

TruInfant IV Arm User Manual



The TruInfant IV Arm is a realistic task trainer for practicing the skills associated with IV cannulation of the hand and arm. This model is based on a 5-month-old infant.

Contains realistic anatomy of the dorsal venous arch, cephalic and basilic veins allowing needle cannulation at various locations.

Activation of the normal venous blood flow mode allows fluids to be withdrawn and administered providing realistic blood flashback.

The unit is designed to be interchangeable, therefore, the arm can be replaced once it has depleted. Equipped with a system for continual blood flow to the veins for IV cannulation.

Contents

Product specifications	2
Package contents	2
Recommended equipment sizes	2
Preparation	2
Replacement of parts	3
Fluid Removal	3
Care and Maintenance	4
Warranty	5

Product specifications

Product Code: TINIVARM1

Full Shipment Weight: 1kg

Full Shipment Dimensions: 32 x 20 x 20cm

Package contents

- 1x TruInfant IV Arm ready-to-use (TINIVARM1)
- 1x IV bag stand
- 2x IV bags
- 1x Luer lock syringe
- 1x 250ml Concentrated blood (CVB250)
- 1x Carrier case

Recommended equipment sizes

- Size 24G needle

Please ensure to strictly follow the above recommendations. Any damage caused to the model outside of these recommendations may void your warranty.

Preparation

1. Once the contents of the unit have been removed from the bag. Attach the tubing to the arm and hang up the IV bags on the stand.
2. Mix an appropriate concentration of artificial blood as indicated on the bottle's instructions (ratio of blood to water is 1:9). Distilled water can be used as a substitute for blood if desired.
3. Fill a luer lock syringe. This will fill the veins for IV cannulation.

4. Ensure the second stopcock with the tubing attached to the unit is 'closed'.
5. Attach the luer lock syringe to the first stopcock on the IV bag. Open the first stopcock and slowly insert the fluid from the syringe. Repeat until you have approx. 100ml in the IV bag. Do not exceed 200ml in the whole system if refilling mid-session.
6. Once the IV bag is filled with fluid, close the first stopcock and detach the syringe.
7. Open the second stopcock which attaches to the unit on both IV bags. to allow fluid to fill the unit.
8. Set up is complete and the unit is ready to use. See recommended equipment sizes above to ensure the unit is used accordingly. Using incorrect equipment may void the warranty period on the unit.

Replacement of parts

Baby Arm

1. The arm should be replaced if you are experiencing large amounts of leakage due to number of needle penetrations exceeding 300+. Speak with the sales team to purchase replacement arms.
2. To detach, ensure the unit has been drained accordingly, detach the arm tubing from the IV bag tubing and simply turn the arm anti-clockwise to release it from the unit.
3. To attach the new arm, align the arm with the base and twist it clockwise to secure the arm then reattach the arm tubing to the IV bag tubing. Fill according to the instructions in the 'Preparation' section.

Fluid Removal

1. Close all stopcocks on both IV bags
2. Detach the limb tubing from the first IV bag.
3. Fill a syringe with air and attached to the loose limb tubing.
4. Open the stopcock on the second IV bag that has the second limb tubing connected.

5. Slowly push air through the system to drain all fluid into the second IV bag.
6. Once you are content that all fluid has been flushed out of the system and into the second IV bag, close the stopcock on the second IV bag to lock in the fluid.
7. Dispose of the fluid appropriately by opening the stopcock on the second IV bag.
8. We recommend flushing the system with a Milton / Sterilising solution to avoid mould build up. (See Care & Maintenance, pg. 4)

Care and Maintenance

The model should be treated with care, as though it is a real-life clinical environment. When the product is not in use, please store in the black carrier case provided.

To deter the growth of mould in the system, we recommend flushing the system after every use with a sterilising fluid (such as Milton solution) and water solution.

Store in clean, dry conditions away from heat and direct sunlight; avoid contact with metals, solvents, oils or greases and strong detergents.

Mild detergents or enzymatic cleaning agents may be used on the airway in accordance with the manufacturer's instructions and at the proper dilution. The detergent must not contain skin or mucous membrane irritants.

*Please **do not** use any of the following when cleaning the product:*

- Germicides, disinfectants, or chemical agents such as glutaraldehyde (e.g. Cidex®),
- Ethylene oxide, phenol-based cleaners, or iodine-containing cleaners

In response to the recent COVID-19 pandemic, we recommend this additional step to ensure the product is fully sanitised:

Use alcohol spray (minimum 75%) and wipe off. Repeat this for 3-4 times to ensure to kill the virus completely. This method can be used on both the silicone skin and the latex airway.

Warranty

TruCorp warrants this unit to be free of defects in materials and workmanship and to give satisfactory service for a period of 1-year from the date of delivery. This ensures that our customers receive maximum coverage on each product. If the unit should malfunction it must be returned to the factory for evaluation. Upon examination by TruCorp, if the unit is found to be defective it will be repaired or replaced at no charge.

TruCorp will pay for the freight/delivery and the actual parts needed free of charge if any part of the product fails within the 1-year period.

However, these warranties are VOID, if; the unit shows evidence of having been tampered with or shows evidence of having been damaged by excessive heat, the use of sharp instruments, misapplication, misuse or other operating conditions outside of TruCorp's control. Components that wear or are damaged by misuse are not warranted and will be charged for if repair has been approved. Warranty is void if third party products are seen to have damaged or caused failure of the TruCorp models. Please ensure to closely follow the recommend equipment sizes (please refer to page 6), if damage occurs due to misuse of equipment, your warranty will be void.

Please direct all warranty and repair inquiries to:



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