CLA 23
Child Nursing Doll

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CLA 23
Child Nursing Doll

The doll with a length of 90 cm and weighing 6 kg corresponds to a small child approximately 3 years old. Made of special plastic.

This true to life and universal practice doll for instruction in nursing care provides many practice possibilities and care functions for the training of both female and male pediatric nurses.

The infant which is manufactured of a special synthetic material has newly developed, robust joint mechanisms that permit virtually all natural movements. Thereby, all practice and care measures can be conducted in a realistic manner. The left upper arm and both thighs are equipped with exchangeable injection pads. A special "plug-and-socket system" enables all the parts of the extremities to be removed and taken apart both from the body and among themselves with extremely simple hand movements. The simple exchange of the thoracic and abdominal walls makes it possible to select a male or female infant. The female thoracic and abdominal walls also contain three exchangeable wound pads and the male thoracic and abdominal walls contain injection pads. Velcro" fasteners make attaching the abdominal wall a simple and rapid task. The head is mobile and can be removed from the trunk by loosening only one knurled screw in the neck. The thoracic and abdominal cavities contain practice organs: 2 lungs, 1 stomach, 1 intestinal package, 1 rectum, 2 urinary bladders, 1 container for a preternatural anus (also usable for PEG), 1 costal arch and 1 pelvic floor for accepting the urinary bladder.

The new type of organ connections guarantee simplicity of service and seal tightness. The exchangeable valves in the stomach and intestinal region which can be individually reordered are a great advantage. An additional right injection arm makes possible the drawing of blood and starting of infusions on two venous lines and i.m. injections. The included carrying case holds the injection arm, the thoracic and abdominal walls and accessories when they are not being used.

Special instructions for proceeding are discussed for each particular practice option. The infant is delivered completely assembled and specially packaged. It can be used immediately.

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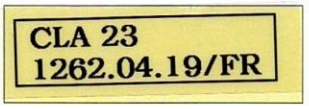
Every delivered CLA nursing care doll has its own series number which is found on the inside of the body. When reordering please be sure to specify this number in its entirety.



The right to make changes due to technical and scientific improvements is reserved.

CLA 23

Child Nursing Doll - Care

The inside and outside surfaces of the child require no special care. A soiled doll may be cleaned with an adequate amount of lukewarm water and soap. In difficult cases, alcohol or cleaner's naptha may be used. The same applies to the practice parts (organs).

When care is required, the head, extremities and all the organs may be taken apart.

After cleaning, it is appropriate to very thinly apply the included silicone oil to the joint connections.

The same treatment with the silicone oil should be given to the naso-pharyngeal space, the trachea, the esophagus, the urethra and the rectum. All plug-in connections and valve surfaces between the organs can be lubricated with the included Vaseline". More specific details are provided in the individual practice exercises.

Remnants of Band-Aids are removed with alcohol or cleaner's naptha. Do not use any colored disinfectants.

Only use a regular pencil when marking the doll in any way. Traces of colored pencils, ball-point pens, indelible pencils and other colored solutions cannot be removed!!!

Special features and more precise instructions are discussed in the description of the individual practice exercises.

Exercises

Contents for Training Applications

General Nursing procedures

a) Dressing and undressing
b) Daily body care
c) Movement, putting to bed and positioning
d) Mouth and teeth care 9
e) Eye, nose and throat care (including administration of drops)

Specific nursing measures

I. Enema

a) Lavage enema/clyste
b) Intestine tube insertion

II. Catheterising

a) Demonstration of catherisation and permanent catheter insertion in female and male genitalia
b) Stomach tube inseration through nose and mout
c) Nutrition through bolus administration or by nutrition pump

III. Injections and Infusions

a) I.M. injection (thigh, upper arm)
b) S.C. injection (stomach)
c) Demonstration of I.V. injection and infusion
d) Connection of infusion equipment
e) I.V. puncture

IV. Lavage

a) Gastric lavage

V. Wound treatment, catheter care and other measures

a) Wound care and suture removal
b) PEG care
c) Anus-praeter care
d) Suprapubic bladder puncture with material removal and care in the case of suprapubic
e) Tracheostomy care
f) Intubation care

The following measures can be made:

- Eye, nose, ear and mouth care
- Administration in eyes and nose
- Tube insertion through nose
- Gastric lavage
- Intubation care
- Tracheostomy care
- Catheter insertion in female and male genitalia
- Intestine tube insertion
- Lavage enema / clyster
- on the left upper leg and left upper arm are injection pads for I.M. and S.C. injections
- an additional right injection arm allows I.V. punction
  injection and infusion as well as S.C./I.M. injection.

The female abdominal wall allows the following measures:

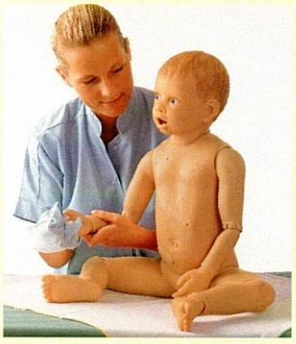
- PEG care
- Suprapubic bladder puncture
- Wound treatment after appendectomy and suture removal
- Bladder for catheterising.

The male abdominal wall allows the following measures:

- on the lower right side of the stomach, stoma
- injection pad for S.C. injection
- wound treatment after hernia
- bladder for catheterising.

a) - c)
Daily Personal Hygiene
Measures such as washing or positioning in the bed with various aids (e.g., braces) can be demonstrated and practiced. The infant sits freely and can be easily dressed and undressed.

Care Tips
After having practiced washing the entire body, all the joints must be very thinly coated with the provided silicone oil. Cast fragments can be removed with a soap solution.



From time to time, it is recommended that the entire body be lightly rubbed with talcum powder.

Important!!!
To relieve the joints of the hip, the child should be lieing in resting position

d) Oral treatment with seriously ill child
The small child is provided with a set of deciduous teeth, appropriate to age. The child also has an easily moveable tongue to enable oral care relevant to practice to be carried out with different solutions. (Do not use any colored disinfectants)

Care Tips
Do not use any colored disinfectants. The head can be easily taken off by removing a knurled screw

e) Eye, Nose and Ear Care
Only the margin of the eyelid can be cleaned in eye care. The eyelids cannot be moved. The nasal passage is completely connected to the pharynx so that the application of nose drops and cleaning the nose can be practiced.

In ear care, the external auditory canal can be cleaned and ear drops can be administered.

Care Tips
The completely glass eyes can be removed with a small spoon. Upon replacing them, the orbital cavities should be lightly coated with silicone oil.

CLA 23
Special Tasks in Nursing Care

I. Enemas

a) + b) Placement of a Rectal Tube/ Clyster/ Enem

A valve is located in the intestinal region that prevents the backflow of liquid during the application of enemas. The intestines can hold approximately 230 ml of liquid.

Enemas can be administered with already prepared clysters that are readily available or as a high enema. Pressure equilibration during a high enema requires the connection to the stomach. Furthermore, the cardia must be closed with a blind stopper in order to prevent the upward flow of the enema into the oral cavity. After filling, the rectal tube can be removed. To empty the rectum, insert the rectal tube once again.

Care Tips

The rectal valve consists of tightly spaced plastic leaves that must be lubricated with Vaseline" or the silicone oil before each exercise. The included rectal tube (Ch 18) should also be sprayed before insertion. After an enema, completely empty the internal organs and lay them out in the open to dry. Before reassembling, again lightly coat all plug-and-socket connections with silicone oil or Vaseline.

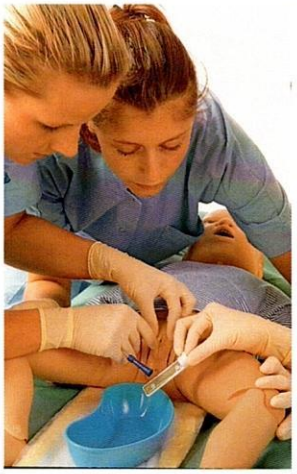
The rectal valve is a part that will wear out with time. It can be reordered individually under Order No. CLA23443/3.

II. Catherisation and feeding:

a) Catherisation

Urinary bladder catherisation is possible on both the male and female model. Suitable for the purpose are robust 10 Ch bladder catheters. The bladder (with a capacity of 85 ml) is connected to the urethra through a screw connection in the rump of the model. The valve mechanism is to be found in the bottom of the bladder. This prevents leakage when filling the bladder. The bladder is to be filled through a catheter or the filling open (screw connection) as preparation for the demonstration.

The valve mechanism should be checked before use (use silicon spray or vaseline to make the valve slide easily). The unrestricted movement given by the thigh and knee joint facilitates holding when inserting a catheter.

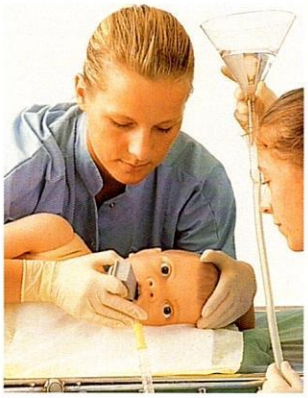


Care Tips

The function of the valve mechanism should be examined before use. (Lubricate valve lightly with Vaseline or silicone oil.) Before filling the urinary bladder on the female abdominal wall, the suprapubic opening must be closed with the provided blind stopper. Only use catheters of size Ch 10!

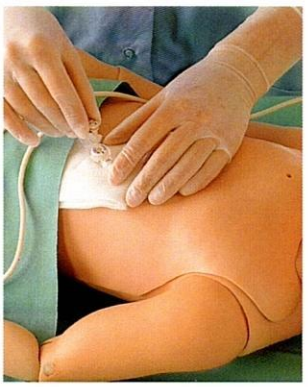
After practicing, it is recommended that the opening for filling the urinary bladder not be closed in order to guarantee uniform drying.

b) Probing/gastric lavage
A feeding tube can be introduced through the nose or mouth. Mouth, nose, gullet and stomach inlet should be adequately prepared with silicon spray to ensure that the probe (which is also to be sprayed with silicon) slides easily into position (fit plug valve with small opening between stomach and gullet). For gastric lavage the stomach inlet is to be provided with a plug valve (large opening). A thicker probe (approx. 25 Ch) can be introduced through the mouth. The stomach will hold approx. 200 ml. It is recommended that the stomach be filled to a certain extent before the demonstration to ensure better leverage.



Care Tips
In preparation, the mouth, nose, esophagus and cardia should be adequately treated with silicone oil so that the probe (also spray with silicone oil) slides freely. Before demonstrating gastrolavage, it is recommended that the stomach be only slightly filled in order to better achieve the desired siphon effect. Both plug valves with large and small valve openings are subject to wear. If they no longer function properly, they can be reordered under Order No. CLA23221/1 (valve with small opening) and under CLA23221/2 (valve with large opening).

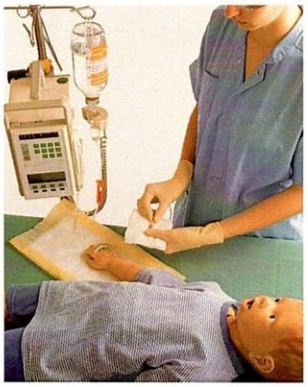
c) PEG nursing/feeding through the stoma
A PEG tube or a button is to be inserted in a container in preparation for practicing on the model through the access in the left epigastrium in. The connection is to be checked to ensure that it holds firmly. The tube is fixed by means of the PEG holding plate on the outer abdominal wall. Now changing dressing or feeding through a feeding pump can be practiced on the PEG system.



Care Tips
The holding mechanism for the plug-and-socket connection of a collecting container is located on the interior abdominal side of the PEG opening. In order to conduct the exercise in a way that has practical relevance, the container for collecting food should be attached to the interior abdominal side of the PEG opening (identical to the preternatural anus container). After cleaning with soap solution, the container should be left open to dry.

III. Injections and Infusions:
a) - d) I.M. and I.V. injection and infusion

Infusions and injections through the venous accesses can be practiced analogue to iv punction. Flexible or other holding cannula can be applied for injections and infusions. Prepared medicaments for infusion solutions can be run through Injectomats or infusion apparatus as short or „continuous" infusion. The infusion liquid is recovered through a container (which will only take 200 ml liquid) in the body of the model. Assistance when giving infusions and other nursing aspects can be practiced in this way. It is also possible to place the arm in a splint.



Care Tips

Foam pads absorb the injection solution. Wash and dry well after use. Intracutaneous injections are not possible.

In order to avoid a sedimentation of the red dye, the blood liquid should not regularly remain in the collection container. Rinse with water after use and leave open to dry.

After many practice sessions, the veins can be exchanged for the included replacement tubing (0.5 m). The venous tubing and the injection pad are parts which are subject to wear and can be reordered under the Order No. designated on pages 15 and 16.

a) - d) I.V. punction on the right arm

I.V. punction is possible in the area on the back of the hand into a vein that can be easily felt. The elastic hose which can be punctured several times, runs through the punction area, and can be easily replaced through the elbow. The hose is connected to a container in the body of the model. Before punction the container is to be filled completely with a blood-colored substance. The system must be vented before demonstrating on the back of the hand. An enclosed blood removal system is to be employed for punction. This system is to be based on a suction or vacuum system. A second venous access point is given on the thumb side of the hand joint. Assistance when taking blood can be demonstrated and practiced.

Care Tips

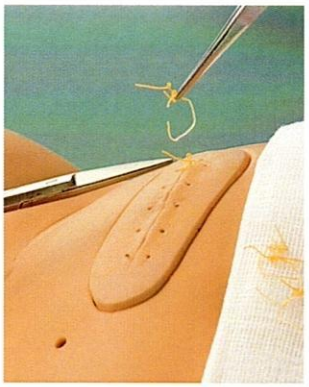
In order to prepare for injections and infusions, the provided injection arm should be attached to the right half of the infant's body by using the included red pin ring. The venous tubing must also be guided into the interior of the body and be connected to the blood collection container. The delivered blood concentrate can be diluted with water up to a volume of 200 ml with water so that the collection container can be completely filled by using a funnel or a syringe. Afterwards, the body can once again be closed. Thus, a realistic provision of care in the form of a practice exercise becomes possible.

V. Wound treatment, catheter care and other measures

a) Wound treatment/ suture removal

The small child model makes surgical nursing possible on the female breast and abdominal wall for wound treatment with replaceable „wound pads". Selected as example was appendectomy with simple wound suture, button suture or suture with drain. The wound pads must be provided with sutures or fitted button suture (if required).

During this exercise both wound treatment and suture removal can be demonstrated.

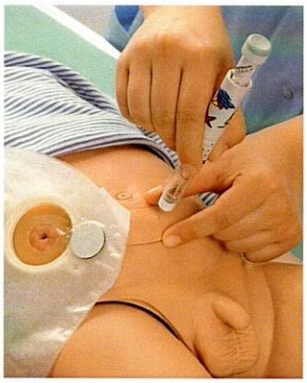


Care Tips

Surgical sutures or also regular sewing thread can be used on the wound pads. The fine holes for the sutures are already present. If during a demonstration in larger classes there are not enough wound pads even with thread removal, each wound pad can be individually reordered.

c) Stoma/Anus praeter

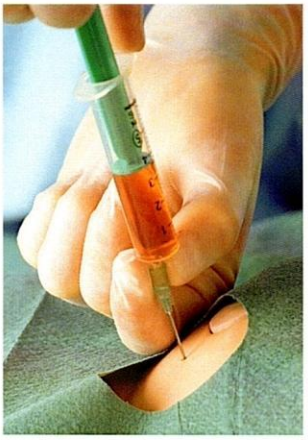
The stoma is located in the right lower stomach of the male breast and abdominal wall. To be found on the back is a fixed container to catch the media. It can be filled with a medium similar to stool and can be run to the outside through the stoma into the bag (by applying slight pressure to the abdominal wall). Single or two phase stoma treatment can be demonstrated and practiced on the model).



Care Tips

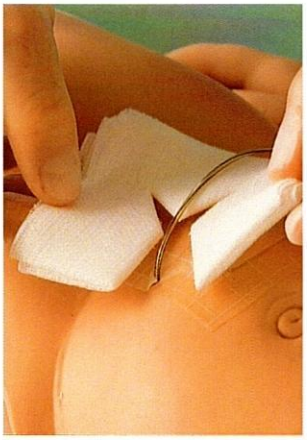
To demonstrate stoma care in an even more realistic manner, a stool-like liquid can be produced by using commonly available mustard and water. After use, rinse the collection container for the preternatural anus with a soap solution and let it dry in the open. The same application and the identical collection container can be used for PEG care. After removing the stoma, sticky remnants of the bag can be removed with cleaner's naptha or alcohol.

d) Suprapubic bladder punction



The bladder punction position is found at a distance of the width of two fingers above the symphyse across the wall on the female abdominal wall. The container for bladder punction (with a capacity of 85 ml) is to be inserted in the recess in the symphyse region in the rump of the model. Connection is to be made between bladder and abdominal wall by means of a stage connector. The bladder is to be filled by means of a syringe through a catheter by applying moderate pressure. The pressure is compensated at the punction point. The punction point can be plugged for transporting the patient. Bladder punction with urine removal can be demonstrated and assistance practiced after preparations have been made.

d) Suprapubic bladder drainage



The preparations are to be made analogue to those for bladder punction. The bladder drainage catheter is to be inserted in the filled bladder through the abdominal wall. Connection can be made to a urine drainage system and for urine removal or flushing out the system, respectively. The illustration shows a change of dressing on the drain outlet.

Care Tips

In order to obtain a natural effect when demonstrating the technique of suprapubic bladder puncture or a suprapubic bladder drain, yellow liquids (e.g., chamomile tea) can be used to fill the urinary bladder. After use, empty the urinary bladders completely, leave open and let them dry.

e) Tracheotomy

A tracheotomy tube can be introduced through the given opening and fastened by means of the pertinent band. Tracheostoma treatment can be demonstrated and practiced on the small child model by changing the cannula band and by means of endotracheal suction through the tube. Should secretion have to be removed by extraction the „lungs" are to be removed and the main bronchial tubes have to be closed with a plug. After this has been done the bronchial tubes are to be filled with a liquid similar to secretion. Practice-relevant endotracheal extraction can follow with a suction device and tracheal catheter.

f) Care During Intubation, Inhalation, while Supplying Oxygen and Tube Care

Intubation with a laryngoscope is not possible in the infant model. For the care of intubated individuals, a tube can be introduced through the mouth and can then be immobilized. Sessions dealing with inhalation and the supply of oxygen as well as oral or nasotracheal intubation can be used to demonstrate and practice the handling of special masks, probes, tubes and catheters. The pediatric nursing care doll offers all the requisite practice options, even with respect to the care of patients who must undergo artificial respiration (ventilator) for longer periods of time.

Care Tips

A liquid made from diluted wallpaper glue can be used to simulate secretions. In order to obtain the desired ease of movement when introducing tubes and probes, the mouth or pharyngeal space and the probes should be lightly coated with the provided silicone oil. When practicing artificial respiration, the stomach must be removed from the esophagus in order to avoid inflating the stomach. The included blind stopper can be used to close the esophagus.

CLA 23

Check list of Joints which are to be treated with separation spray, talcum powder and vasline:

Silicone Oil

Shoulder, elbow, hand, hip, knee, foot, waist, lower neck joint (connecting upper half of torso to neck), eye socket, eyelids, nose and throat (spray through the nostrils), oesophagus and trachea, urethra and rectum, front fastening flap of the genitalia, anal opening, stomach and bowel unit, bladder valve and rectal valve, cannula, catheter bougie etc.

Talcum

Underside of head, upper neck joint, all injection and infusion pads and lung connections.

Vaseline

Screw connections, plug connections with sealing rings and screw cap

Blood liquid

Please always empty the bottle using for the blood liquid after use

Replacement parts

0,5 m vein tube
1 Bandage red
4 push-buttons
1 Bladder plug

CLA 23
Replacement Parts

CLA 23100
Head with painted-on hair and glas eyes, external auditory meatus, nasal and oral cavities, Tracheotomy, Trachea, Oesophagus with plug-in connection for the stomach, 1 knurled screw for fitting the head

CLA 23114
One pair of glas eyes

CLA 23119/1
Plug for Bronchial Branches

CLA 23130
Plug for Tracheotomy

CLA 23140
Knurled Screw for mounting the head

CLA 23200
Lower section of the body made of rigid plastic

CLA 23205
„Pelvic attachment" for keeping the bladder

CLA 23206
Chest attachment for holding the abdominal wall

CLA 23207
Female Abdominal Wall, with urethra, but without bladder

CLA 23207/1
Wound pad with suture and drainage for the female abdominal wall

CLA 23207/2
Wound pad with button suture for the female abdominal wall

CLA 23207/3
Wound pad with wound suture for the female abdominal wall

CLA 23207/4
Plug for suprapubic opening on the female Abdominal Wall

CLA 23208
Male Abdominal Wall, with urethra, but without bladder

CLA 23208/1
Injection Pad for the Male Abdominal Wall

CLA 23210
Lungs (1 pair)

CLA 23212
Right lung

CLA 23213
Left lung

CLA 23221
Stomach with Opening for plug-in for connecting with the Oesophagus and the Intestinal tract (capacity approx. 200 ml)

CLA 23221/1
Plug-in, Oesophagus/ stomach, with small valve opening

CLA 23221/2
Plug-in, Oesophagus/ stomach, with large valve opening

CLA 23221/3
Plug for closing the stomach or the intestinal tract and the oesophagus

CLA 23225
Gastric tube Ch 25, length 84 cm.

CLA 23300
Upper arm, right

CLA 23303
Upper arm left without injection pad

CLA 23301/1
Lower arm, right

CLA 23301/2
Hand, right

CLA 23304/1
lower arm, left

CLA 23304/2
Hand, left

CLA 23306
Tab red, fastening for the upper arm and the upper leg

CLA 23308
Plug-in thread for the elbow, complete with push-botton, 1 piece

CLA 23312
Injection pad for upper arm left, or injection arm, right

CLA 23330
Injection arm, right complete with veins, 3 injection pads, 1 pad in the elbow and plug ring red for mounting

CLA 23331
Injection pad on the back of the hand for the injection arm

CLA 23332
Injection pad on the side of the hand for the injection arm

CLA 23
Replacement Parts

CLA 23333
Covers for the elbow of the injection arm

CLA 23334
Bottle for the blood-coloured liquid of the injection arm (capacity approx. 200 ml)

CLA 23335
Vein tube for changing 0,5 m

CLA 23336
Y-piece for the vein connection in the elbow

CLA 23337
Plug ring red, Fastening for mounting the injection arm

CLA 23340
case, made of plastic with handle, for the equipments of the Child Nursing Doll

CLA 23413
collecting container for anus praeter and PEG

CLA 23421
Intestinal Tract (capacity approx. 230 ml) with plug connection for the Rectum

CLA 23433/7
Bladder for the Female Abdominal Wall with Suprapubic Opening (capacity approx. 100 ml)

CLA 23433/8
Bladder for the Male Abdominal Wall, with glued Velcro fastener (capacity approx. 100 ml)

CLA 23435
Disposable catheter 10 CH

CLA 23441
Intestine tubes 18 CH

CLA 23443
Curved Rectum

CLA 23443/3
Plug-in for Rectum connection

CLA 23444
Bladder Plug, 1 piece

CLA 23500
Thigh, right without injection pad

CLA 23503
Thigh, left without injection pad

CLA 23511
Injection pad thigh, right

CLA 23512
Injection pad thigh, left

CLA 23520
Plug-in for knee, complete with push-button, 1 piece

CLA 23522
Push-button for plug-in foot, knee and elbow

CLA 23530
Lower leg, right

CLA 23531
Foot, right

CLA 23533
Lower leg, left

CLA 23534
Foot, left

CLA 23536
Plug-in for foot, complete with push button, 1 piece

CLA 23700
Instruction, German

CLA 23702
Instruction, English

CLA 23704
Instruction, French

CLA 23706
Instruction, Dutch

CLA 23707
Instruction, Spanish

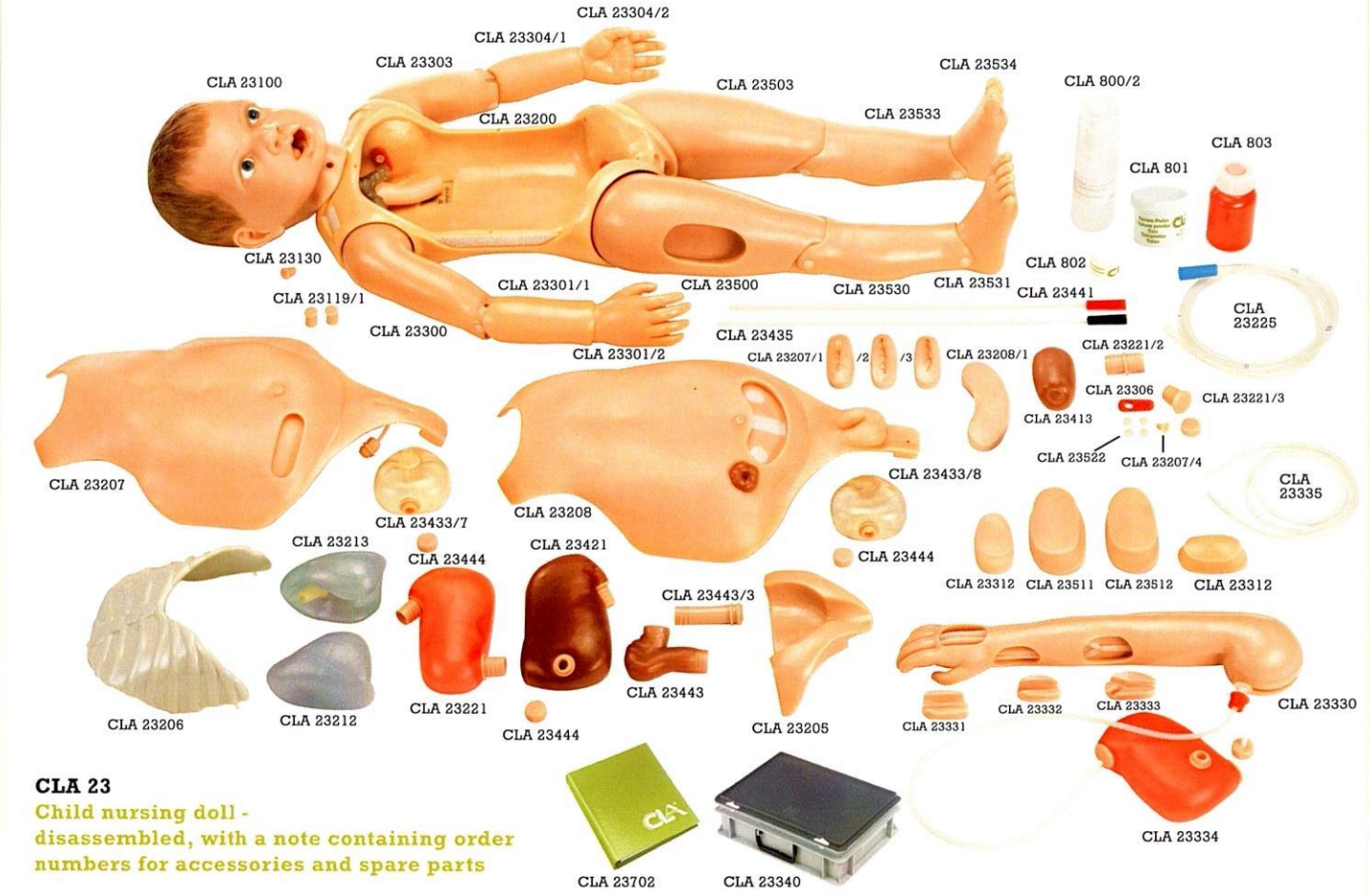
CLA 23710
Instruction, Italian

CLA 23803
Artificial blood, bottle with 100 ml contents

CLA 800/2
Pressure spray bottle, silicone oil, 125 ml net

CLA 801
Talcum powder, 100 ml powder dispenser

CLA 802
Vaseline, jar with 20 ml contens



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Child nursing doll -
disassembled, with a note containing order numbers for accessories and spare parts