

# Newborn PEDI<sup>®</sup> Simulator

## S105.250



**Gaumard<sup>®</sup>**  
Simulators for Health Care Education

Newborn PEDI<sup>®</sup> 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 16.9.1**  
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# Care and Cautions

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## 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:

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### GENERAL

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- 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 newspaper.
- 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.

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### OPERATING CONDITIONS

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Operating the simulator outside these ranges may affect performance:

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

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### STORAGE CONDITIONS

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- 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).
- Store and ship the simulator in the clear poly bag provided.

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### IV ARM

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- 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.**

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### CLEANING

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- 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.

#### **WARNING**

**The lubricants and other accessories provided are for use with the accompanying patient simulator only. The lubricants and other accessories are not suitable for human use or medical treatment/diagnosis and should never be used for such purposes.**

# Equipment Set Up

## (Optional)

If your simulator was purchased with the optional OMNI® 2 tablet, 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, then connect the power supply to the wall outlet.



Always operate the simulator with the power supply connected

### OMNI® 2 SETUP

OMNI® 2 controls the simulator with the touch of a button. Follow the steps below to connect the simulator to the OMNI® 2

1. Turn on OMNI® 2 by pressing and holding the on button on the right side of the tablet.
2. Select "Allow" to turn on Bluetooth connectivity for the tablet.



3. A startup screen is shown while OMNI® 2 is detecting the simulator features.



4. Follow the on-screen tutorial for a brief overview of the features of OMNI® 2

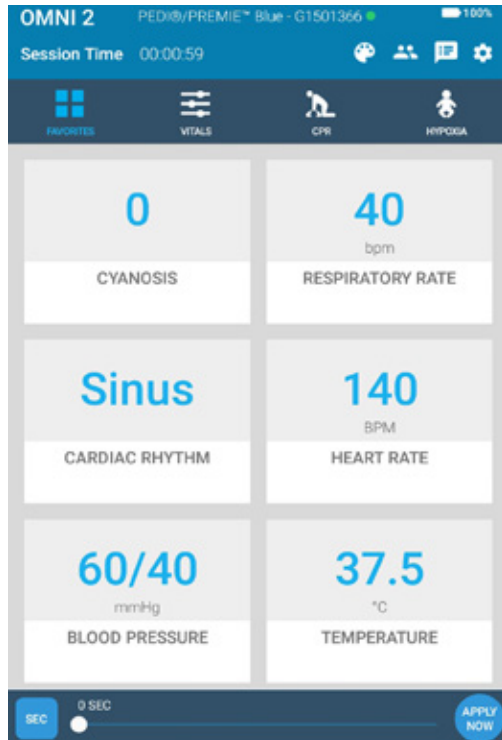




5. Move onto the next steps in the tutorial by selecting “GOT IT”
6. Exit the tutorial at any time by selecting “HOME”

**Please note that you have to complete the tutorial once or it will continue to appear at the start-up**

After the startup screen the OMNI® 2 will automatically proceed to the “Favorites” page and establish a connection to the simulator.



**WARNING**

**Do not connect the simulator or OMNI® 2 to a computer, network or unauthorized diagnostic equipment using the communication cable (Ethernet cable). Doing so will cause serious damage to the equipment.**

If the simulator was purchased without the optional OMNI® 2 controller, there are no installed electrical components in the simulator.

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# Working with Newborn PEDI®

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## Overview

Newborn PEDI is a life support training simulator equipped with the following features:

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### AIRWAY

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

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### BREATHING

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

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### CIRCULATION

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- Chest compressions are measured and logged with optional controller
- Simulated manual pulses:
  - » Right brachial, femoral, and radial
  - » Left popliteal and tibial
  - » Umbilical

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### SIMULATOR

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- Articulated neck, jaw, arms and legs
- Heart, lungs and ribs
- IV training Arm
- IV training Leg
- Medium skin tone is the standard Newborn PEDI color; light or dark skin is available at no extra cost.

- Patent umbilicus
- Physical size is 50th percentile at 40 weeks gestational age
- Realistic airway with tongue, epiglottis, vocal chords and esophagus
- Femoral venous access

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### OPTIONAL CONTROLLER

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

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### OTHER

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- One year limited warranty

## Terminology

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### FACILITATOR

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

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### PROVIDER

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A person participating in the simulation as a healthcare provider.

# 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

Newborn PEDI 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.



Train CPR with Newborn PEDI and obtain feedback information via the OMNI® 2 controller on the cadence and depth of chest compressions and airway ventilations.

# Circulation

## PALPABLE PULSES

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

## ACTIVATING THE PULSES

Generate palpable pulses using the squeeze bulb.



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## IV ARM ACCESS

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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.

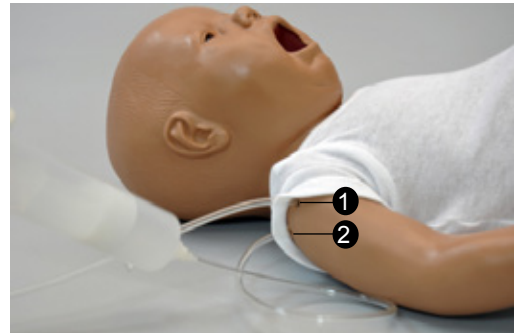
**Use a 23 to 25 gauge needle set.**

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## FILLING THE IV ARM SYSTEM

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



① IV Arm Drain Tube

② IV Arm Fill Tube

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

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## DIRECTIONS FOR USE

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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 Newborn PEDI 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 shoulder. Use talcum powder on the skin to ease movement. Remove the skin, exposing veins and arteries.

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 skin before rolling it on.

**IV LEG ACCESS**

The lower left leg contains a soft latex tube to simulate the consistency of a vessel. A translucent, pliable latex skin, which is removable and washable, is stretched over the leg.

**FILLING THE IV LEG SYSTEM**

Place end of drainage tube 7 into a container and open the adjustable clamp.

Fill the dispensing syringe with fluid.

Connect the syringe to fill tube 6 and release the fluid. Allow fluid to flow through the system and into the drainage container.

Close the adjustable clamp of drainage tube 7.

Remove the syringe from the filling tube.

After filling the system, perform intravenous exercises or bolus injection. To avoid damage to the palpable pulses, do not perforate the pulse sites.

**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.

**MAINTENANCE**

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.

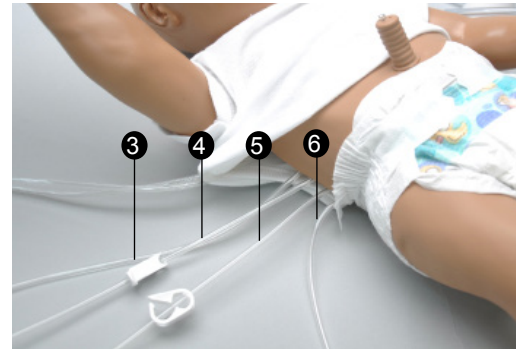
Assemble in reverse order, being certain to apply powder to the inside of the leg skin before rolling it on.

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## FEMORAL VENOUS ACCESS

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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.



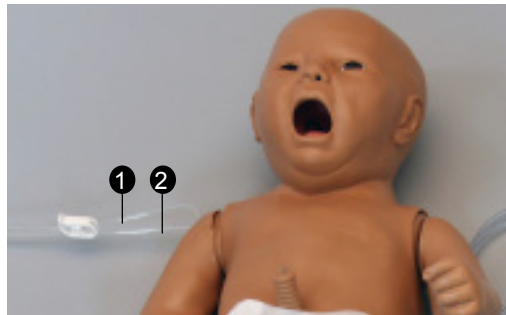
- ③ Umbilical Fill Tube
- ④ Umbilical Drain Tube
- ⑤ Gastric Drain Tube
- ⑥ Intraosseous and Venous Fill Tube

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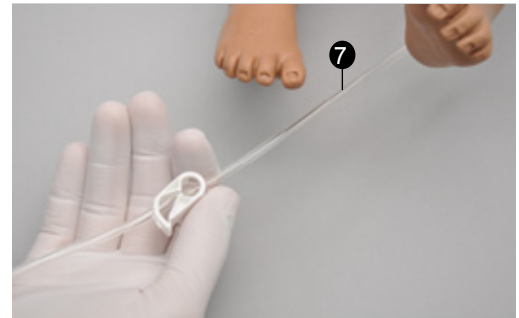
## FILLING THE FEMORAL VENOUS ACCESS

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



- ① IV Arm Drain Tube
- ② IV Arm Fill Tube



- ⑦ Intraosseous and Venous Drain Tube

To fill the femoral vein and IV leg 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.



- Once the water is seen draining, close the adjustable clamp.



- Clean the area with alcohol. Avoid the use of povidone-iodine, as this will discolor the simulator.
- Simulate anesthetization of the area if needed.

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

**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.

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



## Systemic

### INTRAOSSUEOUS 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" to

### INSTRUCTIONS FOR USE

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

- Palpate tibial tuberosity.

### REPLACING THE TIBIA

- To replace the tibia bone, place the end of tube 7 into a drainage container and open the adjustable clamp.
- Drain all the fluids from the system.
- Remove the tibia cover.
- Gently remove the tibia bone insert.
- Replace tibia with a new insert or rotate to use the other end of the bone.
- Re-attach tibia cover.

### 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 Newborn PEDI 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 Newborn PEDI collects the fluid, which can be drained via a port on the torso.



### FILLING THE UMBILICAL CORD



③ Umbilical Fill Tube

④ Umbilical Drain Tube

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 Newborn PEDI 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 Newborn PEDI 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

Gastric contents and other fluids may be added to the stomach orally or nasally. The 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. Drain the gastric contents by opening the adjustable clamp from tube 5. Allow water to flow out of tube 5 and into a drainage container. Close the adjustable clamp to contain the gastric fluids.



# OMNI<sup>®</sup> 2 (Optional)

## Using OMNI<sup>®</sup> 2

### MAIN SCREEN

OMNI<sup>®</sup> 2 opens at the “Favorites” page upon start up.



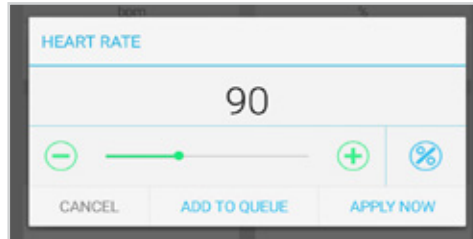
### CHANGING A VITAL SIGN

Vital signs can be quickly changed from the “Favorites” page or from the “Vitals” page. Follow the steps below to change one of the parameters:

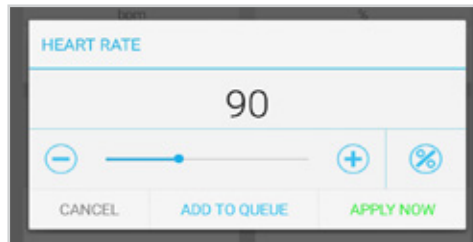
1. Tap on a vital sign.



2. Adjust the vital sign by utilizing either the slider or the +/- buttons.



3. Select “APPLY NOW”



Refer to the OMNI<sup>®</sup> 2 User Guide for more information on changing vital signs.

## CPR

The CPR Page incorporated into the OMNI® 2 tablet 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 resuscitation since the simulator can be difficult to clean afterwards and will contaminate the airway.**



## FEEDBACK GRAPHICS

Monitor the CPR session in real time. The default CPR value ranges are AHA compliant.



## ACTIONS

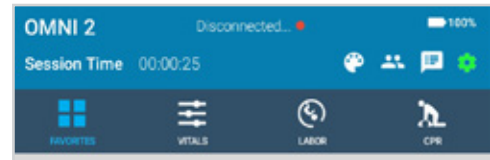
Buttons	Function
	Begin and end a CPR session
	Reset a CPR session
	Activate an audible coach for training
	Virtually defibrillate the simulator

## CALIBRATION

Before running a CPR scenario, please make sure to calibrate the compressions.

Perform the following to calibrate the compressions:

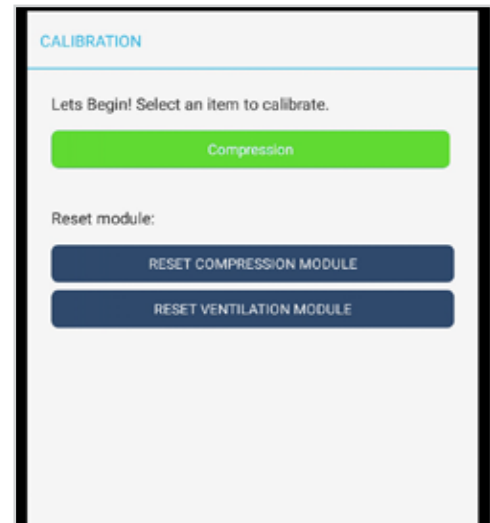
1. Tap the Gear on the upper-right of the screen



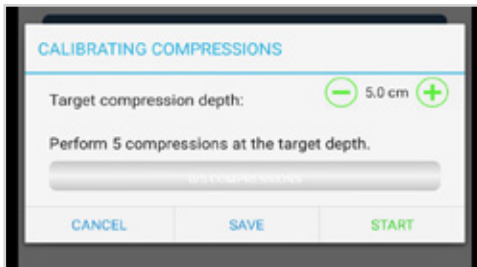
2. Select "Calibration"



3. Select "Compression" once the calibration window appears

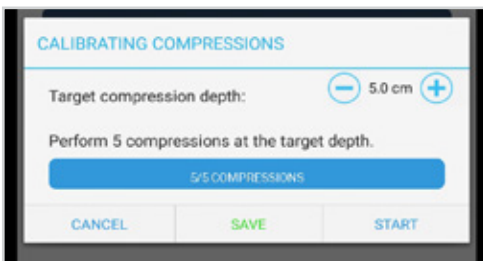


4. Adjust the Target compression depth with the +/- and tap "START"



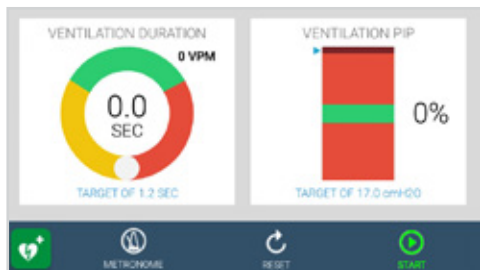
5. Follow the prompts to calibrate the target compression depth

6. After completing 5 compressions tap "SAVE" if you are satisfied with the calibration.



7. The OMNI® 2 and simulator are ready for CPR.

8. Tap "Start" to begin a CPR session.



**For more information about the CPR monitoring and reporting, refer to the OMNI® 2 User Guide.**



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# Appendix

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## Troubleshooting

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### GENERAL TROUBLESHOOTING GUIDE

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

Symptom	Possible Cause	Solution
Communication with the simulator cannot be established	Power supply not connected to simulator	Connect the power supply cable to the simulator and the other end to a power source
	Manikin is not paired	Disconnect the simulator from the power supply and turn off the Bluetooth on the tablet. Connect the power supply and turn on Bluetooth on the tablet.
CPR is not detected	Compression sensor is not detected	Tap the Gear on the upper right and select calibrations. Reset the compressions sensor and calibrate.
	Ventilations are not detected	Tap the Gear on the upper right and select calibrations. Reset the ventilation sensor

# Warranty

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## EXCLUSIVE ONE-YEAR LIMITED WARRANTY

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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.

**This one-year limited warranty is the sole and exclusive warranty provided by Gaumard for the accompanying Gaumard product, and Gaumard hereby explicitly disclaims the implied warranties of merchantability, satisfactory quality, and fitness for a particular purpose.** Except for the limited obligations specifically set forth in this one-year limited warranty, Gaumard will not be liable for any direct, indirect, special, incidental, or consequential damages, whether based on contract, tort, or any other legal theory regardless of whether Gaumard has been advised of the possibilities of such damages. Some jurisdictions do not allow disclaimers of implied warranties or the exclusion or limitation of consequential damages, so the above disclaimers and exclusions may not apply and the first purchaser may have other legal rights.

**This limited warranty applies only to the first purchaser of the product and is not transferable.** Any subsequent purchasers or users of the product acquire the product "as is" and this limited warranty does not apply.

**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.

Any waiver or amendment of this warranty must be in writing and signed by an officer of Gaumard.

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)



**Gaumard**<sup>®</sup>  
Simulators for Health Care Education

## Contact Us

**E-mail Technical Support:** [support@gaumard.com](mailto: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.

**E-mail Sales and Customer Service:** [sales@gaumard.com](mailto:sales@gaumard.com)

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

Worldwide: 01 (305) 971-3790

**Fax:** (305) 667-6085

**Post:** Gaumard Scientific

14700 SW 136 Street

Miami, FL 33196-5691

USA

**Office hours:** Monday-Friday, 8:30am - 4:30pm EST (GMT-5, -4 Summer Time)

### General Information

Gaumard<sup>®</sup>, ZOE<sup>®</sup>, Michelle<sup>®</sup>, Mike<sup>®</sup>, PEDI<sup>®</sup>, Susie Simon<sup>®</sup>, Susie<sup>®</sup>, Simon<sup>®</sup> Code Blue<sup>®</sup>, SIMA Models<sup>®</sup>, SIMA GYN/AID<sup>®</sup>, Virtual Instruments<sup>®</sup>, Codemaker<sup>®</sup>, Code Blue<sup>®</sup>, NOELLE<sup>®</sup>, Simulation Made Easy<sup>™</sup>, HAL<sup>®</sup>, eCPR<sup>™</sup>, Zack<sup>™</sup>, RITA<sup>™</sup>, Chloe<sup>™</sup>, Seatbelt Susie<sup>™</sup>, Krash Kids<sup>™</sup>, Premie<sup>™</sup>, UNI<sup>™</sup>, Omni<sup>®</sup>, Omni<sup>®</sup> 2, SmartSkin<sup>™</sup> are Trademarks of

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