bag A from the shoulder tubing. You may now use IV Bag A as the infusion supply.
6. Cleanse the IV site with distilled water and insert IV needle or butterfly.
7. To start the IV flow, open the clamps on both IV Bags A and B.

Proof of proper procedure will be evidenced by the flow of fluid from IV Bag A. Control flow rate with the clamp on IV Bag A. A third IV Bag (not supplied) can be used for the infusion of fluid. This will enable bags A and B to remain attached to the arm.

If a more realistic experience is desired, with “blood flashback” instead of water when inserting the butterfly into the lumen of the vein, use the following procedure, C.

Recommended Procedure for Simultaneous IV Infusions and Drawing Blood

1. Follow the procedure for setting up your IV Arm to draw blood, Procedure A, and using IV Bag B as the drain bag.
2. Once the arm is pressurized and full of blood, open the clamps on IV Bags A and B.
3. Obtain a third IV Bag (not supplied), IV Bag C, and ensure the clamp is closed and fill with distilled water. Hang IV Bag C according to your desired flow rate.
4. Cleanse the IV site with distilled water and insert IV needle or butterfly. A realistic blood flashback will be evidenced with proper insertion.
5. Connect IV Bag C to the IV needle or butterfly with the latex connector and open the clamp to IV Bag C. (See Figure 68).
6. IV Bag B, when full, may be easily switched with A.

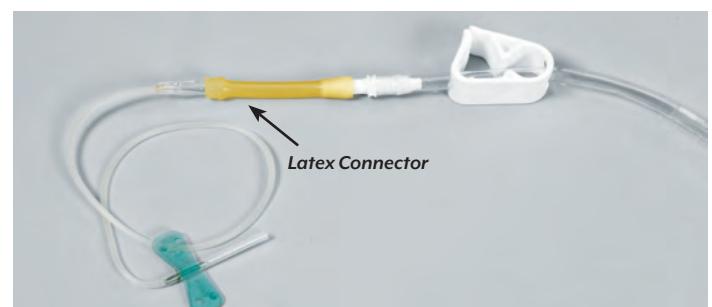


Fig 68.

Set Up Injectable Arm

User Help Guide for the Injectable Training Arm

1. Follow procedures and ensure clamps are open on appropriate fluid supply/IV bags and/or shoulder tubes.
2. Look over your equipment prior to use. IV tubes will kink at the clamp site with repeated use. Routinely move clamps up or down the tube to reduce the probability of kinks. When kink occurs, slide the clamp to a new position and, with fingers, massage tubing at pinched site to restore lumen. Replacement fluid bags are available. Removing clamps prior to storage is recommended.
3. Check to ensure hanging bags are hung to the appropriate height. Hanging the supply bags slightly higher for bags not producing enough pressure can create just enough gravitational force on the fluid to facilitate flow.
4. If a venous system clog is suspected, try using a large 50 cc syringe to force distilled water through the tubing.
5. Check the venous system tubing for kinks. First, lubricate the outside of the arm skin generously with mild liquid soap. Peel the skin back to the knuckles, being careful NOT to remove the skin from the fingers. Examine all the tubing for possible kinks. Replace the skin and infiltrate the system again.

Care and Maintenance

After each use of the Injectable Training Arm, follow these procedures:

1. Disconnect IV bags, remove infusion needles, and flush the venous system using distilled water and 12 cc syringe.
2. Simulated blood can be returned to its bottle and reused.
3. Rinse IV bag containing simulated blood with distilled water, flushing through tubing into a sink or basin.
4. Remove pinch clamps from IV bags and injectable training arm shoulder tubing.
5. Wash the outside of the injectable training arm with mild liquid soap. Stubborn stains may be washed with Nasco cleaner. Dispense Nasco cleaner on clean, soft, dry cloth and gently wipe soiled area.
6. Remove excess water from the venous system by raising the hand, lowering the shoulder, and draining it into a sink or basin.
7. Allow the arm to dry completely before storing.

Set Up Injectable Arm

To prevent causing harm to the Injectable Training Arm:

1. Use distilled water rather than alcohol, Betadine®, or other skin preparing substances to simulate preparing the puncture site.
2. Small diameter needles, 20-gauge to 25-gauge, should be used to extend the life of the skin and veins. The skin and veins will hold up to several hundred sticks if smaller needles are used as recommended and all available sites are used.
3. Synthetic blood will stain the soft skin of the injectable training arm, clothes, most soft surfaces, and some hard surfaces. Please use caution.
4. Ink and newsprint will cause an indelible stain to the injectable training arm. DO NOT place the injectable training arm on printed surfaces or plastic.
5. Follow Care and Maintenance instructions carefully.

Arm Skin Replacement

1. Remove the eight screws retaining the shoulder joint to the arm.
2. Peel the skin down and remove from arm (See Figure 69).



Fig 69.

3. Apply baby powder to the interior of the replacement skin and pull onto the arm.
4. The key feature needs to point to the L or R depending on which leg skin is being replaced (See Figure 70).
5. Install the eight screws, being careful not to over tighten the screws.
6. Reattach arm to simulator torso.



Fig 70.

Leg Skin Replacement

1. Remove the eight screws retaining the hip joint to the leg. (See Figure 71).
2. Peel the skin down and remove from leg (See Figure 72).
3. Apply baby powder to the interior of the replacement skin and pull onto the leg (See Figure 73).



Fig 71.



Fig 72.

4. The key feature needs to point to the L or R depending on which leg skin is being replaced (See Figure 74). This feature plugs into the R or L area of the hip joint depending on which leg skin is being replaced.



Fig 73.

5. Install the eight screws, being careful not to over tighten the screws.
6. Reattach leg to simulator torso.



Fig 74.

Set Up Injectable Arm

Moulage

DANi comes with self-adhesive moulage that simulates self-harm wounds. Also, included are foot wounds in various stages of severity (See Figure 75-77).



Fig 75.

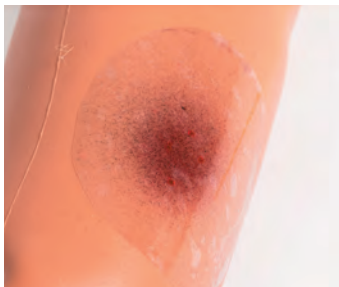


Fig 76.



Fig 77.

Intramuscular Injections Precautions

1. This synthetic blood is specially formulated to be compatible with the self-sealing veins and plastics used in manufacturing the injectable training arm.
2. NEVER use synthetic blood for intramuscular injection.
3. DO NOT use dull or burred needles, these will cause leaks in the system. Burred needles will cause permanent damage.
4. DO NOT allow synthetic blood to dry on the simulator – it may stain the skin.
5. Use only 500 cc of infusion fluid. Larger amounts will increase the pressure of the venous system, resulting in leaks.
6. DO NOT clean the simulator with solvents or corrosive materials, as they will damage it.
7. DO NOT use for subcutaneous injection. Intradermal Injection Simulator (LF01008U) is specifically designed for intradermal injection training and practice.

Intramuscular Injections

Intramuscular injections may be performed in inserts at the left hip, right thigh, at both deltoids of the standard arms, and left deltoid of the injectable training arm. Inject AIR ONLY as the inserts cannot be drained in the standard arms, injection training arm, and thigh.

To remove the inserts on standard arms and thigh:

1. Remove the eight screws retaining the shoulder or hip joints to the arm or leg.
2. Roll skin down to expose inserts prior to removing and replacing them (See Figures 78, thigh & 79, Shoulder).
3. Compress them sideways and pull out.
4. Reverse procedure to replace.

Note: Avoid using alcohol or similar substances to prep the injection site. Use distilled water to simulate this procedure.



Fig 78.



Fig 79.

Set Up

Auscultation

Auscultation

Features included with LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

The auscultation feature duplicates heart and lung conditions selected by the instructor via wireless remote control with LCD Display. Palpation is required to correctly identify the auscultation locations.

Heart

Sounds are detected at 6 anterior locations with 12 heart conditions:

01 Normal	07 S3 Gallop
02 Aortic Regurgitation	08 S4 Gallop
03 Pulmonary Stenosis	09 Systolic Click
04 Mitral Stenosis	10 Atrial Septal Defect
05 Holosystolic	11 PDA
06 Mid-systolic	12 VSD

Lungs

Sounds are detected at 5 anterior, 6 upper posterior, 4 lower posterior, and 2 mid-axillary locations. With 16 lung conditions:

01 Normal Lungs	09 Cavernous
02 Normal Vesicular	10 Bronchovesicular
03 Wheezes	11 Bronchial
04 Mono Wheeze	12 Pulmonary Edema
05 Fine Crackles	13 Infant
06 Coarse Crackles	14 Friction Rub
07 Rhonchi Crackles	15 Egophony
08 Stridor	16 Pectoriloquy

1. Locate your SmartScope™ and Remote Control with LCD display.
2. Locate included “AA” and “AAA” batteries.
3. Install 2 “AA” batteries into SmartScope™ and 2 “AAA” batteries into the remote control. The compartments are marked as to the positions of the batteries “+” or “-”.
4. Press the red power button on the remote control. This turns on the remote control and sends a signal to activate the SmartScope™.
5. After the unit is activated, the LCD display on the remote control will be in the “status” mode, displaying the current menu settings for the heart and lung conditions.

Note: Powering on one remote control will activate and control all SmartScopes™ and manikins simultaneously within a 100-foot range. Multiple remotes operating within this range will cause complications and signal confusion.

Selecting New Heart and Lung Conditions

1. Activate remote control and SmartScope™ using instructions above.
2. Press either the heart or lung button. This will put the display into menu mode.
3. Select a condition by using the number buttons or the scroll button to view the conditions in sequence.
4. When the desired condition is viewed on the LCD display, press the enter button to activate.
5. Heart and lung sounds are heard simultaneously. Check the main screen to ensure the desired sounds are being heard. For example, when hearing normal heart sounds and normal lung sounds, the LCD display will read: HS= (01) LS= (01).

Set Up

Auscultation

Listening to Selected Heart and Lung Sounds

1. Follow the instructions above to activate remote control, SmartScope™, and select desired sounds.
2. Place the earpieces of the SmartScope™ in ears angled in a forward position.
3. Place the diaphragm of the SmartScope™ over the appropriate sites on the manikin.
4. Use included laminated key cards for location instruction.
5. For additional location instruction, use the green color-coded stickers for lung sites found and the blue color-coded stickers for the heart sites found.
6. Correct placement of the SmartScope™ is required to hear the sounds. Moving the SmartScope™ slowly across the area will help locate the sensor in the torso so that the sounds can be heard.

Note: The SmartScope™ is only for use with the Auscultation feature. It is not a standard stethoscope. (See Figure 80)



Fig 80.

Using the Amplified Speaker (purchased separately LF01189U)

1. Locate the SmartScope™ and speaker cord included with the 30-watt amplifier/speaker.
2. Plug the speaker cord into the speaker jack on top of the SmartScope™ box.
3. Plug the amplifier/speaker into the 110V (or 220V) power source.
4. When the speaker is connected, the SmartScope™ earpieces will not work; sounds will only be amplified through the speaker.
5. Select the desired heart and lung sounds following the instructions above.
6. Place the diaphragm of the SmartScope™ over the appropriate sites on the manikin.

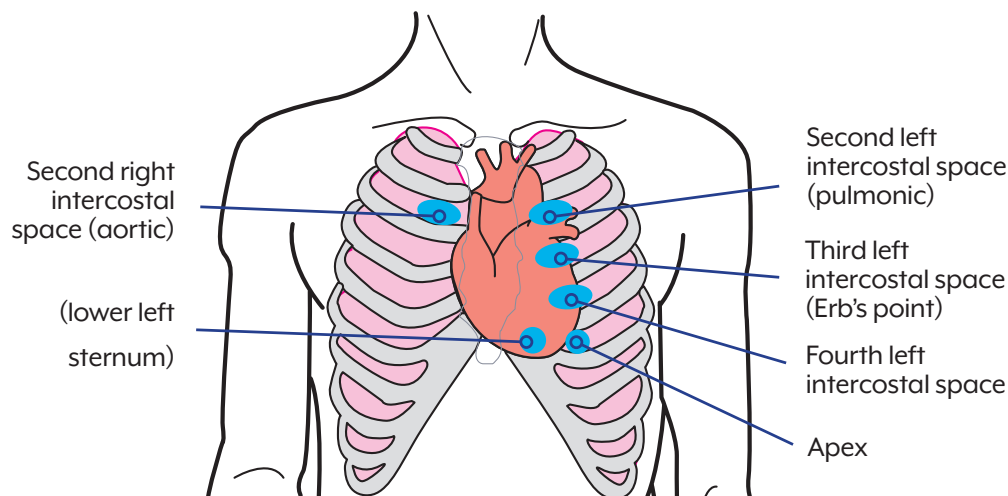
Note: The remote has a battery saver mode that shuts the unit down after eight minutes if the remote is left on the same setting. To prevent this shutdown, select a different heart or lung sound within the eight-minute time period.

Care and Maintenance for Auscultation Feature

1. Prior to storing equipment, ensure the batteries in the remote control and SmartScope™ are removed.
2. Adhesive remaining on the manikin from use of the blue and green location stickers can be removed using Nasco cleaner. Apply Nasco Cleaner to a clean, soft, dry cloth and wipe residual adhesive. Be cautious not to over-wipe painted areas.
3. Newsprint, ballpoint pen, and printed plastics will leave an indelible mark.
4. Alcohol prep pads are included to sterilize SmartScope™ earpieces between users.

Set Up

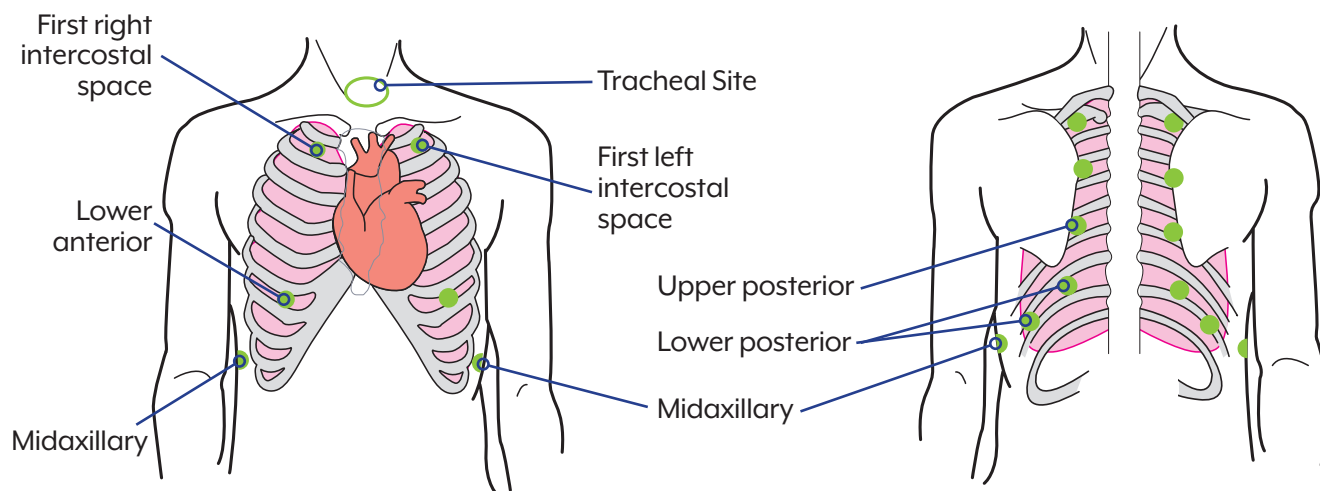
Anterior Heart Sites



	Aortic Second Right Intercostal Space	Pulmonic Second Left Intercostal Space	Erb's Point Third Left Intercostal Space	Fourth Left Intercostal Space	Lower Left Sternum	Apex
1. Normal	Normal, S2 Accentuated	Normal, S2 Accentuated	Normal, S2 Accentuated	Normal	Normal	Normal
2. Aortic Regurgitation	Ejection Sound, Loud Mid systolic & soft early diastolic murmur	Ejection sound, mild systolic murmur, early diastolic blowing murmur			Normal	Normal
3. Pulmonary Stenosis	Normal	Moderate 4th sound, harsh late peaking systolic murmur, soft late pulmonic 2nd sound	Normal	Normal	Normal	Normal
4. Mitral Stenosis	Normal	Normal	Severe held expiration, tachycardia: opening snap .03 seconds after loud 2nd sound	Constrictive Pericarditis/ knock. Inspiratory augmentation indicates a gallop of right ventricular origin	Normal	Held expiration, tachycardia: opening snap, mid diastolic & presystolic murmurs, loud 1st sound
5. Holosystolic Murmur	Normal	Normal	Normal	Normal	Patient has mitral regurgitation & frequent premature ventricular contractions. Murmur is crescendo-decrescendo with late peaking. Soft S3 in mid diastole.	
6. Midsystolic Murmur	Normal	Normal	Normal	Normal	Patient with hypertrophic cardiomyopathy has a murmur that begins after S1 and ends before S2	
7. S3 Gallop	Normal	Normal	Normal	Normal	Patient has a readily heard third heart sound. S3 occurs later in diastole than the opening snap.	
8. S4 Gallop	Normal	Normal	Normal	Normal	Patient with left ventricular hypertrophy has a fourth sound (S4) that is not heard on every cycle. The sound is presystolic about .1 second before S1.	
9. Midsystolic Click	Normal	Normal	Normal	Normal	Patient has mitral prolapse which produces a mid systolic click heard during inspiration.	
10. Atrial Septal Defect	Normal	Respiration: mid systolic murmur, fixed split 2nd, soft 3rd, breath sounds with inspiration	Normal	Respiration: mid systolic murmur, fixed split 2nd, mid diastolic murmur	Normal	Normal
11. Patent Ductus Arteriosus	Normal	Continuous murmur	Normal	Continuous murmur	Normal	Normal
12. Ventricular Septal Defect	Normal	Normal	Holosystolic murmur with late crescendo		Normal	Normal

Set Up

Anterior / Posterior Lung Sites



	Tracheal Site	First Left & Right Intercostal Sites	Upper Posterior Lung Sites	Lower Posterior Lung Sites Two Midaxillary Sites 2 Lower Anterior Sites
1. Normal Lung	Tracheal	Bronchovesicular	Normal Vesicular	Normal Vesicular
2. Normal Vesicular	Tracheal	Bronchovesicular	Normal Vesicular	Normal Vesicular
3. Wheezes	Wheeze	Wheeze	Wheeze	Wheeze Lower Volume
4. Mono Wheeze	Mono Wheeze	Mono Wheeze	Mono Wheeze	Mono Wheeze Lower Volume
5. Fine Crackle	Fine Crackle	Fine Crackle	Fine Crackle	Fine Crackle
6. Coarse Crackle	Coarse Crackle	Coarse Crackle	Coarse Crackle	Coarse Crackle
7. Ronchi	Ronchi	Ronchi	Ronchi	Ronchi
8. Stridor	Stridor	Stridor	Stridor Lower Volume	Stridor Lower Volume
9. Cavernous	Cavernous	Cavernous	Cavernous	Cavernous
10. Bronchovesicular	Tracheal	Bronchovesicular	Normal Vesicular	Normal Vesicular
11. Bronchial	Bronchial	Bronchial	Normal Vesicular	Normal Vesicular
12. Pulmonary Edema	Pulmonary Edema	Pulmonary Edema	Pulmonary Edema	Pulmonary Edema
13. Infant	Infant	Infant	Infant	Infant
14. Friction Rub	Tracheal	Bronchovesicular	Friction Rub	Friction Rub
15. Egophony	Egophony	Egophony	Egophony	Egophony
16. Pectoriloquy	Pectoriloquy	Pectoriloquy	Pectoriloquy	Pectoriloquy

Set Up Pressure Injury Wounds

Pressure Injury Wounds

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

Pressure wound identification and care may be performed by using the included foot wound sleeve. Five wounds are included: Stages 1-4 and a deep tissue wound.

Inserting Wounds into Foot Sleeve:

1. Slide foot sleeve over either left or right foot. Inside the sleeve is an indication for bottom. (See Figure 81.)
2. Select wound stage (See Figure 82) and press into the inside of the chosen opening on the foot sleeve (See Figure 83).

Proper Application Shown. (See Figure 84).



Fig 81.

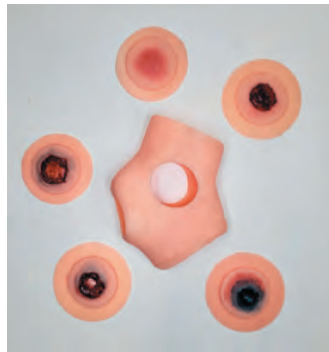


Fig 82.



Fig 83.



Fig 84.

Set Up Edema

Edema

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

Edema identification may be performed by using one of the included foot edema sleeves. Edema included are Stages 1-4 and non-pitting.

Inserting Edema onto Foot:

1. Select edema stage and slide foot sleeve either left or right foot (Figure 85).

Proper Application Shown. (See Figure 86).



Fig 85.



Fig 86.

Care and Maintenance of Edema

1. Wash with warm water and mild soap.
2. Allow to air dry.
3. Coat lightly with baby powder to remove any tacky feel.

Set Up

CPR Measuring

CPR Measuring

Features included with LF04502/LF04502M, LF0503/LF0503M, LF04504/LF04504M and LF04504EX/LF04504MEX.

Apple or Android Device

The CPR Plus application enables accurate and effective training using CPR Add-on Student or Instructor applications that can be downloaded to either an Apple or Android device. Student and instructor applications provided real-time feedback and feature adult capabilities, as well as a realistic interface.

Follow these links to download the CPR Add-On Kit instructor and student applications.

Android Devices

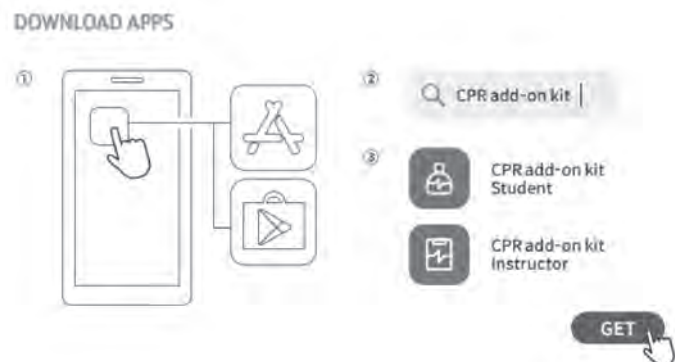
<https://play.google.com/store/apps/details?id=com.imlabworld.android.testing.fw.imlab.heartisenseinstructor>

https://play.google.com/store/apps/details?id=heartisense_student.android.imlabworld.com.heartisensestudent

Apple Device

<https://apps.apple.com/us/app/cpr-add-on-kitinstructor/id1203164623>

<https://apps.apple.com/us/app/cpr-add-on-kitstudent/id1400115591>



Powering on CPR Monitoring Feature

1. To power on the CPR monitoring feature, access the “ON/OFF” button through the genital opening in the pelvis (See Figure 87).
2. Press the “ON/OFF” button.



Fig 87.

Changing the Battery

The CPR monitoring feature is powered by a 9V battery (included).

1. To change the battery, access the battery compartment through the genital opening in the pelvis.
2. Pull the compartment out and up to remove the battery drawer (See Figure 88).



Fig 88.

3. Reverse instructions once a new battery is installed.

Patient Monitoring

Features included with LF04302, and LF04302EX.

Instructions for setup and use of your (Patient Vitals, Pre-Hospital or In-Hospital) Patient Monitoring suite are included with the packaging of the monitoring products.

Identifying Parts and Consumables



Set Up

Identifying Parts and Consumables

- 1 Tattoo Sleeve
 - 2 LF04527 Wound, Cut
 - 3 LF04526 Wound, Bruise
 - 4 Earrings
 - 5 LF00843 G Male Genitalia Foreskins, Pack of 3, Light
LF00842 G Male Genitalia Foreskins, Pack of 3, Medium
 - 6 LF04506 IV Arm, Light
LF04506M IV Arm, Medium
 - 7 LF04511 IV Arm Skin Replacement, Light
LF04511M IV Arm Skin Replacement, Medium
 - 8 LF04510 IM Injection Pad, Buttock, Light
LF04510M IM Injection Pad, Buttock, Medium
 - 9 LF04529 Foot Wounds, Pressure Injury Stages 1-4 and Deep Tissue Wound, Light
LF04529M Foot Wounds, Pressure Injury Stages 1-4 and Deep Tissue Wound, Medium
 - 10 LF04513 Foot Wound Sleeve, Light
LF04513M Foot Wound Sleeve, Medium
 - 11 LF04318 Male Genitalia, Peri-Care and Catheterization, Light, included with LF04502, LF0503, LF04504 and LF04504EX
LF04318M Male Genitalia, Peri-Care and Catheterization, Medium, included with LF04502M, LF0503M, LF04504M and LF04504MEX
 - 12 LF04319 Female Genitalia, Peri-Care and Catheterization, Light, included with LF04502, LF0503, LF04504 and LF04504EX
LF04319M Female Genitalia, Peri-Care and Catheterization, Medium, included with LF04502M, LF0503M, LF04504M and LF04504MEX
 - 13 LF04514 Female Genitalia, SA, Light, included with LF04500
LF04514M Female Genitalia, SA, Medium, included with LF04500M
 - 14 LF04516 Right Leg Skin, Light
LF04516M Right Leg Skin, Medium
 - 15 LF04517 Left Leg Skin, Light
LF04517M Left Leg Skin, Medium
 - 16 LF04518 Right Arm Skin, Light
LF04518M Right Arm Skin, Medium
 - 17 LF04519 Left Arm Skin, Light
LF04519M Left Arm Skin, Medium
 - 18 LF04521 Torso Skin, Light
LF04521M Torso Skin, Medium
 - 19 LF04522 Wig, Multicolored
 - 20 LF04523 Wig, Black
 - 21 LF04525 Wig, Brown
 - 22 LF04528 Edema, Light, Stages 1-4 & Non-Pitting
LF04528M Edema, Medium, Stages 1-4 & Non-Pitting
 - 23 LF04330 Suprapubic Stoma, Light
LF04330M Suprapubic Stoma, Medium
 - 24 LF04317 A Pupils, Normal, Set of 2
 - 25 LF04317 B Pupils, Constricted, Set of 2
 - 26 LF04317 C Pupils, Dilated, Set of 2
 - 27 LF04332 Prostate Kit
 - 28 LF01230 C Cervix Kit
 - 29 LF01130 Fluid Supply Bag
 - 30 LF01096 Electronic Control Unit, Blood Pressure
 - 31 LF01073 Blood Pressure Cuff/Sphygmomanometer
 - 32 Moulage Adhesive
 - 33 LF04311 Urinary Catheter Bladder Reservoir
 - 34 LF04334 External Bladder for Urinary & Suprapubic
 - 35 9v Battery
 - 36 LF01144 Auscultation SmartScope™
 - 37 LF01148 Auscultation Remote
 - 38 LF04337 Lavage/Gavage Bag
 - 39 LF04099 Stoma Reservoir
 - 40 100-2028 Carotid Pulse Bulb
 - 41 LF00845 Simulated Blood, Quart
 - 42 PN01037 Simulated Urine, Quart
 - 43 LF03644 Pump Spray Lubricant
 - 44 HC53411 Release Compound for Urinary Cath
 - 45 Syringe
 - 46 LF04333 NHC Hospital Gown
- Additional consumables available:**
- LF04335 Male Genitalia, Basic, Light
 - LF04335M Male Genitalia, Basic, Medium
 - LF04336 Female Genitalia, Basic, Light
 - LF04336M Female Genitalia, Basic, Medium
 - LF04510 IM Pad, Buttock, Light
 - LF04510M IM Pad, Buttock, Light

Set Up

Care and Maintenance

Overall Care and Maintenance

General Care

1. Most cleaning can be done with a soft cloth, mild soap, and warm water. Avoid over washing the painted areas on the manikin.
2. Stubborn stains can be treated by using Nasco Cleaner and a soft cloth.
3. Stains caused by make-up, ink, and newsprint are indelible and cannot be removed. Avoid contact with these substances and do not apply cosmetics or Betadine® solution to the manikin.
4. Follow cleaning, care, storage, and maintenance guidelines in each section of this manual.
5. Remove all batteries prior to storing your equipment for future use.

Cautions

Solvents or corrosive materials will damage the simulator. Never place the simulator on any kind of printed paper or plastic. These materials will transfer indelible stains. Ball-point pens will also make indelible stains. Do not store in direct sunlight.

Storage

In order to prepare DANi for storage perform a normal manikin breakdown procedure by removing all of its limbs and packaging them neatly in its case (preferably in the same packaging offered when first purchased). In addition, be certain to follow these instructions:

- Storage temperature should not exceed 122°F (50°C) or fall below 41°F (5°C) on a (non-condensing) relative humidity free environment.
- If a soft-sided case is being used, the manikin should lie flat.
- The manikin should NEVER be stored or shipped with fluids in the system.



Up to 5-years warranty



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