

Nasco
Life/form®

COMPLETE *CRiSiS*™
UPDATE PACKAGE
LF03959U
INSTRUCTION MANUAL



Life/form® Products by NASCO

Limited Warranty

NASCO warrants to the purchasers of *CRiSis™* products that they will be free from defects in material and workmanship for a period of three years from the date of purchase. NASCO will repair any defect reported within three years of the date of purchase at no charge. Products found to be defective may be returned to the authorized NASCO dealer from whom the item was purchased, or returned directly to NASCO. NASCO will be liable under this limited warranty only if *CRiSis™* products have been serviced properly as directed in the operating manual.

NASCO will not be responsible for damage caused by unauthorized repairs or modifications that have been made, or if the product has been damaged through misuse, accident, or abuse. This warranty does not cover wear and tear or expendables such as batteries, lubricant, and replacement lungs. There are no other expressed or implied warranties of merchantability, fitness of purpose, or otherwise on "Airway Larry" products, parts, and accessories.

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The "Airway Larry" Manikin is a Complete Resuscitation System consisting of modular components which allow you to create a manikin to suit your changing needs. The components may be purchased as a complete package or separately to update your existing manikin. Update packages are compatible with all versions of both CPARLENE® and Resusci® Anne™*.

This manual will guide you in setting up, using, and maintaining each of the available components. Each section also includes a list of replacement parts, supplies, and auxiliary equipment.

By reading and following all instructions carefully and completely, you can be sure your **Life/form**® "Airway Larry" Manikin will provide years of valuable service.

Cleaning:

Normal surface soil can be removed from the trainer with mild soapy water. Do not allow water to contact electrical components. Stubborn stains may be removed with REN Cleaner (W09919U). Simply apply the REN Cleaner to the soiled area and wipe clean with a soft cloth.

NOTE: Avoid using cleaner around the mouth area if students will be applying direct mouth-to-mouth resuscitation techniques, as the cleaner may be toxic if ingested. NEVER place the trainer on any kind of printed paper or plastic. These materials, as well as ballpoint pens, will transfer indelible stains. Do not use any cosmetics.

List of Components:

- "Airway Larry" Manikin
- IV Arm
- Blood Pressure Arm with Speaker Wire
- Electronic Blood Pressure Control Unit
- Defibrillation Chest Skin
- Arrhythmia Tutor
- 8 oz. Pump Spray Lubricant
- REN Cleaner
- 3cc Syringe with Needle
- 12cc Syringe with Needle
- 2 IV Bags
- 3 Pinch Clamps
- Small Towel
- Large Towel
- Butterfly Infusion Set
- Synthetic Blood
- 4 "AA" Batteries
- Sphygmomanometer

*Resusci® Anne™ is a trademark of Laerdal Medical Corporation.



NASCO Life/form® Airway Management Head

About the Simulator...

The **Life/form®** Airway Management Trainer Head is the most realistic simulator available for the training of intubation and other airway management skills.

NASCO has taken great care to create an airway management trainer that is anatomically correct in respect to both size and detail. Landmarks include: nostrils, teeth, tongue, oral and nasal pharynx, larynx, cricoid ring, epiglottis, arytenoid, false and true cords, trachea, esophagus, "Airway Larry" lung set, and stomach.

NASCO's Airway Management Trainer Head allows you to practice oral, digital, and nasal intubation. E.T., E.O.A., PTL®, and Combitube® insertion can all be practiced as well (please see "Using the Combitube®"). Suction techniques and proper cuff inflation can also be performed and evaluated.



Figure 1



Figure 2

Lubricating the Airway Trainer Head:

Lubricate both the simulator and supplies being used with the NASCO pump spray lubricant provided (Figures 1 & 2).

NOTE: NASCO recommends the use of the provided lubricant or a similar vegetable-based lubricant for the Airway Management Trainer head. The use of a silicone-based lubricant may cause damage to the simulator, thus voiding NASCO's warranty on the trainer.

Set Up:

A. Using the Combitube®:

1. Thoroughly read and follow the instructions that come with the Combitube®. The trainer will accept either a full-size or a small adult tube. As with a live patient, it may be necessary to back the tube out slightly if ventilation cannot be established.

NOTE: Depending on tube placement, the large cuff may not accept the recommended amount of air. In this case, simply inflate the cuff to its maximum volume (when the plunger stops), and while holding the plunger down, detach the syringe from the blue pilot balloon, and proceed.



Figure 3

B. Attaching the Head to the Manikin:

1. NASCO's Airway Management Trainer head has the ability to be attached to CPARLENE® and any of the Resusci® Anne™* brand CPR manikins.
2. To begin, turn the head face down and tip it upward slightly until the two keyways on the back of the neck slide under the ring and into the top of the torso (Figure 3). Now match the single keyway on the neck front up to the slot on the backside of the torso, and push the head down until it snaps into place. Rotate the head back around so that it is facing up and in the correct position.

C. Connecting the Airways:

1. Once the head is in place, connect the CPARLENE® lung bag to the right bronchus by sliding the cap plug over the adapter (Figure 4).

*Resusci® Anne™ is a trademark of Laerdal Medical Corporation.

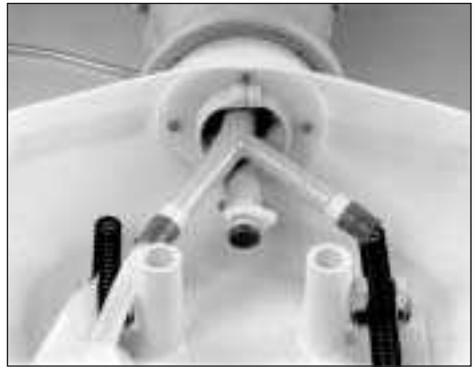


Figure 4

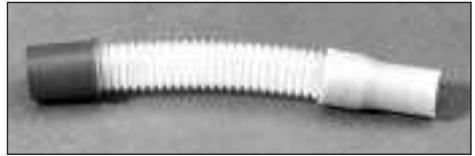


Figure 5

NOTE: Our Airway Management Trainer head will fit on all models of CPARLENE® and Resusci® Anne™* manikins. To adapt the Airway Management Trainer head to the Resusci® Anne™*, we have included an adapter piece (Figure 5). Remove the Resusci® Anne™* head and the connected section of corrugated tubing down to the valve. Install the Airway Management Trainer head and hook it up to the lung system with the adapter piece. Place the red cap end over the white fitting of the right bronchus and hook the other end to the lung bag valve nipple (where the previous corrugated tubing had been connected).

To remove the head from the manikin, reverse the attachment procedure.



Figure 6

Cleaning & Maintenance:

To clean the Airway Management Trainer head you will first need to remove the head from the manikin.

Next, take the trainer to an area with a sink and open counter space. Using the supplied red cap, plug off the right bronchus (the esophagus and left bronchus should already be plugged) (Figure 6). Stabilize the head on the counter face-up (towels work well for this) with the plugged tubes hanging over the sink. Now carefully pour warm soapy water (a mild dish soap works best) into the mouth until the water level reaches halfway up the tongue. Now tilt the head back and bring the neck up 3" off the countertop.

Continue filling until the water level covers the tongue. At this point, take a small soft brush and gently scrub the inside of the mouth (a small toothbrush works well for this). Cotton swabs can be used to scrub inside the nostrils. When done, pull the plug from the esophagus and drain into the sink. Now pick the head up to a vertical position and pull the plugs from the trachea to completely empty the system (Figure 7).



Figure 7

Rinsing the Airway:

To rinse the airway, follow the same procedure using clean, warm tap water. Repeat this process until all the soap has been flushed from the system.



Figure 1
NASCO Life/form® Injectable Training Arm

About the Simulator...

The *Life/form®* Injectable Training Arm Simulator (Figure 1) duplicates the human condition as closely as modern plastics technology allows — it is almost the real thing. Its care and treatment should be the same as with a patient; abuse or rough handling will damage the simulator — just as it would cause pain to a patient.

Although this arm will provide years of trouble-free usage, the skin and veins can be readily replaced when needed. The outer skin is easily peeled off revealing the “core” and veins, providing, literally, a brand new arm. The life of the replaceable skin and veins will be prolonged by utilizing smaller needle sizes (such as 20- to 25-gauge). However, if instruction with larger needle sizes is required, this can be done; the skin and veins will merely need to be replaced sooner. The Skin and Vein Kits are available through NASCO (see page 9 for list of supplies).

Internal Structure:

Internally, the vascular structure (rubber tubing) begins at the shoulder and continues under the arm, crosses the antecubital fossa forearm, makes a loop in the

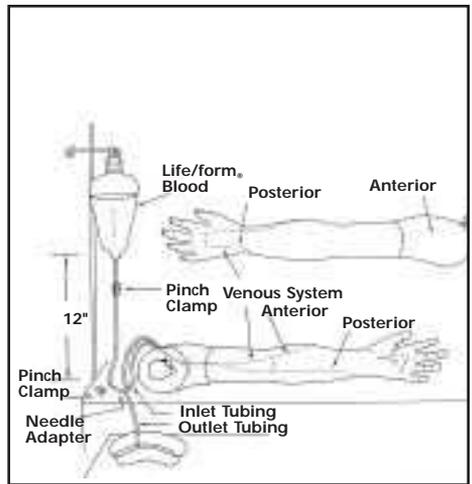


Figure 2

back of the hand, and then returns to the underarm. This venous system (Figure 2) is constructed of special plastic tubing with the lumen being the approximate size of a human vein. This vascular structure has an inlet tubing and an outlet tubing at the shoulder. It is via these tubes that synthetic blood is injected and removed, thus allowing practice in the techniques of blood drawing and starting intravenous infusions.

General Instructions for Use:

A. Preparing the Synthetic Blood



Figure 3

1. Fill the pint bottle containing synthetic blood concentrate with distilled water (Figure 3).
2. Pour the synthetic blood into one of the bags (Figure 4).



Figure 4

3. Be sure the clamp on the IV tubing is closed, and hang the bag no more than 18" above the level of the arm.
4. Attach the end of the IV tubing to one of the shoulder tubings.
5. With the other shoulder tubing in a basin or sink, gradually "flush" the vascular system with synthetic blood by slowly opening the clamp. Allow some "blood" to pass through the system until the air bubbles have been eliminated.
6. Once the system is filled, use one of the pinch clamps to close off the blood outlet tubing. The venous system is now full of "blood" and pressurized. Be sure to leave the clamp on the IV tubing open.
7. After filling the venous system according to instructions, the arm is now ready for you to practice drawing blood. Blood can be drawn anywhere along the pathway of the vein. Distilled water, rather than alcohol, should be used to prepare the sites. Synthetic blood will actually be aspirated once the vein is properly punctured.
8. Small diameter needles (20- to 25-gauge) should be used.



Figure 5

B. Preparing the Arm for Intravenous Infusions

1. Close the clamp at the end of IV bag A tube, then fill with water (distilled water is recommended), and hang not more than 18" above the arm (Figure 5).
2. Appropriate intravenous infusion needles (or butterflies) should be used, and distilled water is recommended as an infusion.
3. IVs can be started anywhere along the pathway of the simulated vein. Cleanse the sites with distilled water only.
4. Attach the adapter end of the IV tubing into one of the shoulder tubing ends.
5. Place the other shoulder tubing end in a basin or jar, and "flush" the vascular system by opening the clamp. Allow infusion (water) to pass through the system until air bubbles are eliminated. Shut off the flow with a pinch clamp. The venous system is now full and pressurized.
6. Insert an IV needle or butterfly in the vein. "Flashback" will indicate proper insertion.
7. Close the clamp on IV bag A tube and remove pinch clamp from shoulder tubing.

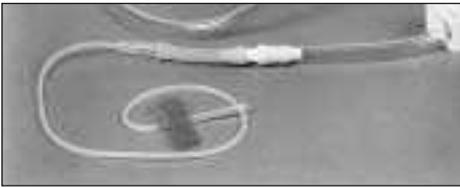


Figure 6

8. Attach latex needle adapter to IV needle and IV tubing (Figure 6). Proof of proper procedure will then be evidenced by the flow of infusion fluid from the IV bag B. Control flow rate with clamp on IV set B. This fluid can be used over. If more realistic experience is desired with “blood flashback” instead of water when inserting butterfly into lumen of vein, use next procedure C.

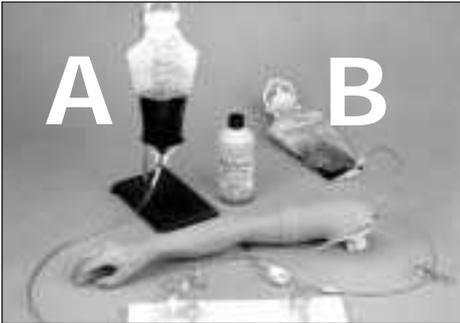


Figure 6

C. Recommended Procedure for Simultaneous IV Infusions and Drawing Blood

Using two IV bag kits, hook up and install (Figure 7) with IV bag A and IV bag B. Remove air vent from bag B.

1. Begin with synthetic blood in IV bag A. Open clamp on both A and B to pressurize system. “Flush” system by allowing “blood” to flow into container B until bubbles in tubing disappear, then regulate blood flow from bag A (using clamp). System is now full of “blood” and pressurized. “Blood” can now be drawn anywhere along the pathway of the vein.

2. Intravenous infusion — insert butterfly into lumen of vein. Proof of correct insertion is evidenced by flashback of “blood.” Insert end of IV tubing into butterfly. Adjust flow to desirable rate with clamp. With this arrangement the IV bag B, when full, may be easily switched with A.

NOTE: always regulate flow of “blood” from the raised bag, and open the other clamp.

D. Intramuscular Injections

The procedure for administering intramuscular injections can be practiced in the area of the deltoid. Prep the site with distilled water only. These injections can be done utilizing the appropriate needle and syringe. 1/2 cc of distilled water may be injected, however, we recommend utilizing air as injectant since the distilled water cannot be drained, but must evaporate from the arm. Synthetic blood must NEVER be used for injections.

Troubleshooting:

If “blood” cannot be aspirated during the blood drawing procedure:

1. The clamp is not opened.
2. There are kinks in the tubing of IV sets.
3. Tubing has been pinched shut by constant pressure of pinch clamps. Lumen remains pinched occasionally even if pinch clamps are loosened. Slide clamp to new position and with fingers manipulate tubing at pinched site to restore lumen. In heavy use, slide clamp to new position on tubing from time to time to prevent the “permanent pinch” caused by constant clamp pressure. Replace IV kit.
4. If these measures do not unclog the venous system, try using a large 50cc syringe to force fluid through the tubing.

5. If none of these measures work, peel back the skin (soap up arm and skin generously with Ivory® liquid detergent) of the arm to the knuckles (do not remove from fingers), and examine all tubing for possible kinks. Soap up arm and skin generously with Ivory® liquid detergent, and return skin over arm.

Care of Simulator:

After each class use, disconnect “blood” and flush the venous system. Return synthetic blood to the storage bottle. Remove pinch clamps and IV sets from arm. Use tap water to flush the venous system and wash the outside of the arm with Ivory® liquid detergent and water. Excess water may be removed from the arm by raising the hand, lowering the shoulder, and draining it into a sink or basin. Always remove the pinch clamps from shoulder tubing and drain excess water from veins before storing.

Cautions:

1. This synthetic blood is specially formulated to be compatible with the self-sealing veins and plastics used in manufacturing the arm.
2. **NEVER** use synthetic blood for intramuscular injection.
3. **DO NOT** use dull or burred needles as these will cause leaks in the system. Burred needles will cause permanent damage. Use smaller needles (20- to 25-gauge).
4. **DO NOT** allow “blood” to dry on the simulator — it may stain the skin.
5. Use only 500cc of infusion fluid, as a larger amount will also increase

the pressure of the venous system, resulting in leaks.

6. **DO NOT** clean the simulator with solvents or corrosive material as they will damage it.
7. **DO NOT** use for subcutaneous injection. NASCO’s Intradermal Injection Simulator (LF01008U) is specially designed for intradermal injection training and practice.
8. NASCO Vein Tubing Sealant Kit (LF01099U) will extend the life of the tubing.

Supplies/Replacement Parts for Injectable Training Arm:

LF00845U	<i>Life/form</i> ® Venous Blood, 1 quart
LF00846U	<i>Life/form</i> ® Venous Blood, 1 gallon
LF01099U	Vein Tubing Sealant Kit
LF03215U	Skin and Vein Replacement Kit
W09199U	REN Cleaner

NASCO *Life/form*® Blood Pressure Simulator

About the Simulator...

The NASCO *Life/form*® Blood Pressure Simulator is designed for years of maintenance-free operation as a training tool for not only the nurse, doctor, or medical technician, but also for anyone involved in the training of health care professionals.

The NASCO *Life/form*® Blood Pressure Simulator has digitally recorded blood pressure sounds that can be varied by pulse rate and volume. The different Korotkoff phases can be identified and an optional auscultatory gap can be included. For additional uses, purchase the Blood Pressure Speaker System (SB20146U) for group demonstrations or review.

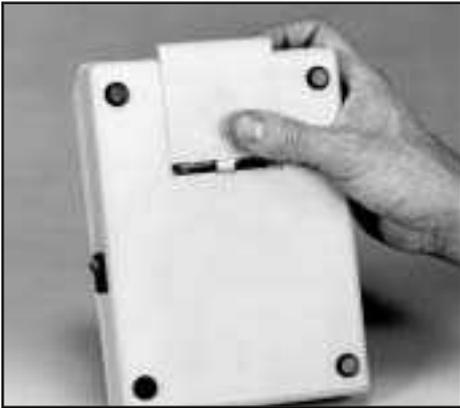


Figure 1

Installing the Batteries:

Take the Blood Pressure Electronic Control Unit from 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 (Figure 1). Place your thumb or index finger on the “Open” compartment and push up.



Figure 4

Install four “AA” batteries according to the orientation diagram embossed in the bottom of the bracket. Alkaline batteries are recommended for increased battery life. Close the battery compartment, turn the control unit face up, and move the on/off switch on the side of the unit to the “on” position (Figure 2). Observe the systolic and diastolic pressure displays and verify that a readable display is present, indicating proper battery installation.

The next step is to connect the arm and sphygmomanometer assemblies to the control unit. First, locate the free end of the pressure line tubing attached to the sphygmomanometer and press it over the barbed fitting at the back of the control unit (Figure 3). Then, insert the audio plug of the arm assembly into the jack labeled “ARM” (Figure 4).



Figure 3



Figure 4

At this point, the Blood Pressure Simulator is ready for use. The unit has been factory calibrated for use with the accessories included in the kit. No further calibration adjustments should be made at this time. If the unit is to be used with a sphygmomanometer other than that supplied with the unit, or if re-calibration is necessary at a later date, then see the section titled "Calibration Procedures."

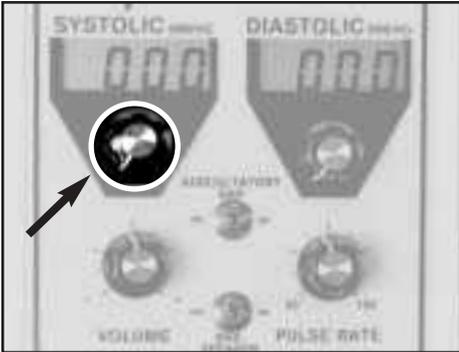


Figure 5

Familiarizing Yourself with the Life/form® Blood Pressure Simulator Control Panel:

Directly under the systolic pressure display is the systolic pressure set control (Figure 5). The systolic pressure set control knob can be rotated in either direction until the desired systolic pressure set

point is displayed. Immediately to the right is the diastolic pressure set control. Turn the knob until the desired diastolic pressure is displayed.

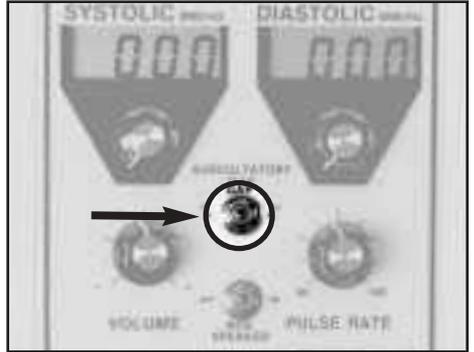


Figure 6

Between the pressure controls is the auscultatory gap switch (Figure 6). This feature simulates the auscultatory gap that is sometimes present between Korotkoff phases 1 and 2. When the switch is turned on, the auscultatory gap will be present. When the switch is off, the gap will not be present, and the unit will simulate a normal blood pressure reading.

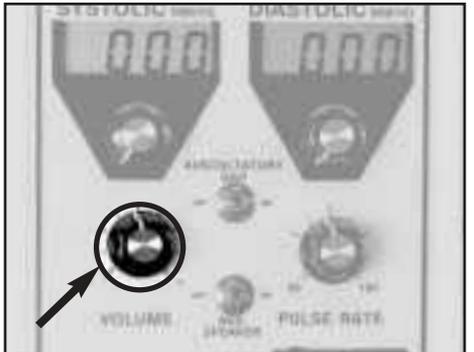


Figure 7

Below the systolic pressure control is the volume control (Figure 7). Rotating the control counterclockwise will decrease the speaker volume, while rotating it clockwise will increase the volume.

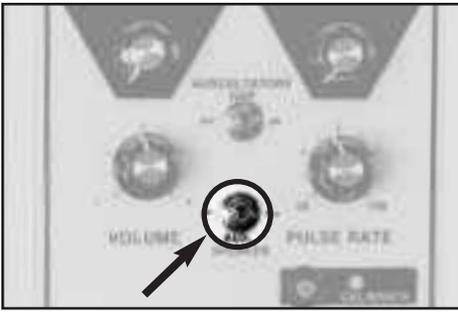


Figure 8

Locate the auxiliary speaker switch in the center of the control unit (Figure 8). With the switch in the “on” position, trainees can listen to blood pressure sounds as a group via an external speaker. (NASCO’s Blood Pressure Speaker System, SB20146U, may be purchased separately. To install, simply plug the speaker cord into the auxiliary jack in the back of the control unit. The arm assembly and stethoscope need not be used.) When the auxiliary switch is turned off, blood pressure sounds must be monitored within the arm itself with a stethoscope, just as you would when taking a reading from a live patient.

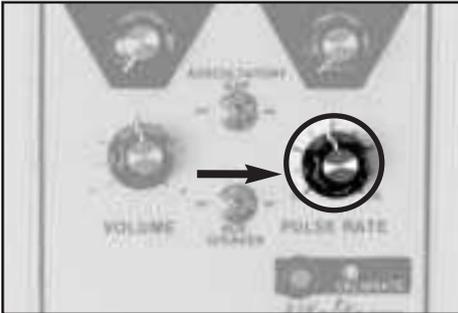


Figure 9

To the right is the **pulse rate control** (Figure 9). This varies the frequency of the heart rate from approximately 50 beats per minute to approximately 85 beats per minute. Rotate the knob counterclockwise to decrease and clockwise to increase the rate to the desired frequency.

Below the pulse rate control is the calibration control, which will be discussed in a later section of this manual.

Using the *Life/form*® Blood Pressure Simulator:

Double check all electrical and pressure connections. Wrap the cuff around the arm and position the stethoscope as you would for a typical blood pressure reading. Set the systolic and diastolic controls to the desired levels. Select the auscultatory gap if desired. Turn the volume control into the lower 1/3 of the adjustment range. Turn the auxiliary switch off, and set the pulse rate control.

Next, tightly close the valve on the sphygmomanometer bulb and begin pumping air into the cuff until the gauge reads higher than the preset systolic pressure. Loosen the valve on the bulb slightly and let the gauge pressure decrease about 2-3mm Hg per second. While monitoring the arm assembly with the stethoscope, note the point on the sphygmomanometer gauge when a pulse is first heard. This will be the systolic blood pressure. Allow the pressure in the cuff to continue to decrease until the point at which the last pulse is heard, noting the reading on the gauge. This is the diastolic blood pressure.

Compare the measured systolic and diastolic blood pressures with the respective settings on the simulator. If the readings were accurate, they should compare favorably with the preset values, with an acceptable error of up to ± 3 mm Hg. If the auscultatory gap was selected, an absence of an audible pulse would have been noticed during the phase 2 Korotkoff sound. Note that, in reality, the auscultatory gap can be present in either phase 1 or phase 2.

Demonstrating the Five Korotkoff Phases:

The NASCO *Life/form*® Blood Pressure Simulator is programmed to demonstrate the five Korotkoff phases including an auscultatory gap. Each is distinctly different and present for only a portion of the measurement sequence.

To demonstrate, first set the systolic pressure control to 200mm Hg, and the diastolic control to 80mm Hg. Switch off the auscultatory gap. Pump the sphygmomanometer bulb until the gauge reads about 190mm Hg. This is the phase 1 Korotkoff sound. Allow the pressure in the cuff to decrease to approximately 140mm Hg. This is the phase 2 sound. Decrease the pressure in the cuff to about 115mm Hg. This is phase 3 in the Korotkoff series. Decrease the pressure to approximately 102mm Hg for the phase 4 sound. Phase 5 can be heard from between 95-80mm HG and diminishes until the sound is no longer audible.

Low Battery Indicator:

When the battery supply diminishes to the point that the unit will no longer function properly, the “low batt” segment of the systolic pressure set display will activate when the pressure in the sphygmomanometer cuff reaches above 20mm Hg. At this point, the batteries should be replaced as soon as possible in order to insure proper operation of the unit. Refer to the section titled “Installing the Batteries” (see page 10).

Calibration Procedures:

The NASCO *Life/form*® Blood Pressure Simulator has been designed to adapt to virtually any certified sphygmomanometer cuff and gauge assembly. Therefore, the term “calibration” will be used to

describe the process of adjusting the simulator to accurately match or track with the gauge of the sphygmomanometer being used. If equipment of the purchaser’s choosing is to be used, then refer to the section titled “Preparing Your Equipment for Use with the NASCO *Life/form*® Blood Pressure Simulator” (see page 14). Start by applying the sphygmomanometer cuff to the arm assembly and pump the pressure up to approximately 150mm Hg. Next, make an accurate reading of the cuff’s gauge once the pressure has stabilized. Adjust the systolic pressure set control so that the systolic pressure display exactly matches the reading on the sphygmomanometer gauge. Locate the calibration switch and timer control, which is directly below the pulse rate adjustment control (Figure 10).

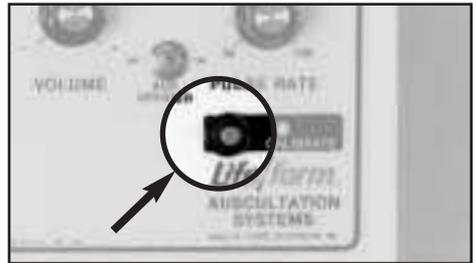


Figure 10

While depressing the calibration button, use the screwdriver provided to carefully turn the setscrew fully counterclockwise. Next, rotate the setscrew clockwise until the indicator light to the right of the setscrew just comes on, then release the button. Reverify that the gauge reading and the systolic pressure display reading are exactly the same. If the compared readings are indeed the same and the calibration adjustment has been made properly, then the unit is calibrated to the sphygmomanometer being used and the simulator is ready for use.

Preparing Your Equipment for Use with the *Life/form*® Blood Pressure Simulator:



Figure 11

To adapt your sphygmomanometer for use with the simulator, find the included T-fitting. Using a scissors, carefully cut the pressure line of the sphygmomanometer about 2" from the gauge (Figure 11).

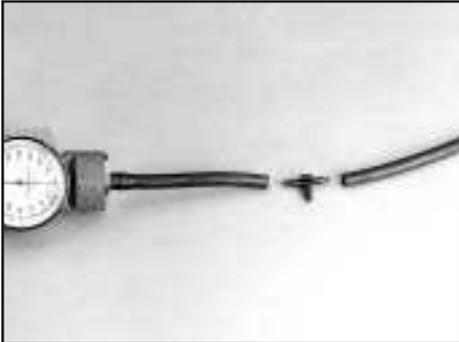


Figure 12

Insert the T-fitting between the two cut ends (Figure 12). Slide the pressure line tubing over the remaining barbed end on the T-fitting (Figure 13). Push the other end of the pressure tubing over the barbed fitting on the back of the control unit. Finally, calibrate the unit according to the directions outlined in the section titled "Calibration Procedures." When these steps are complete, the simulator is ready for use.

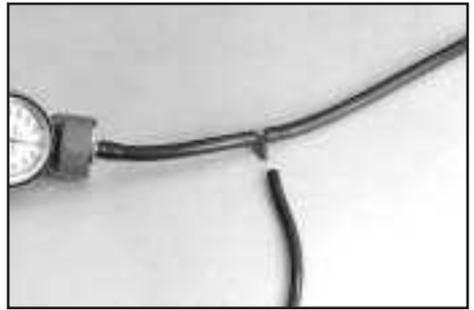
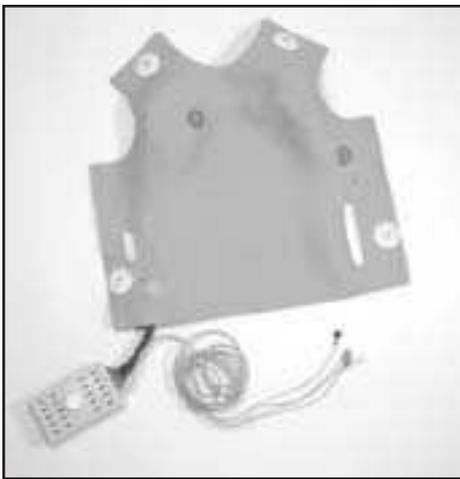


Figure 13

Supplies/Replacement Parts for Blood Pressure Simulator:



- LF01096U** Electronic Control Unit with Sphygmomanometer
- SB20146U** Blood Pressure Speaker System (shown above)



NASCO Life/form® Defibrillation Chest Skin

About the Simulator...

The *CRiSis™* System Defibrillation Chest Skin has been designed to absorb a maximum of 360 joules of energy*. Although capable of absorbing 360 joules, we do recommend that the smallest energy level possible be used while training with the skin.

The *CRiSis™* System Defibrillation Chest Skin will enable you to practice defibrillation using manual, semi-automatic, and automatic external defibrillators (AEDs). When using any one of these in training, always follow the recommended operating procedures for that particular defibrillator.

The "Airway Larry" Manikin comes with the Defibrillation Chest Skin in place and ready for use.

NOTE: 360 joules is the maximum energy level that NASCO recommends administering to the Defibrillation Chest Skin. Energy levels in excess of 360 joules may cause irreparable damage to the

chest skin, circuitry, and patient simulator being used — thus voiding NASCO's warranty and endangering your equipment. NASCO assumes no liability for damage or injury that may be caused by the use and/or misuse of this equipment. All normal safety precautions for defibrillation training should be followed and energy levels should be minimized. NASCO did not design nor intend this Defibrillation Chest Skin to be used as anything other than a training apparatus for defibrillation.

Connecting Your Arrhythmia or Patient Simulator:



Figure 1

NASCO has designed the *CRiSis™* System to be compatible with a variety of patient simulators. This is possible via the standard four-lead snap cable (Figure 1). If your patient simulator has only two output posts, the red and black leads must be connected to the patient simulator.

You may want to connect the manikin to the simulator that came with your defibrillator. If your patient simulator doesn't have the standard snap connectors, it will be necessary to purchase the corresponding adapters from NASCO. To order, please see "Supplies/Replacement Parts" on page 16.

Once your manikin is connected to your patient simulator, you will be able to pick up the ECG waves either through the monitor hook-ups on the skin or through the two disks attached to the skin on the defibrillation sites.

These disks will enable you to pick up the ECG wave using either the "Quick Look" paddle option or directly through gel pads, just like on a real patient.

It is possible to use AED gel pads with the cable connectors built into the gel — the same ones you use on patients. In an effort to help you save money, NASCO does offer a set of defibrillation pad and patient simulator adapters that will correspond to your particular AED unit. These defibrillation pad and patient simulator adapters can be reused again and again. They come as a set. (See "Supplies/Replacement Parts" at right.)

Troubleshooting:

Problem:

ECG wave is not being picked up from the manikin.

Solution:

1. Check your connections on the patient simulators, one or more may be disconnected.
2. Check to make sure your patient simulator is plugged in and working properly.

Problem:

ECG wave is inverted.

Solution:

Recheck the position of the red and black lead snaps on the patient simulator.

NOTE: If the defibrillation skin is not functioning or wiring comes undone, please contact us to repair or replace the unit. Failure to do so, or unauthorized repair may void the warranty or cause further harm or damage to you or your equipment.

Supplies/Replacement Parts for Defibrillation Chest Skin:

LF03656U PhysioControl Defibrillation Pad and Patient Simulator Adapter Package

LF03657U Marquette Electronics Defibrillation Pad and Patient Simulator Adapter Package

LF03658U SpaceLabs, First Medic, or Laerdal Defibrillation Pad and Patient Simulator Adapter Package

LF03961U Zoll Training Cables with Adapters

LF03962U Physio Control Training Cables with Adapters

If you need help selecting the training pad adapters that correspond to your AED unit, please feel free to call us at 1-800-558-9595 for assistance.

Other Available *Life/form*® Simulators

- LF00698U** Adult Injectable Arm (White)
- LF00856U** Female Catheterization
- LF00901U** Prostate Examination
- LF00906U** Ostomy Care
- LF00929U** Surgical Bandaging
- LF00957U** Enema Administration
- LF00958U** Pediatric Injectable Arm
- LF00961U** Intramuscular Injection
- LF00984U** Breast Examination
- LF00995U** Arterial Puncture Arm
- LF00997U** Adult Injectable Arm (Black)
- LF00999U** Pediatric Injectable Head
- LF01008U** Intradermal Injection Arm
- LF01012U** Heart Catheterization (TPN)
- LF01019U** Ear Examination
- LF01020U** Supplementary Ear Set
- LF01025U** Male Cath-Ed I
- LF01026U** Female Cath-Ed II
- LF01027U** Peritoneal Dialysis
- LF01028U** Suture Practice Arm
- LF01036U** Spinal Injection
- LF01053U** Cross-Sectional Anatomy, Torso, Head
- LF01054U** Cross-Sectional Anatomy, Head
- LF01062U** Pelvic, Normal & Abnormal
- LF01063U** Stump Bandaging, Upper
- LF01064U** Stump Bandaging, Lower
- LF01069U** Cervical Effacement
- LF01070U** Birthing Station
- LF01082U** Cricothyrotomy
- LF01083U** Tracheostomy Care
- LF01084U** Sigmoidoscopic Examination
- LF01087U** Central Venous Cannulation
- LF01095U** Blood Pressure Arm
- LF01108U** Intraosseous Infusion Simulator
- LF01142U** Auscultation Trainer
- LF01162U** Venatech IV Trainer
- LF03000U** CPARLENE® Series
- LF03601U** Adult Airway Management Trainer
- LF03602U** Adult Airway Management on Manikin
- LF03603U** Adult Airway Management Head Only
- LF03609U** Child Airway Management Trainer
- LF03610U** Child Airway Management Trainer Head Only
- LF03611U** Child Defibrillation Chest Skin
- LF03612U** Child IV Arm
- LF03613U** Child Blood Pressure Arm
- LF03614U** Child Intraosseous Infusion/ Femoral Access Leg Only
- LF03615U** Complete Child *CRiSis*™ Update Kit
- LF03616U** Child *CRiSis*™ Manikin
- LF03617U** Deluxe Child *CRiSis*™ Manikin with Arrhythmia Tutor
- LF03620U** PALS Update Kit
- LF03621U** Infant Airway Management Trainer Head Only
- LF03622U** Intraosseous Infusion Right Leg
- LF03623U** Infant Airway Management Trainer
- LF03626U** Child Femoral Access Injection Pad Replacement
- LF03632U** Child Intraosseous Infusion/ Femoral Access Leg on a Stand
- LF03633U** Child Airway Management Trainer with Torso
- LF03693U** **Basic Buddy** CPR Manikin
- LF03699U** "Airway Larry" Airway Management Trainer
- LF03720U** **Baby Buddy** Infant CPR Manikin
- LF03953U** *CRiSis*™ Manikin
- LF03955U** Deluxe *CRiSis*™ Manikin
- LF04001U** *GERi*™ Nursing Manikin
- LF04020U** *KERi*™ Nursing Manikin
- LF04021U** *KERi*™ Basic Manikin
- LF04022U** *KERi*™ Advanced Manikin
- LF04030U** *GERi*™ Advanced Manikin
- LF04040U** *GERi*™ Basic Manikin

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