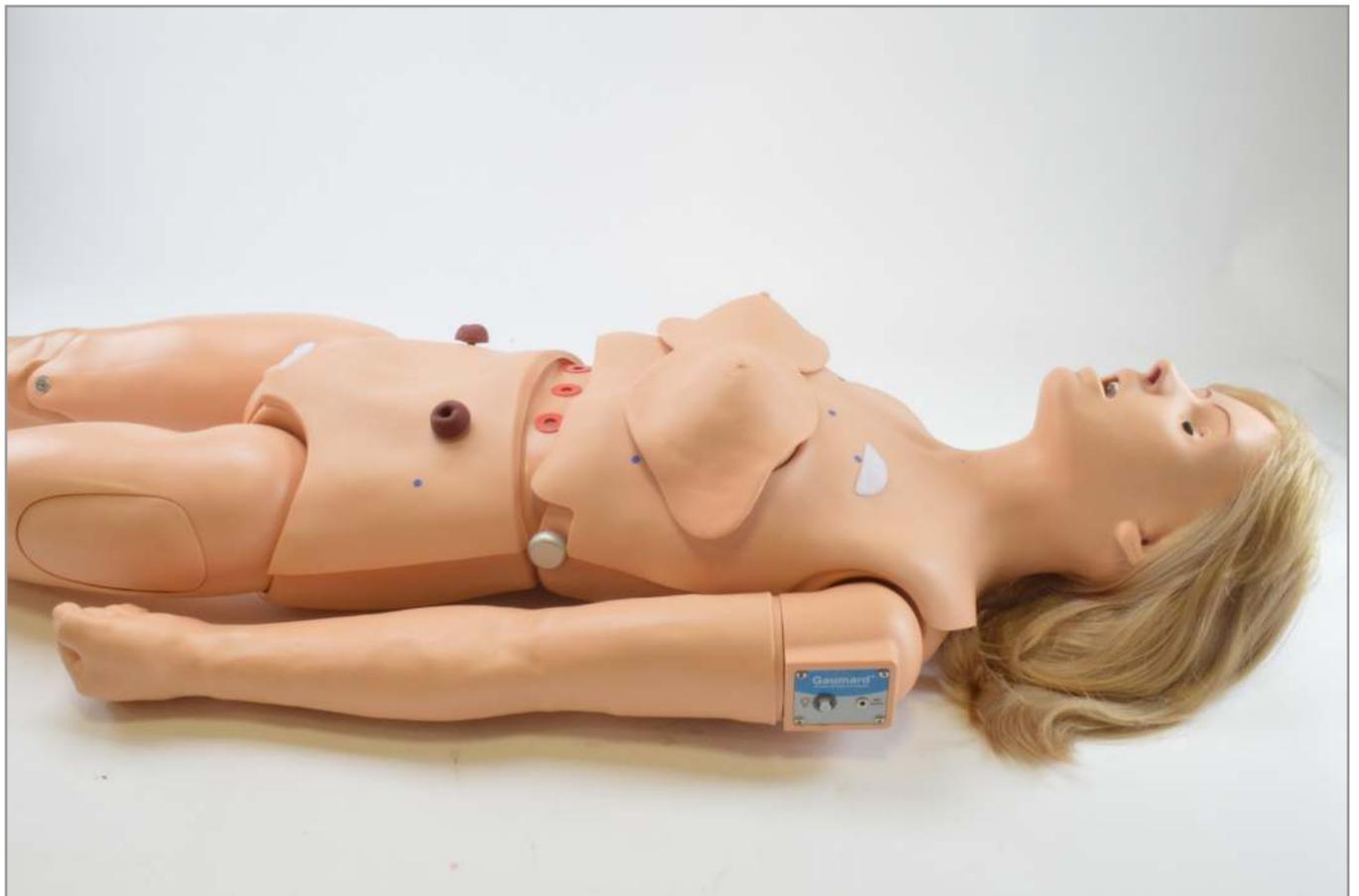


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SUPER CHLOE™ WITH OMNI<sup>®</sup> 2

USER GUIDE



Super CHLOE Advanced Patient Care Simulator 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.

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## 1. INTRODUCTION

### 1.1 SPECIFICATIONS

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- 40 lbs (18.1 kg)
- 5'5" inc. (165 cm)

### 1.2 TERMINOLOGY

---

**Facilitator:** The person conducting the simulation; an instructor or lab staff member

**Provider:** A person participating in the simulation as a healthcare provider

### 1.3 CARE AND MAINTENANCE

---

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

---

**CAUTION: Damage caused by misuse may void the manufacturer's warranty. Failure to comply with the following guidelines could result in damage to the equipment.**

---

#### General

- Do not wrap this or any other Gaumard product in newsprint.
- Marks made with ballpoint pens, ink or marker cannot be removed.
- Replacement parts are available from Gaumard or from your distributor.
- Only use simulated blood provided by Gaumard. Other simulated blood containing sugars and other additive may cause blockage of the fluid system.

#### Operating Conditions

- Operating the simulator outside these ranges may affect performance:
- Operating temperature: 50°- 95° F (10°- 35° C).
- Humidity: 5%-95% (non-condensing).

## Cautions

- Treat the simulator with the same precautions used with a real patient.
- Do not attempt to intubate without lubricating the airway adjunct with mineral oil lubricant. Failure to lubricate the device will make intubation very difficult and is likely to result in damage to the simulator.
- Mouth to mouth resuscitation without a barrier device is not recommended as it may contaminate the airway.
- Do not use povidone iodine on the simulator.

---

**CAUTION: The tubing simulating veins is made of latex which may cause allergic reactions. Users allergic or sensitive to latex should avoid direct contact with the tubing. Seek medical attention if an allergic reaction occurs.**

---

## Storage

- Store the simulator in a cool, dry place. Extended storage should be between 32 - 85° F (0 - 29° C). Storage above 85° F (29°C) will cause the simulator to soften and slowly warp.
- Humidity: 40%-60% (non-condensing)
- Do not stack or store heavy materials on top of the box.
- Please store and ship in the bag and box provided.

## Procedures

- Do not attempt to intubate without lubricating the airway adjunct with mineral oil lubricant. Failure to lubricate the device will make intubation very difficult and is likely to result in damage to the simulator.
- When simulating drug administration via endotracheal tube, providers must use an empty syringe. Passing liquids into the trachea or esophagus may cause internal damage.
- Mouth to mouth resuscitation without a barrier device is not recommended, as it will contaminate the airway.
- Treat the simulator with the same precautions that would be used with a real patient.

## Cleaning

- Remove all traces of lubricant at the end of each simulation session.
- Remove the fluid using the fill kit provided.
- Drain all the fluid from the dispensing bag and IV Arm by unclamping the drainage tube and pumping the squeeze bulb attached to the dispensing bag.
- Flush the fluid reservoirs and venous system with a 30:70 mix of isopropyl alcohol to water after each day of simulation then suction all fluid out. You may also fill the dispensing bag with this mixture.
- The simulator is “splash-proof” but not water proof. Do not submerge in water.
- The simulator should be cleaned with a cloth dampened with diluted liquid dishwashing soap. Do not clean with harsh abrasives.
- Dry thoroughly after every cleaning.

## Stoma Care

- Do not clean with alcohol or aggressive solvents.
- Clean the stomas using a mild solution of soap and water.
- Apply baby powder to return the surface to a skin-like feel and appearance. Reapply as needed.
- Always remove the stomas when preparing for transport.
- Do not pack any sharp objects with the stomas.
- Do not press the stomas against soiled surfaces, ink, or newsprint. The stoma material is absorbent.

## IV Arm

- Only use Gaumard's simulated blood provided in the standard package. Any other simulated blood containing sugar or any additive may cause blockage and/or interruption of the veins in the IV arm.
- The use of needles larger than 22 to 23 gauge will reduce the lifetime of the arm skin and veins.
- Always purge with clean water, then drain the vein reservoirs at the end of each simulation session. Doing so will retard the formation of mold and prevent clogging of the system.
- The skin of the training arm can be cleaned with a mild detergent, or soap and water. After drying the arm, lightly dust it with talcum powder. This will keep the training arm supple and easy to use.
- We recommend flushing veins with a 70:30 mix of clean water to isopropyl alcohol (IPA) after each use to prolong the life of the vasculature.
- For more information regarding the replacement of veins and other consumable items please contact technical support. Contact information is provided in section 8.3.

---

**WARNING: Vein tubing contains latex which may cause allergic reactions. Users allergic or sensitive to latex should avoid contact. Stop using the product and seek medical attention if an allergic reaction occurs.**

---

## 2. FEATURES

### General

- Light skin tone is the standard simulator color; medium or dark is available at no extra cost
- Realistic hair and eyes
- Removable dentures and articulating jaw
- Soft vinyl breasts
- Strong, realistic joints facilitate lifelike movements. The simulator bends at the neck, elbows, waist, knees and ankles

### Airway

- Oral and nasal intubation
- Nasogastric and oral gastric feeding
- Tracheostomy placement and care
- Use an ET tube, LMA, or BVM

### Breathing

- Accommodates assisted ventilations that are measured and logged
- Multiple lung sounds

### Circulation

- Bilateral carotid and right radial manual pulse
- Chest compressions are measured and logged
- Take blood pressure readings on the left arm using a modified BP cuff
- Multiple heart sounds

### Venous Access

- IV training on the right arm
- Simulated cephalic, basilic, antecubital, radial, and ulnar veins
- Subcutaneous injection areas on the volar side of the forearm and the lateral side of the upper arm
- Two veins in the dorsum of the hand for additional intravenous training techniques
- Bilateral quadriceps and deltoid intramuscular injection sites

## Other

- Colostomy and ileostomy stomas
- Decubitus ulcers and ulcerated foot
- Enema administration.
- Fitted female genitalia and a male genitalia attachment
- Vaginal douching and pap smear exercises.

## Options and Upgrades

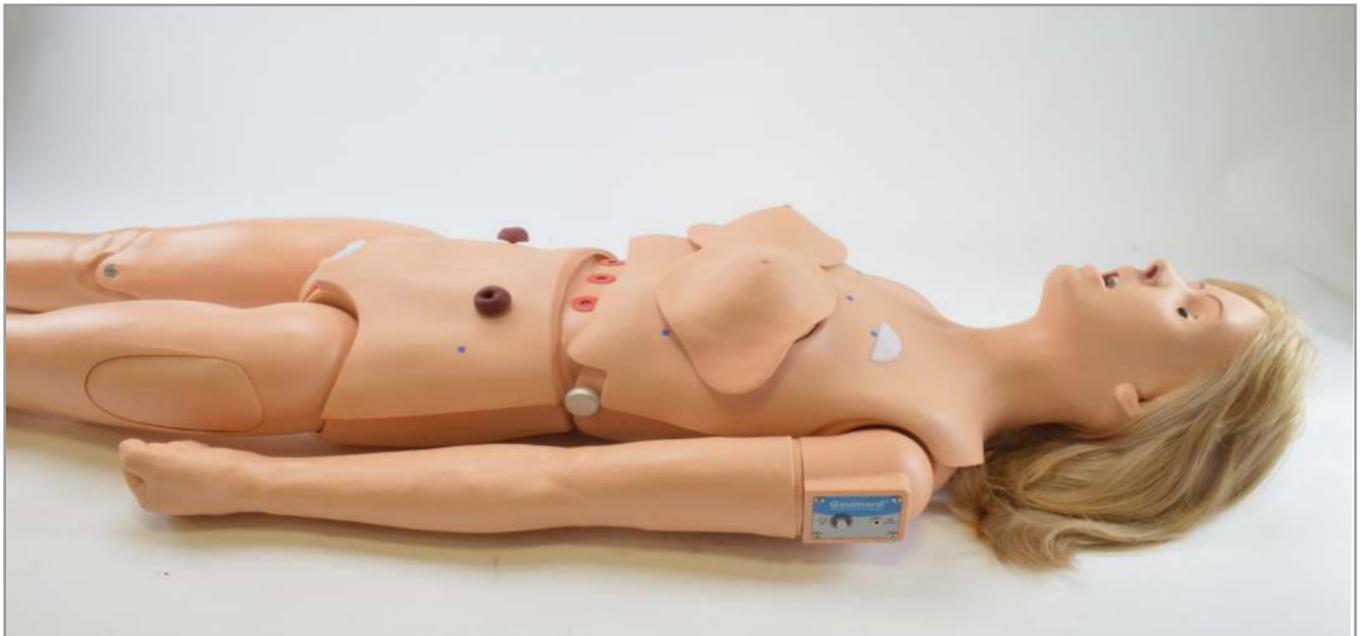
- Amputation Stump
- Virtual Monitor

## 3. INITIAL SETUP

### 3.1 CARE AND CAUTIONS DURING UNBOXING

- The simulator is shipped partially assembled. Avoid lifting the simulator by the arms as this may cause damage to the joints.
- Remove the simulator from the box with at least two people. Hold and lift it out of the protective case from both sides of the torso.
- Rest the simulator on a bed or clean, flat surface capable of supporting the weight of a real adult patient.

**NOTE:** Remove the legs when transporting the simulator inside the protective case.



### 3.2 PACKAGE CONTENTS

1. Upper Body Assembly
2. Lower Body Assembly
3. Right and Left Leg Assembly
4. Neck Brace
5. Decubitus Ulcer
6. Ulcerated Left Foot
7. IV Arm Kit
8. Heart and Lung Sounds Kit
9. Rubber stoppers
10. Urethra adapter
11. Stomas
12. Detachable Male Genitalia
13. Trachea Tape Roll
14. Pulse Squeeze Bulb Kit
15. Gynecologic Package
16. Modified BP Cuff
17. Power Supply
18. AC Adapter for Speakers
19. Breast Palpation Kit
20. Mineral Oil

## 3.3 LOWER BODY ASSEMBLY

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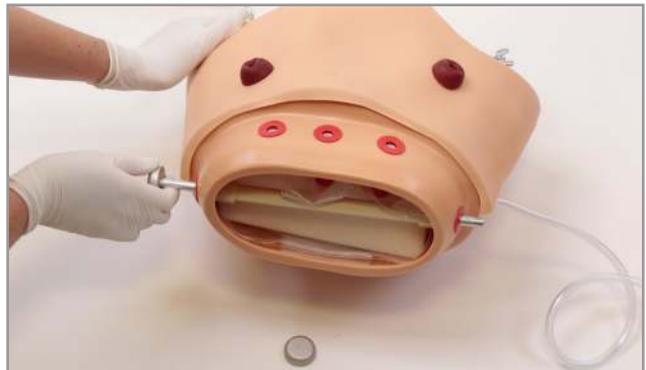
1. Remove the insert that supports the lower torso.



2. Unscrew one knob at the end of the rod that passes through the midsection by twisting it counterclockwise.



3. Pull the rod out and set it aside.



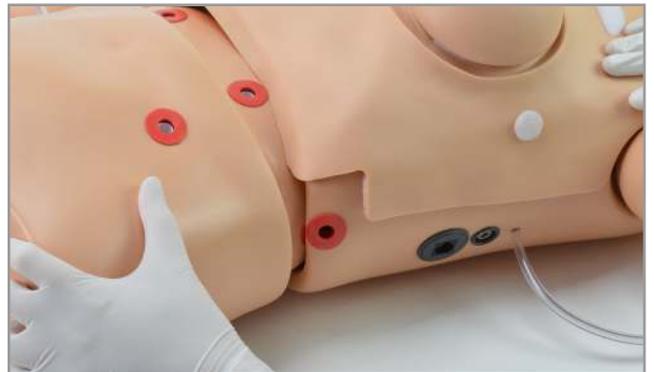
4. Locate the stomach reservoir inside the upper torso and connect the tube from the stomach reservoir to the white port in the lower torso.



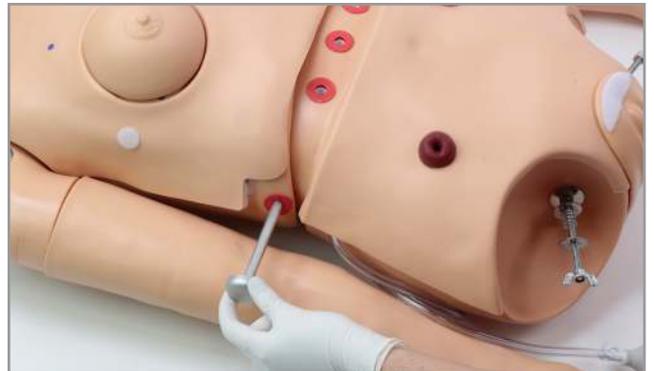
5. Place the support back into the lower torso.



6. Carefully place the lower torso into the upper torso and align the holes on each side of the waist to insert the waist rod.



7. Replace the waist knob and twist it clockwise to lock it in place.



## 3.4 LEG ASSEMBLY

---

1. To attach the legs, remove the wing nuts, washer, and springs from the bolts on the hips.



2. Remove the IM pad from each leg and slide the leg into the hip joint by inserting the bolt through the orifice in the leg.



3. Assemble the fasteners onto the hip bolt in this order: washer, spring, washer, and wing nut.



4. Reach through the IM site and tighten the wing nut until the spring is compressed slightly.



5. Place the IM pad back on the leg.



### 3.5 POWERING ON

---

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

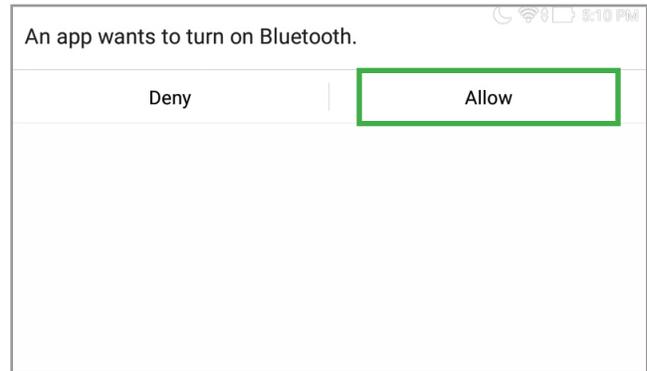
**NOTE:** Always operate Super CHLOE with the power supply connected.



## 3.6 CONNECTING THE OMNI® 2 TABLET

OMNI® 2 controls Super CHLOE's responses wirelessly with the touch of button. Follow the steps below to connect to OMNI® 2:

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

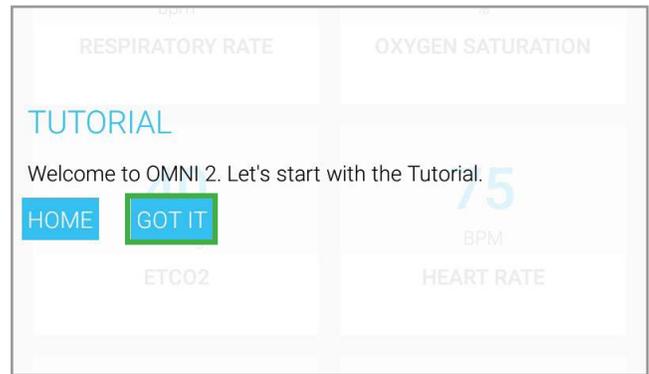


2. A startup screen is shown while OMNI® 2 is detecting the simulator features.  
View the on-screen tutorial for a brief overview of OMNI® 2's features.

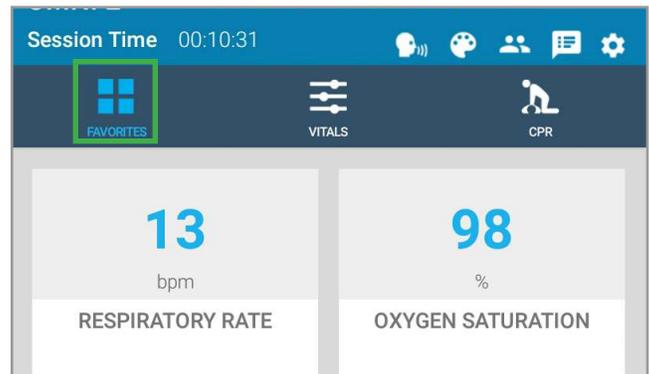


3. Move on to the next steps in the Tutorial by selecting “GOT IT.” Exit the Tutorial at any time by selecting “HOME”.

**NOTE:** Completing the tutorial one time will avoid it from appearing at start-up in the future.



4. After the tutorial, OMNI® 2 will open the Favorites Page and automatically establish a connection to the simulator.




---

**WARNING: Do not connect the simulator or OMNI® 2 to a computer. LAN network or unauthorized diagnostic equipment. Doing so will cause serious damage to the equipment.**

---

## 4. WORKING WITH THE SIMULATOR

### 4.1 SYSTEMIC

#### Hygiene

The simulator has a wig that allows for combing, shampooing and head draping exercises.



#### Denture Care

- The simulator is supplied with average size teeth and tongue.
- The upper and lower dentures are removable and the tongue can be moved side by side.



1. To remove the teeth, insert one finger into the upper or lower jaw and pull it out gently.



2. To attach the teeth, gently press the denture into the mouth Velcro side down.



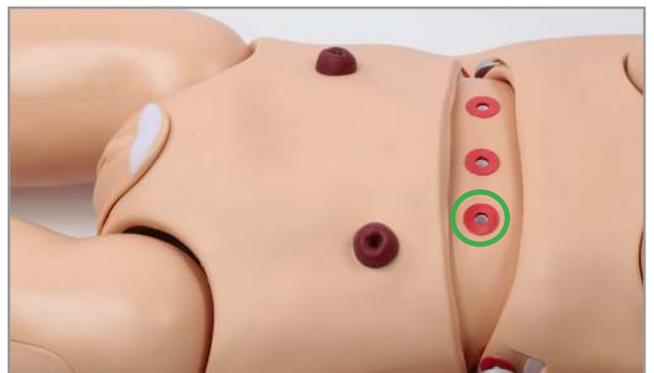
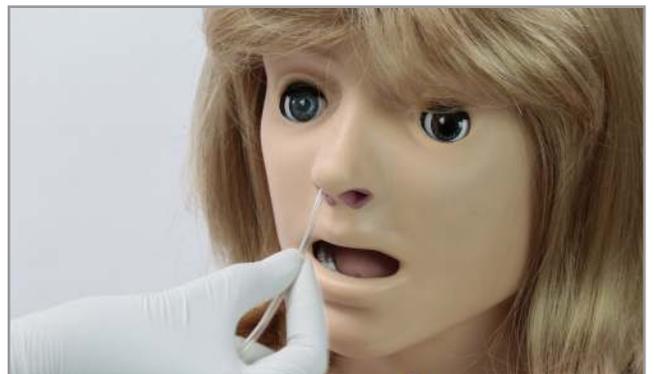

---

**CAUTION: Care must be taken to not damage the teeth while placing an endotracheal tube using a conventional laryngoscope. Use the same caution as with a real patient.**

---

## Ear, Nose, and Throat

- Left ear: the interior of the ear contains a simulated ear canal that allows for ear irrigation exercises.
- Nasal/oral openings are both connected to the stomach reservoir.
- The nostrils can be pinched for CPR simulations.
- A gastric reservoir (capacity: 750 ml) is provided, with an opening connected to the throat.



---

**CAUTION: Always use the mineral oil lubricant prior to the introduction of an endotracheal tube or any other device.**

---

## 4.2 RECOMMENDED DEVICE SIZES

Procedure	Recommended Device Size
Intubation (Blade size)	Miller4 or MAC 3.5
LMA	Size 4
Nasal Intubation	8 mm outer diameter max
Oral Intubation	ETT 7.0 or 7.5 (no cuff)
NG/OG feeding	12-16 Fr

## 4.3 AIRWAY

### Nasal and Oral Intubation

- The simulator’s airway can be intubated through the left nasal opening, the trachea and the mouth using LMA or endotracheal tubes.
- Lubricate the tools with mineral oil before using them in exercises to ensure easy insertion and avoid damage to the simulator.



**WARNING: Do not introduce liquids when performing nasal and oral intubation. Doing so can permanently damage the system. Always lubricate tubing prior to performing any nasal or oral intubation.**

## Tracheostomy Care

The simulator has a tracheostomy opening allowing the trachea to be pierced during a simulation with a real device to observe chest rise.



## Replacing the Trachea Skin

1. Gently lift the chest skin of the simulator to reveal the chest cavity.



2. Remove the used trachea tape from around the trachea.



3. Replace the pierced trachea tape with a new strip of tape by wrapping it around the tracheal opening.

**NOTE:** Air leaks in the airway will result in poor chest rise during ventilation and false intubation readings.



4. Lay the chest skin over the torso and gently press down the Velcro to secure it in place.



### Ventilations

- Ventilate using a BVM and obtain realistic, dual chest rise.
- Use a fitted mask to limit air leakage and to provide a visible chest rise.
- Ventilations are measured and logged in OMNI 2



### Chest Compressions

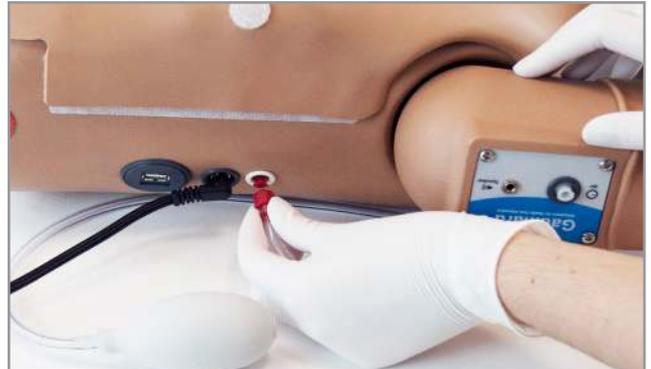
Chest compressions are measured and logged, showing the facilitator how providers are performing..



## 4.4 CIRCULATION

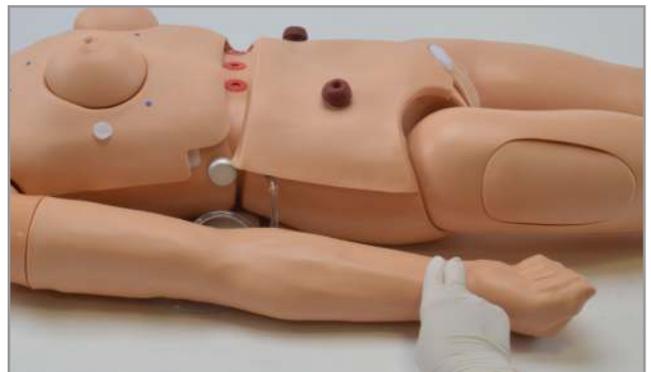
### Connecting the Pulse Line

Connect the pulse line by unscrewing the red cap. Twist the pulse line with the squeeze bulb attachment onto the pulse line port



### Generating Pulses

- The simulator produces bilateral carotid and right radial pulses manually.
- The pulses are generated manually using the squeeze bulb located on the left side of the simulator.



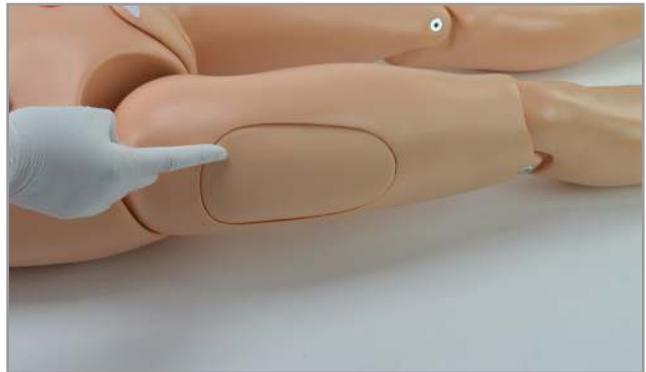
## Intramuscular (IM) Injection Site

IM injection sites are for placement practice only. Do not inject fluids into the IM sites when simulating intramuscular and subcutaneous injections.

Both deltoids



Both quadriceps



Left upper buttock



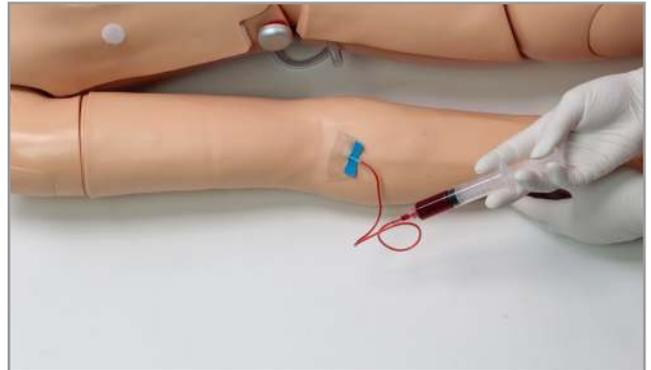
The IM site is a consumable item. To replace the injection pads, lift the IM injection pad and insert the new one by gently pressing it down.



## Intravenous (IV) Arm

- The IV right arm can be used for infusion, blood collection, intravenous injection, intramuscular injection, TB screening, and subcutaneous injection exercises.
- The arm and hand contain venous grooves, fitted with soft latex tubes to simulate the consistency of veins. Covering the venous structure is a pliable vinyl skin that is removable and washable.

**NOTE:** Always flush the IV system with distilled water at the end of every simulation.




---

**CAUTION: 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.**

---

## IV Arm Package

1. Synthetic blood concentrate
2. Spare arm skin
3. Blood dispensing bag
4. Metal stand
5. Mineral oil
6. Baby powder
7. Syringe
8. Funnel



## Filling the IV Arm with the Dispensing Bag

One way to fill the IV arm is using a blood dispensing bag which is helpful in simulating continuous infusion and multiple blood collection exercises.

1. Place the blood dispensing bag on the stand.



2. Remove the IV caps on the shoulder and connect the fill tube and drainage tube to the shoulder.



3. Connect the drainage tube to the shoulder port and clamp the hose.



4. Connect the fill tubing to the other shoulder port



**CAUTION: Do not attempt to fill the IV system without the drain connector in place. Always keep the drain port connected when injecting fluids into the system.**

5. Attach the fill tube to the bottom port of the blood dispensing bag and place the drain tube inside a container.



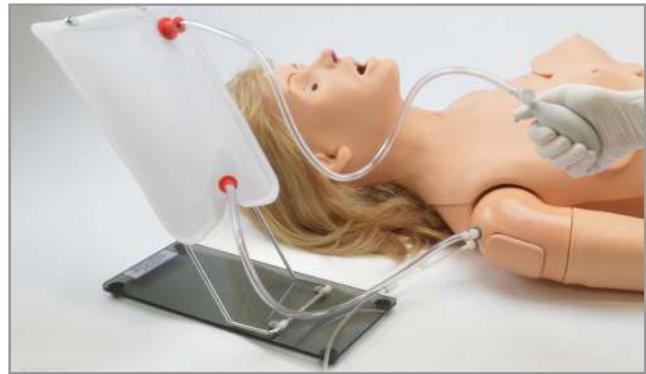
6. Add water or artificial blood to the blood dispensing bag using the funnel provided or the large syringe.



7. Attach the manual squeeze bulb to the top port of the blood dispensing bag.



8. Unclamp the tube connected to the bottom of the blood dispensing bag and squeeze the manual squeeze bulb to push the fluid into the venous system



9. Close the drainage tube's clamp when there are no more air bubbles in the tube.



## Venous Pressure

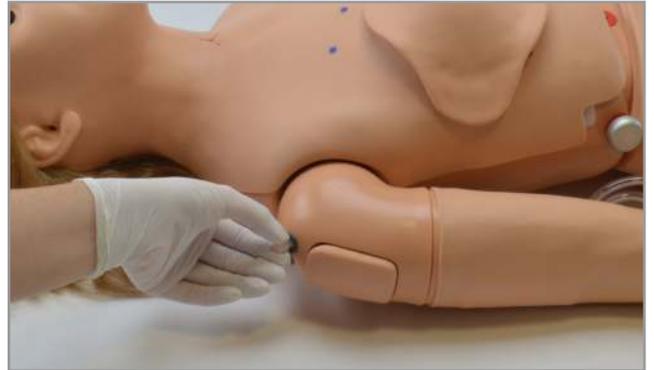
- To vary the pressure in the vasculature of the arm, attach the squeeze bulb to the blood dispensing bag and clamp the drainage tube.
- Squeeze the bulb to inflate the bag and create the desired pressure in the veins.
- To simulate a clenched fist or bulging veins, clamp the drainage tube and apply pressure using the squeeze bulb.
- To simulate collapsed veins, release the air pressure by loosening the squeeze bulb's valve.
- Place the black rubber stopper on the upper port of the blood dispensing bag.



## Filling the IV Arm with the Fill Kit

Another way to fill the venous system is with the use of the drainage tube and the fill kit syringe.

1. Unscrew the caps from the shoulder.



2. Connect the drainage tube to the shoulder port and leave it unclamped.



3. Fill the fill syringe with the desired fluid  
- simulated Gaumard blood or water.



4. Connect the fill syringe to the other shoulder port.



5. Push the fluid into the system.



6. Push fluid into the system until air bubbles no longer appear in the drainage tube then clamp the tube.



### Venous Pressure

- To simulate a clenched fist or bulging veins, clamp the drainage tube and use the fill kit syringe to push more fluid into the system.
- To simulate collapsed veins, connect an empty fill kit syringe and withdraw fluid from the system.



## Draining the Venous System Through the Dispensing Bag

If the use of the blood dispensing bag was used for an IV arm exercise follow the steps below to drain the system.

1. Unclamp the drainage tube.



2. Replace the black rubber stopper with the squeeze bulb.



3. Squeeze the bulb to push the remaining fluid out of the venous system.



4. Remove the squeeze bulb.  
Using the funnel, fill the dispensing bag with a 70:30 mix of water to Isopropyl alcohol in order to flush the fluid system.



5. Replace the funnel with the squeeze bulb and squeeze the remaining fluid out through the drainage tube. Once the venous system is purged, push air through the system using the squeeze bulb.



### Draining the Venous System with the Fill Kit

If the venous system was filled using the fill kit syringe, follow the steps below to drain the system.

1. Fill the syringe with a 70:30 mix of water to isopropyl alcohol and connect to the shoulder port.



2. Make sure the drainage tube is open and push the fluid through the arm until the fluid coming out of the arm is clear



3. Inject air through the arm to dry the vasculature and prevent mold from forming.

**NOTE:** Drain and flush the venous system with clean water after each day of simulation.



## 4.5 BLOOD PRESSURE LEFT ARM

The Blood Pressure Training System consists of a full-size adult left arm. This is a versatile training tool developed to assist health professionals teach the processes and skills required to perform blood pressure auscultation procedures and techniques.

### Palpable Pulses

Programmable, palpable radial pulse is present when the cuff pressure is less than the selected systolic blood pressure.

### Korotkoff Sounds

Korotkoff sounds, K1 through K4 (K5 is silent) are audible between systolic and diastolic pressures. Depending on the selected heart rate and the rate of cuff deflation, the Korotkoff sounds will adjust automatically. The sounds are silenced automatically if the auscultatory gap is enabled.

### Auscultation

The simulator operates with a modified blood pressure cuff. Connect the BP cuff extension to the arm's control panel before use. Use a conventional stethoscope to auscultate Korotkoff sounds in the antecubital area.

### BP Cuff Setup

1. Wrap the modified blood pressure cuff around the arm above the elbow as you would a real patient.

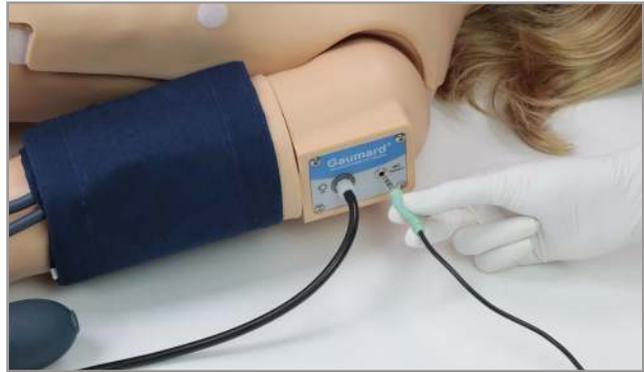
**NOTE:** Make sure to orient the cuff where the arrow on the cuff points towards the elbow.



2. Connect the BP cuff extension to the adapter labeled BP on the control panel.



3. Connect the speakers to the port on the shoulder.

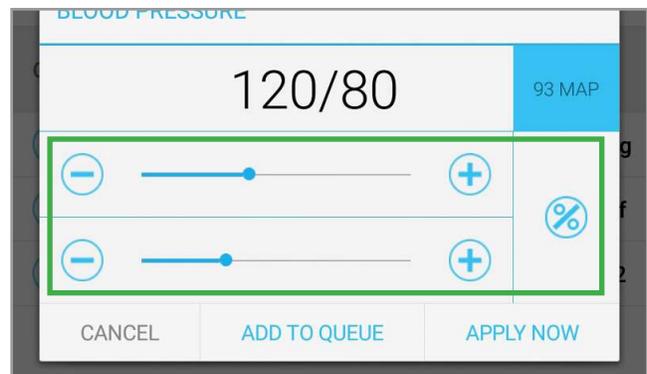


### Adjusting the Blood Pressure

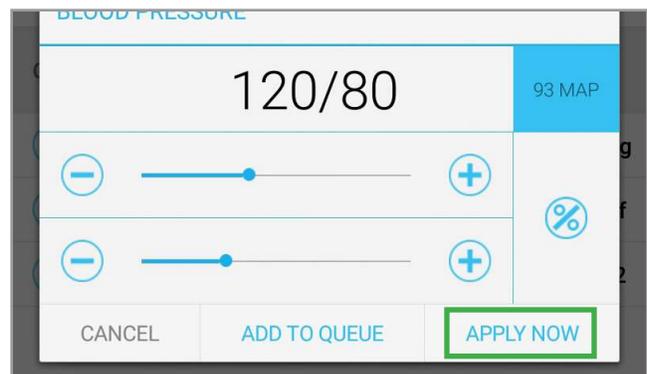
1. To adjust the BP, tap the “Vitals” page.



2. Tap “Blood Pressure” and use the top slide bar or the + or - sign to increase or decrease the systolic value. Use the bottom slide bar to increase or decrease the diastolic value.



3. Tap on “APPLY NOW.”



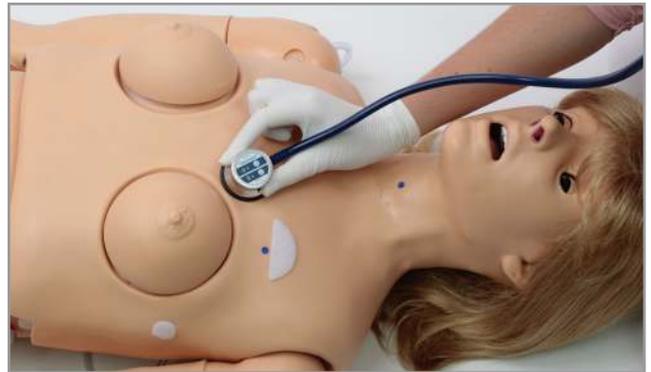
## 4.6 HEART AND LUNG SOUNDS

The Heart and Lung Sounds teaching system is a tool used for auscultation training. The system is composed of a Virtual Stethoscope™ and radio frequency identification (RFID) sensors located beneath the skin of the simulator.

The speakers provide external feedback of the auscultation sounds. If the speakers are disconnected, only the student will hear the heart and lung sounds through the ear pieces on the virtual stethoscope.

### Features

The torso of the simulator has numerous removable identification dots located where each of the heart and lung sounds are normally heard. These colored dots can be removed at any time to find the auscultation sites on the front and the back of the simulator. Each auscultation location relates to the physiology of the torso. Batteries for the Virtual Stethoscope are included.



### Setup

1. Unscrew the top cover of the stethoscope bell. Remove and discard the plastic insert separating the two batteries prior to first use.



2. Locate the small stereo jack on the bell and attach it into the speakers provided. Plug the speakers into a conventional 120V/60 Hz wall outlet and turn the speakers on.

**NOTE:** Refer to the [Virtual Stethoscope user guide](#) for more details to use the system.



Heart and Lung Sounds Menu

LOCATION	SOUND	DESCRIPTION
Base Right	Base Sound	Patient has a normal heart with mild anemia. The heart is hyper-dynamic and has elevated cardiac output. S2 is accentuated at the base.
	Fixed Split S2	Patient has an atrial septal defect which increases flow through the right heart, prolongs RV systole and also produces a mid-systolic murmur (MSM) because of increased flow through the RV outflow tract.
Base Left	Physiological Split S2	The splitting of S2 is easily heard during inspiration and the second sound is single during expiration. The second component of the split sound (P2) is accentuated.
	Split S2	S2 is variably split during mid-inspiration, as three beats are repeated.
Left Side Sternal Border	Paradoxical Split S2	The splitting of S2 is heard during expiration, but the sound becomes single during inspiration. The background noise is increased during inspiration.
	Opening Snap	Patient has mitral stenosis, responsible for an early crisp diastolic sound heard at the base 0.08 seconds after S2. S1 is usually loud at the base, which reflects mitral stenosis.
	Friction Rub	Patient has uremic pericarditis, which leads to rubbing of roughened visceral and parietal pericardial surfaces against one another. The 3 component rub exists during deep inspiration.
Apex	Apex Sound	Patient has a normal heart with mild anemia. The heart is hyper-dynamic and has elevated cardiac output.
	Mid- Systolic Click	Patient has mitral prolapse, which produces a mid-systolic click heard during inspiration.
	S3 Sound	Patient has a readily heard third heart sound. S3 occurs later in diastole than the opening snap.
	Intermittent S4	Patient has left ventricular hypertrophy, and has a fourth sound (S4) which is not heard on every cycle. The sound is presystolic, about 0.1 second before S1.
	Starr-Edwards Valve	This ball-in-cage mitral prosthesis has a mechanical closing sound (S1) and one or more diastolic sounds caused by the ball bouncing within the cage.
Trachea	Tracheal Sounds	Expiration sounds are louder, have a higher pitch, and are of longer duration than during inspiration. The silent period or pause following expiration is longer than the one between expiration and inspiration.
	Stridor Sounds	Patient has marked respiratory distress, and a narrow aperture between the vocal cords that produces a high pitched tone during both inspiration and expiration. During the end of expiration, there is an abrupt drop in pitch.

LOCATION	SOUND	DESCRIPTION
Upper Anterior (2 sites)	Bronchial Sounds	Breath sounds are similar to tracheal sounds in that the expiratory phase is louder and lasts longer than the inspiratory phase. The major distinguishing characteristic is the high pitched, harsh quality of the expiratory phase.
	Wheezing Sounds	These musical wheezing sounds are often heard in asthma patients. During inspiration, the wheeze is slightly higher in pitch than during expiration. Wheezing in asthmatics is often present in either one or both phases of respiration.
Lower Anterior (2 sites)	Bronchial Sounds	Breath sounds are similar to tracheal sounds in that the expiratory phase is louder and lasts longer than the inspiratory phase. The major distinguishing characteristic is the high pitched, harsh quality of the expiratory phase.
Posterior (4 sites)	Wheezing Sounds	These wheezing sounds are often heard in asthma patients. During inspiration, the wheeze is slightly higher in pitch than during expiration. Wheezing in asthmatics is often present in either one or both phases of respiration.
	Pleural Friction	This sound originates from the friction of inflamed pleural surfaces moving against one another. The sound is repetitive as long as the breathing pattern and position remain constant. Similar to but lower in pitch than crackles.
Posterior (4 sites)	Medium-fine Crackles	These noises begin about mid-inspiration and progressively increase in intensity up to the end of expiration. Coarse crackles are also audible in the early expiratory phase of some of the breaths.
	Rhonchi Crackles	Coarse crackles are present during both inspiration and expiration. There are also some very low pitched repetitive sounds that are rhonchi. High pitched squeaks are also audible against a background of bronchial breath sounds.
	Coarse Crackles	Coarse crackles begin at the onset of inspiration and diminish in intensity and prevalence toward the end of inspiration. Expiration is not audible.
	Pulmonary Edema	Coarse and medium crackles appear toward the end of inspiration and continue into expiration. The respiratory rate is rapid and expiratory phase is “bronchial” in character. These features exist during respiratory distress and congestion.

## 4.7 BREAST EXAMINATION

The simulator is provided with a set of healthy interchangeable female breasts and a breast palpation kit. Breast examination should be done with the simulator in a semi upright position.



### Breast Palpation Kit

1. Interchangeable female breast (set of 2)-Installed
2. Interchangeable abnormal breast (set of 7)
3. Interchangeable male breast (set of 2)
4. Palpation brassiere
5. Lymphatic drainage overlay



### Interchangeable Breasts:

#### Breast #1

Demonstrate and practice the movement of the mammary gland on the surface of the pectoralis major muscle.



### Breast #2

Seven discreet nodes on one side, a somewhat larger node on the other side, and a very discreet puckered area around the nipple. This breast represents various stages of fibrocystic disease. The larger node may be felt either as a hard node or as a cystic mass or swelling.



### Breast #3

There is a solitary tumor in the breast below. It is well circumscribed and has a stalk. The tumor can be moved, and is not adherent to breast tissue.



### Breast #4

This breast shows a retracted nipple and on careful palpation, a mass may be felt immediately under the nipple. This breast represents a carcinoma in one of the milk ducts and also shows the so-called “orange skin” effect on the entire nipple area.

Attach the Velcro on the nipple to the Velcro on the inside of the brassiere.



## Breast #5

The breast here shows a comparatively rare but easily palpable tumor: a giant sarcoma (or giant mammary myxoma) of which the wildly growing masses (the largest one shown in ulcerated form) can be easily felt and seen.



## Breast #6

This form of breast cancer (scirrhous carcinoma). When palpating, note the infiltrating nature of the growth. It has no well-defined borders and cannot be moved within the breast.



## Breast #7

Place the mastectomy breast under the lymphatic drainage breast to palpate and identify a mastectomy.

This replica of the lymphatic drainage of the left breast outlines the various pathways along which breast tumors metastasize. The auxiliary pathway, subclavian pathway, and internal mammary pathway are shown and are easily palpable.



## Changing Breasts for Palpation Exercises

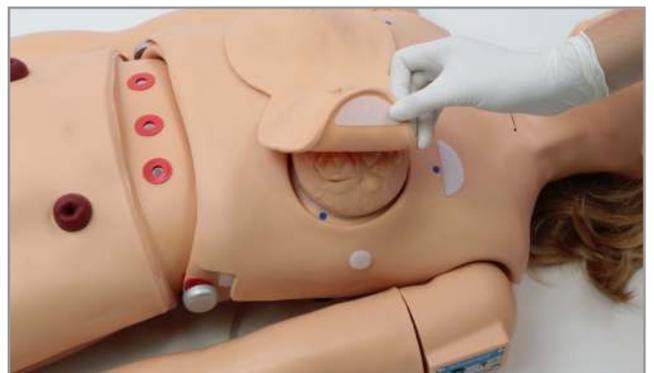
1. Place the simulator in a semi-upright position and gently lift the breast and set it aside.



2. Chose the desired breast and place it on the chest Velcro side down and gently press it in place.



3. Attach the soft vinyl brassiere onto the torso securing it down gently with the Velcro.



## 4.8 GASTROINTESTINAL

### Stomach and Liver

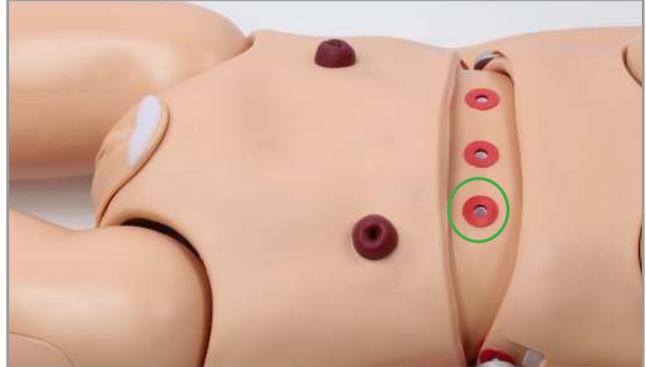
The upper torso contains a realistic stomach and liver. A gastrostomy left port, located near the waist, connects directly to the stomach tank.

### Gastric Feeding and Suctioning

1. To fill the stomach reservoir for gastric feeding and suctioning, attach the funnel to the gastrostomy port located at the waist and fill the reservoir with up to 750 mL of fluid.

**NOTE:** Use a 12-16 Fr sized catheter for nasogastric tube feeding and gastric suctioning.

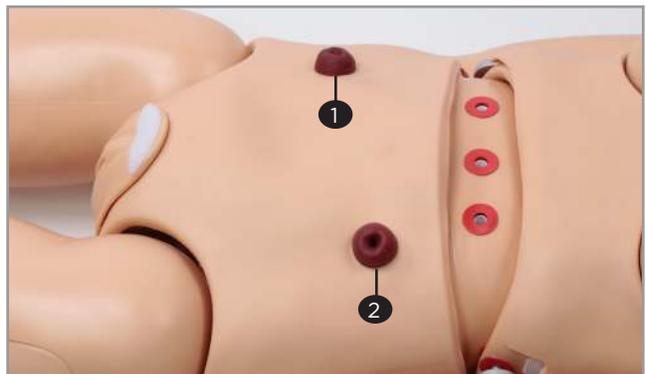
2. When the procedure is complete, you may collect any remaining fluid with the same suctioning tool.



### Ileostomy and Transverse Colostomy

- The simulator has anatomically sculptured stomas of a transverse colostomy, and ileostomy.
- Practice skin preparation, stoma hygiene, treat conditions around the site, and place disposable or permanent ostomy bags to the openings.

**NOTE:** Do not palpate the stomas with fingernails. The stoma site is absorbent and dirt and oil may cling to the material.



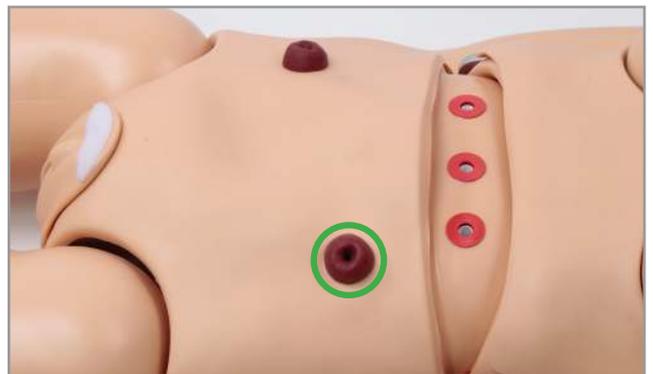
1. Ileostomy
2. Transverse Colostomy

## Stomas

- To fill the ileostomy reservoir, use the fill kit syringe inject up to 650 mL of fluid into the indicated fill port.



- To fill the transverse colostomy reservoir, remove the stoma and inject up to 800mL of fluid into the stoma port.



## Enema

- The legs of the simulator articulate and permit enema administration.
- Use a small anal nozzle to fill the enema reservoir with up to 800 mL.
- A non-return valve is built into the anal canal to prevent fluid from escaping.



## 4.9 CATHETERIZATION

### Internal Reservoir Capacity

Reservoir	Capacity
Stomach	750 mL
Bladder	1800 mL
Rectum (Colostomy)	800 mL
Stomas	650 mL

### Filling the Bladder

Super Chloe has a simulated bladder and female genitalia to practice catheterization procedures.

1. Insert the funnel or the fill kit syringe into the middle opening.
2. Fill the bladder reservoir with up to 1800 mL of fluid.



### Increasing Urinary Flow

1. Attach the black plug to seal the bladder reservoir.
2. Use the squeeze bulb located on the right side of the lower torso to inflate the internal cushion. This will lift the bladder and will increase bladder pressure and which intensifies the urinary flow.



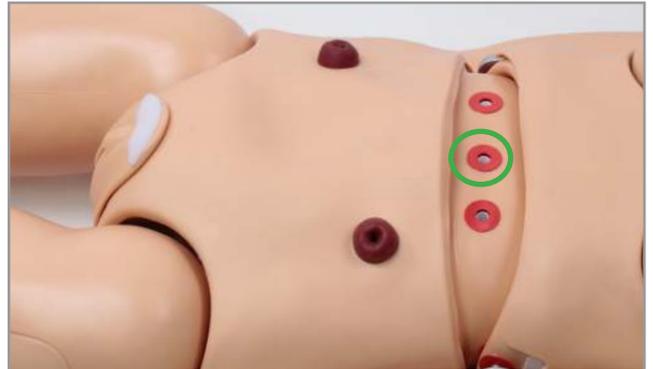
## Simulating Continuous Urinary Output

Multiple catheterization exercises may be performed with the aid of the dispensing bag on a stand.

1. Fill the fluid dispensing bag with fluid and place it on the stand.



2. Connect the outflow tube from the dispensing bag to the bladder reservoir through the middle opening. The fluid in the bag will flow into the bladder reservoir simulating bladder pressure.



## Female Catheterization

- Make sure to catheterize the simulator while it is on its back.
- The urethra plug must be connected when performing female catheterization exercises.



- Use an 18 Fr catheter as smaller catheters may cause leakage.
- Lubricate the catheter with the mineral oil provided before insertion.
- The realistic vulva area also allows for instruction in asepsis and disinfection.



## Male Catheterization

1. To attach the male genitalia, remove the red adapter connected to the urethra passage and set it aside.

**NOTE:** Do not discard the adapter as it is necessary to perform female catheterization exercises.



2. Slide the tube attached to the male genitalia into the opening of the urethra on the simulator, and gently press down on the Velcro to secure it in place.



3. Lubricate the catheter before insertion.

**NOTE:** Catheterize the simulator in an upright recumbent position. Catheters smaller than 18 Fr may cause leakage.



## Draining the Bladder Reservoir

There are several ways to empty the bladder reservoir:

- Sit the simulator over a bedpan with a catheter in place, and squeeze the squeeze bulb on the right side to push the fluid out.
- Remove the waist rod separating the upper torso from the lower torso, and squeeze the fluid out from the bladder reservoir.

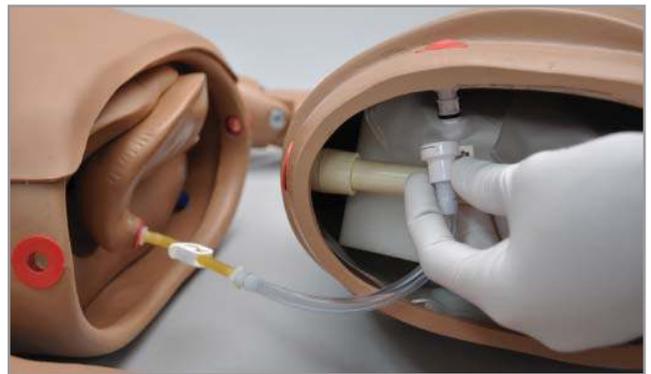


## 4.10 FLUSHING THE FLUID RESERVOIRS

It is good practice to flush the fluid reservoirs after use to prevent mold from forming. After flushing the necessary fluid reservoirs with a 70:30 mix of water to isopropyl alcohol, reconnect them to their appropriate locations.

### Accessing the Stomach Reservoir

1. To reach the stomach reservoir, loosen the waist knobs and remove the waist rod to separate the upper and lower torsos.
2. Disconnect the white port from the stomach reservoir and make sure the stomach tube is unclamped.
3. Remove the stomach reservoir and squeeze the reservoir to drain the liquid.
4. Reconnect the white port to the stomach.



## Accessing the Fluid Reservoirs

1. Remove the stomas.



2. Unvelcro the lower abdomen skin to reveal the fluid reservoirs.



## Bladder Reservoir

1. Disconnect the bladder bag from the urethra port.



2. Disconnect the other end of the bladder bag from its fill port.

3. Inject a 70:30 mix of water to isopropyl alcohol into the bag and squeeze the bag over a container or sink to flush the bag.



## Colostomy Reservoir

1. Gently disconnect the rectal port.

**Note:** The rectal port may be easier to get to if you remove the uterus.



2. Disconnect the colostomy bag from its fill port.
3. Inject a 70:30 mix of water to isopropyl alcohol into the bag and squeeze the bag over a container or sink to flush the bag.



## Ileostomy Reservoir

1. Gently disconnect the ileostomy bag by first disconnecting from the ileostomy site



2. Then disconnect the ileostomy bag from the fill port.
3. Inject a 70:30 mix of water to isopropyl alcohol into the bag and squeeze the bag over a container or sink to flush the bag.

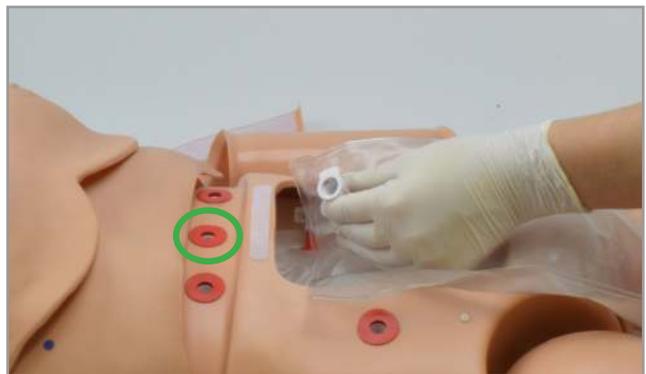


## Reconnecting Bladder Reservoir

1. Connect the red port on the bladder reservoir to the urethra port.



2. Connect the white connector on the bladder reservoir to the indicated fill port.



## Reconnecting Colostomy Reservoir

1. Connect the red port on the colostomy reservoir to the rectal port.

**Note:** You may want to connect the uterus after connecting the colostomy bag to the rectal port.



2. Connect the white connector on the colostomy reservoir to the fill port.



## Reconnecting Ileostomy Reservoir

1. Connect the white connector on the Ileostomy reservoir to the appropriate stoma port.



2. Connect the other white connector on the ileostomy reservoir to the indicated fill port.



## 4.11 GYNECOLOGIC EXAMINATION

The simulator is a training tool to teach the skills needed to perform the following:

- Bimanual pelvic examination, including palpation of the normal and abnormal uteri
- Vaginal speculum examination
- Visual recognition of normal and abnormal cervical disorders
- Uterine sounding
- IUD insertion and removal
- Diaphragm sizing and fitting
- Recognition of early pregnancy



### Gynecologic Package

1. IUD Uterus (Installed)
2. Normal Cervices (2)
3. Abnormal Cervices (6)
4. 10-12 Week Uterus
5. 10-12 Week Cervix



### Bimanual Examination

Lift the uterus anteriorly using a squeeze bulb located at the side of the lower torso.



## Interchangeable Uteri and Cervices

- Remove the stomach cover and bladder to view the interchangeable uteri. The IUD cervix is transparent to view IUD insertion and withdrawal.

**NOTE:** Always lubricate the blades of the speculum prior to any procedure.

- Use the interchangeable cervices to simulate different conditions. The normal cervices have a centrally located elliptical os which allows the insertion or removal of an IUD, uterine sound, or uterine elevator. The abnormal cervices are not patent (open).
- Swab the cervix with a small amount of clean water and a drop of mineral oil to facilitate passage of the uterine sound or inserter tube through the cervical os.
- Install the ten week pregnant uterus and swollen cervix for early detection of pregnancy.



## Changing the Uterus

1. Remove the stomas to detach the stomach cover.



2. Disconnect the bladder bag.



3. Un-hook the ligaments.



4. Hold the cervix in place and gently twist the uterus clockwise to detach it from the cervix.



5. Attach the new uterus by lining its grooves to the posts on the end of the cervix and twisting it clockwise to secure it in place..



6. Hook the ligaments.



7. Reconnect the bladder bag.



8. Velcro the abdominal cover back into place.



9. Attach the stomas onto the ostomy sites.



## Changing the Cervix

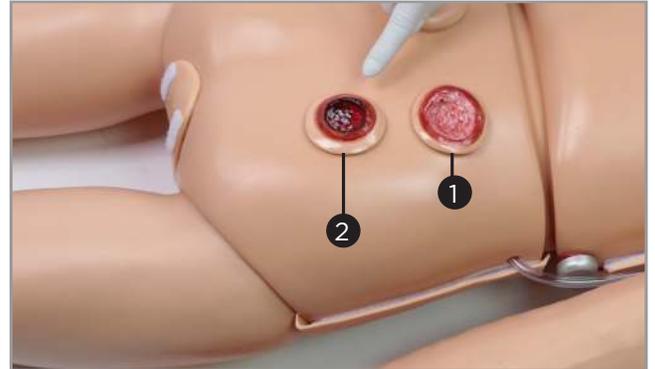
1. Follow steps 1-4 in the "Changing the Uterus" section to remove the uterus.
2. Gently pull the cervix from the vaginal opening to remove it and set it aside.
3. Insert the desired cervix through the vaginal opening so that the posts fit through the base.
4. Reattach the uterus, hook the ligaments, and reconnect the bladder bag to velcro the stomach back into place.



## 4.12 ULCERS

### Decubitus Ulcers

Two types of decubitus ulcers are provided with the simulator:



1. Initial stage of ulceration

2. Suppuration or pus/deeply infected stage

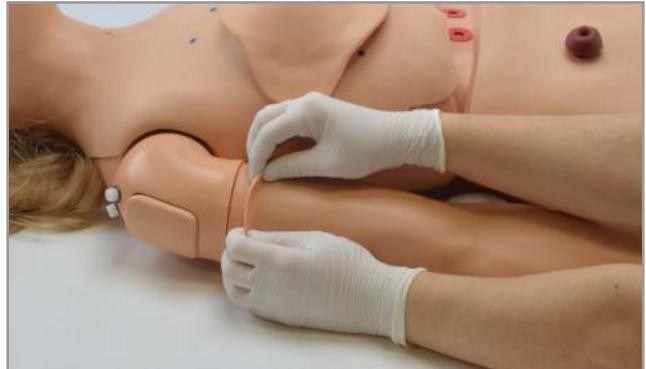
### Ulcerated Foot

- Diagnose and treat ulcers on the left foot of the simulator.
- The toes of the simulator are separated to permit bandaging exercises. The surface of the simulator is smooth and resistant to water, oil, and liniments.

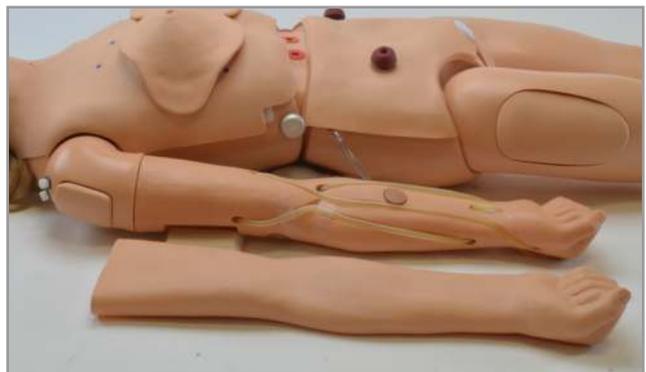
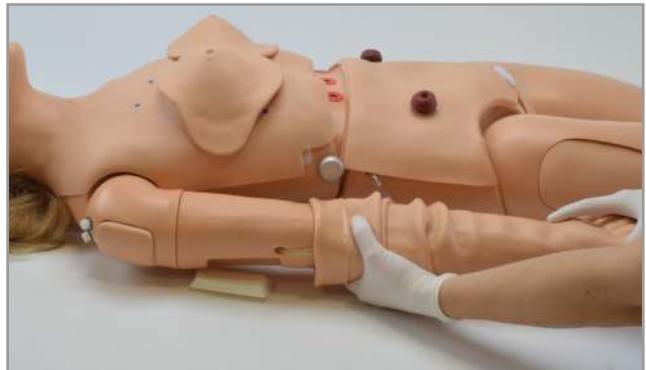


## 5. REPLACING THE IV ARM SKIN

1. Gently lift the arm skin that meets at the seam of Super Chloe's upper arm.

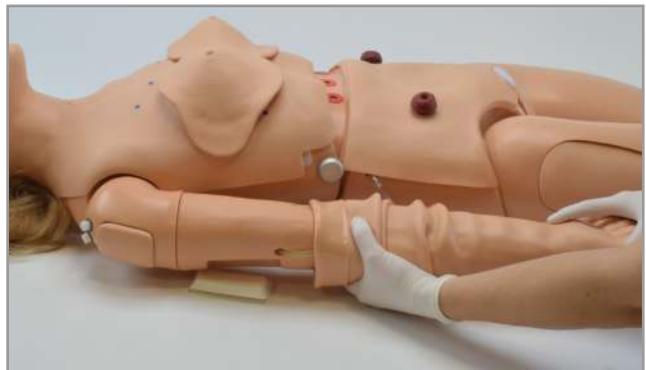


2. Fold the skin to help with the process of sliding it off the arm.



3. Slide the new arm skin onto the arm.

**NOTE:** Be sure to insert the foam injection sites while applying the new arm skin. Spray the inside of the arm skin with lubricant to ease the replacement process.



## 6. OPTIONS AND UPGRADES

### 6.1 AMPUTATION STUMP

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The simulator is compatible with an amputation stump for wound treatment and care.

1. To attach the amputation stump, remove the lower leg by unscrewing the bolts at the knee joint using the hexagonal wrenches provided.

2. Attach the amputation stump by inserting it over the knee joint.

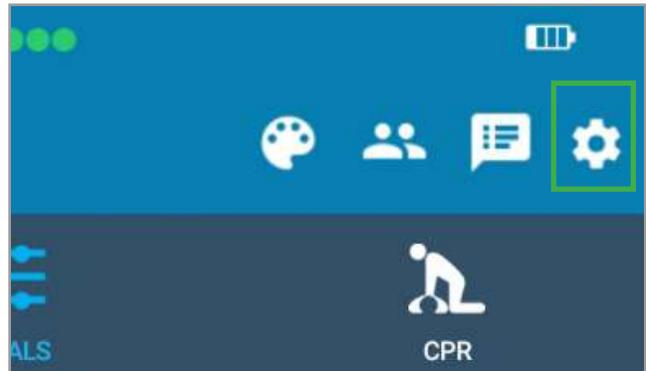


## 6.2 VIRTUAL MONITOR

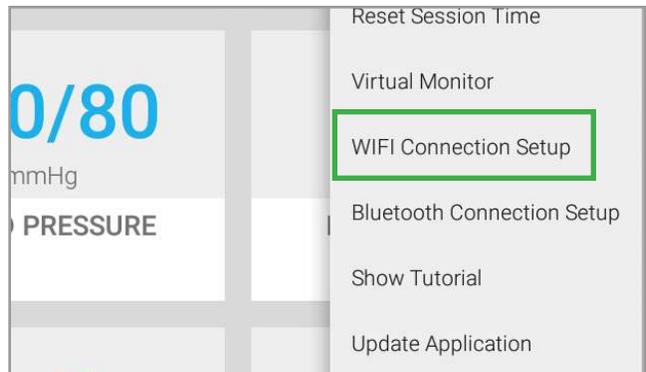
Power on the simulator and connect to the OMNI 2 Tablet before connecting the Virtual Monitor. Refer to the "Powering On" and "Connecting the OMNI 2 Tablet" sections.

### Connecting the OMNI 2 Tablet to the Network

1. Connect the provided router to the wall. Tap the menu icon on the top right of the OMNI 2 screen.



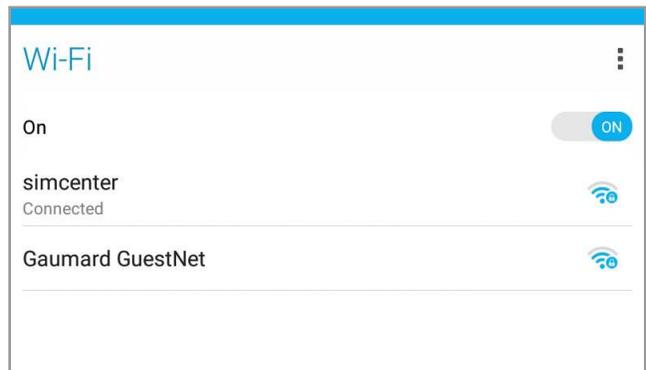
2. Select "Wi-Fi Connection Setup."



3. Connect to a wireless network. The network name will be "SuperCHLOER0000000" where R00000 is the 7 digit serial number assigned to your simulator.

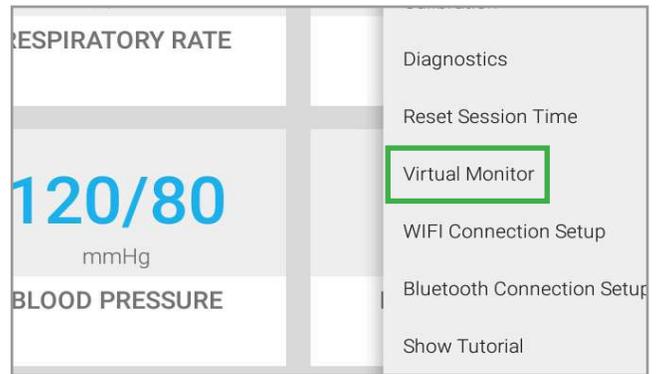
**NOTE:** The Virtual Monitor will have to be connected to the same wifi network that the OMNI 2 Tablet is connected to.

The wifi connections seen here may be different than those on your OMNI 2 Tablet



4. Exit the page by tapping the back button and tap the menu icon on the top right corner again to select "Virtual Monitor."

Verify that the serial number corresponds to your simulator.



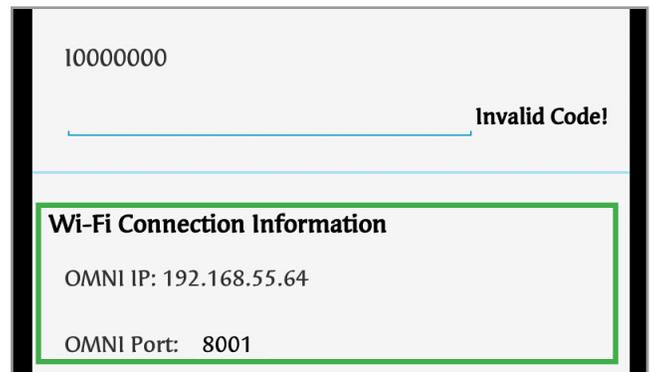
5. The Virtual Monitor Wi-Fi Setup window will prompt you to input a valid activation code. The activation code is found in the purchase order document attached to your shipment.

**NOTE:** The activation code is case sensitive. If the activation code is not found, please contact the Technical Support department. The activation code in this example is not a valid code.



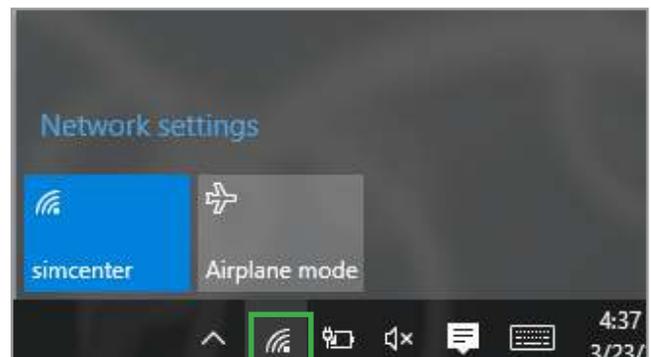
6. Take note of the OMNI IP and OMNI Port numbers and select "CONNECT."

**NOTE:** The OMNI's IP and Port numbers will be needed when setting up the Virtual Monitor on the Gaumard Monitors software.



## Connecting to the Virtual Monitor Network

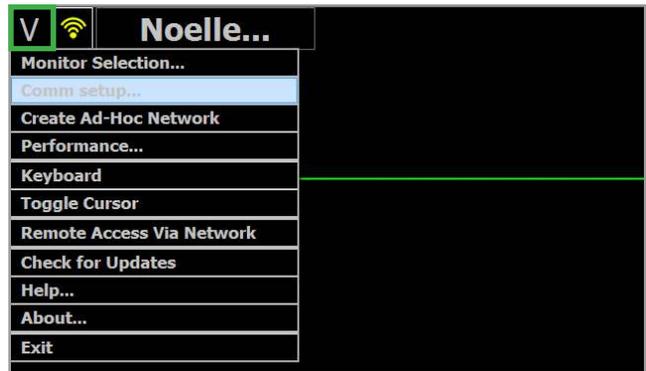
1. To connect the monitor to the same network as the OMNI 2 tablet, turn on the Virtual Monitor and tap the "Network Connectivity" icon on the bottom-right of the screen.



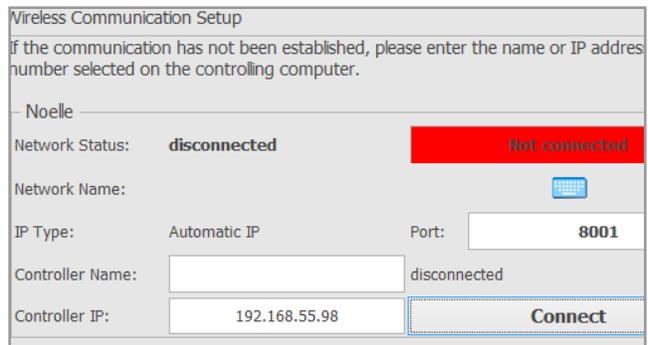
2. Once connected to the Wi-Fi, open the Gaumard Monitors software.



3. Tap the V on the top left and then select "Comm Setup."

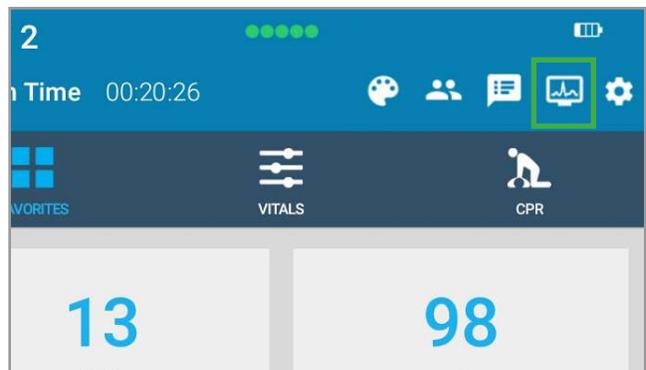


4. Verify the IP address in the "Communication Setup" window matches the OMNI IP and OMNI Port noted in step 5 of Section 6.2 and select "Connect."



5. The vital signs monitor icon will appear on the top right when it is connected.

**NOTE:** For more information on using the virtual monitor, please refer to the OMNI 2 user guide.



## 7. TROUBLESHOOTING

### 7.1 COMMUNICATION WITH THE SIMULATOR CANNOT BE ESTABLISHED

Probable Cause	Solution
Controlling tablet is too far away from simulator	Minimize the distance between simulator and the tablet. The distance should not be over 10 meters away.
More than one device is paired	Open the Bluetooth Connection Setup. Select the Menu icon and click "Forget."
Simulator is not paired	Disconnect the simulator from the power supply, disconnect OMNI 2 link (if applicable), and turn off bluetooth on OMNI 2. Connect the power supply and the OMNI Link, and turn on bluetooth.
Power supply is not connected to the simulator	Ensure that the power supply is connected to the simulator

### 7.2 CPR IS NOT DETECTED

Probable Cause	Solution
Compression sensor is not calibrated	Tap the Menu icon on the top right and select Calibration. Calibrate the compressions.
Ventilations are not detected	Tap the Gear on the top right and select Calibration. Reset the Ventilations sensor.

## 8. APPENDIX

### 8.1 CONSUMABLE PARTS LIST

Product	Item Number
Mineral Oil	S222.100.181
Veins	S222.100.810
Dispensing Blood Bag	S222.100.811
Artificial Blood Concentrate	S222.100.812
Sub-Q Injection Site	S222.100.834
Intramuscular Injection Site	S222.100.857
Arm Skin	S222.100.813R.IV

## 8.2 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. However, third-party products are covered by the warranties provided by the respective third-party manufacturers and such warranties are transferred from Gaumard to purchaser upon purchase of the Gaumard product. Defects in third-party products are covered exclusively by the warranties provided by the third-parties. Gaumard does not provide any warranty, express or implied, with respect to any third-party products. Please contact the third-party manufacturer for information regarding the availability of extended warranties for third-party products. 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:

1. Contact Gaumard and request authorization to return the Gaumard product. Do NOT return the
2. Gaumard product to Gaumard without prior authorization.
3. 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.

## 8.3 CONTACT GAUMARD

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Before contacting technical support, please make sure to have your simulator and user guide readily available.

Email: [support@gaumard.com](mailto:support@gaumard.com)

USA: 800-882-6655

INT: 01-305-971-3790

## 8.4 GENERAL INFORMATION

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E-mail: [sales@gaumard.com](mailto:sales@gaumard.com)

USA: 800-882-6655

INT: 01-305-971-3790

Fax: 305-252-0755

Gaumard Scientific  
14700 SW 136 Street  
Miami, FL 33196-5691  
USA

### Office Hours

Monday-Friday, 8:30am - 7:30pm EST (GMT-5)





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Always dispose of this product and its components in compliance with local laws and regulations.

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