Newborn PEDI® 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.
# End User License Agreement

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Care and Cautions

Overall Warnings

Remember that damage caused by misuse is not covered by your warranty. It is critical to understand and comply with the following guidelines:

GENERAL

- This simulator is constructed of material that approximates skin texture. Therefore, in handling the model, use the same gentle techniques as you would in working with a patient.
- Ball point pens, ink and markers permanently stain the skin.
- Do not wrap this or any other Gaumard product in newsprint.
- Do not use alcohol, acetone, Betadine® or any other antiseptic which contains iodine in this or any Gaumard® simulator. These products could damage or stain the skin of the simulator.
- Replacement parts are available from Gaumard Scientific or your Distributor.

OPERATING CONDITIONS

Operating the simulator outside these ranges may affect performance:

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

STORAGE CONDITIONS

- Improper storage may damage the simulator.
- Keep it stored in the box and/or bag provided.
- Do not stack or store heavy materials on top of the carton.
- Storage temperature: 32°- 85° F (0°- 29° C).
- Humidity: 40%-60% (non-condensing).

IV ARM

- Treat the simulator with the same precautions that would be used with a real patient. Only use Gaumard’s provided simulated blood. Any other simulated blood containing sugar or any additive may cause blockage and/or interruption of the vascular system.
- The use of needles smaller than 22 gauge will reduce the lifetime of the lower arms’ skin and veins.
- After cleaning and drying the arm, lightly dust it with talcum powder. This will keep the training arm supple and easy to use.

WARNING

Vein tubing contains latex which may cause allergic reactions. Users allergic or sensitive to latex should avoid contact. Discontinue use of this product and seek medical attention if an allergic reaction occurs.

CLEANING

- Clean the skin of the simulator after every training session. The skin should be cleaned with a cloth dampened with diluted liquid dish washing soap and dry thoroughly.
- Remove all traces of any lubricant.
- Do not clean with harsh abrasives.
- The simulator is “splash-proof” but not waterproof. Do not submerge or allow water to enter the interior of the simulator.
If your simulator was purchased with the optional Omni controller with CPR Monitoring, please follow the set up instructions listed below.

**POWER SUPPLY**
Connect the power supply to the power input located on the simulator’s left side, and then connect the power supply to the wall outlet.

**OMNI® SETUP**
Omni controls the simulator with the touch of a button.

1. Connect the communication cable to the communication port located on the left side of the simulator.

2. Connect the other end of the communication cable to Omni.

A startup screen is shown while Omni is detecting the simulator features. After the startup screen, Omni will proceed to the main screen automatically.

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

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

**AIRWAY**
- Oral and nasal intubation
- User an ET tube or LMA
- Perform Sellick’s maneuver

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

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

**SIMULATOR**
- Articulated neck, jaw, arms and legs
- Heart, lungs and ribs
- IV training Arm
- IV training Leg
- Medium skin tone is the standard Newborn PEDI color; light or dark skin is available at no extra cost.
- Patent umbilicus
- Physical size is 50th percentile at 40 weeks gestational age
- Realistic airway with tongue, epiglottis, vocal chords and esophagus
- Femoral venous access

**OPTIONAL CONTROLLER**
- Powerful yet intuitive user controller and interface software
- CPR Training

**OTHER**
- One year limited warranty

Terminology

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

**PROVIDER**
A person participating in the simulation as a healthcare provider.

**CODE BLUE®**
Feature of the Omni controller to monitor, train, and evaluate CPR.

**CPR TRAINER**
Application to monitor, train, and evaluate CPR on a PC.
Airway

NASAL AND ORAL INTUBATION

Simulator’s airway can be intubated orally using a LMA or endotracheal tubes and nasally through the left nostril using a nasogastric tube.

WARNING

Always lubricate tubing and nasal opening prior to performing nasal or oral exercises.

Failure to do so will make intubation very difficult and is likely to result in damage. It is not recommended that you spray silicone oil directly into the mouth and airway.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Recommended Device Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intubation (Blade size)</td>
<td>Miller 0</td>
</tr>
<tr>
<td>LMA</td>
<td>Size 1</td>
</tr>
<tr>
<td>Nasal Intubation</td>
<td>8 Fr catheter</td>
</tr>
<tr>
<td>Oral Intubation</td>
<td>ETT 3.0 no cuff, 6 Fr suction catheter</td>
</tr>
</tbody>
</table>

SUCTION

Newborn PEDI can be used to simulate suction procedures. Suctioning may be practiced in either/or the esophagus/trachea.

Breathing

PULMONARY VENTILATION

Practice BVM techniques using an infant sized mask having a thick seal. Bilateral lung expansion is perceived with realistic chest rise.

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

Circulation

PALPABLE PULSES

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

ACTIVATING THE PULSES

Generate palpable pulses using the squeeze bulb.
**IV ARM ACCESS**

The Pediatric Injection Training Arm simulates the arm of a newborn child. It is an effective training tool for intravenous and certain arterial exercises. It is only to be used as part of an approved program for patient care.

The training arm contains anatomically located venous and arterial grooves which are fitted with soft latex tubes closely simulating the consistency of the veins. A translucent, pliable latex skin, which is removable and washable, is stretched over the training arm.

The IV arm provides:

- A medial venous antecubital vein for IV exercises
- Radial and brachial pulse points
- Two veins in the dorsum of the hand for additional intravenous training techniques

Applying pressure via the syringe permits the veins to stand out, simulating a clenched fist or a tourniquet situation. Release of the pressure simulates collapsed veins. Use of the syringe permits the palpability of the veins to be varied as seen in routine hospital or emergency situation.

The instructor may ask the student to access the veins initially using a 23 gauge needle set without the use of fluids. Once the student is more skilled, water can be added to the syringe. Later one may elect to use the synthetic blood concentrate.

**Flush the IV arm following each training session.**

The IV training kit includes a blood dispensing syringe, synthetic blood concentrate and a spare arm skin.

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

**FILLING THE IV ARM SYSTEM**

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

![IV Arm Drain Tube and IV Arm Fill Tube]

1. IV Arm Drain Tube
2. IV Arm Fill Tube

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

**DIRECTIONS FOR USE**

For IV infusion simulations, place the end of drainage tube into a container and open the adjustable clamp. Leave clamp open until the IV infusion is stopped to prevent damage to simulator.

Setting up an IV line is an invasive procedure requiring an aseptic technique. The normal procedure for setting up an IV line using the Newborn PEDI is as follows:

1. Apply desired pressure to the veins.
2. Squeeze the appropriate vein site and clean the skin with alcohol. Avoid use of povidone-iodine, as this will cause the skin to become discolored and brittle.
3. Omit tourniquet use if possible. If required, apply the tourniquet a few inches above the selected site.
4. Simulate anesthetization of the skin if needed.
5. Select a 22 gauge cannula and 23 gauge needle. Large needles will damage the veins.
6. Apply finger pressure to the vein distal to the puncture site.
7. Puncture the skin and the underlying vein with the needle. The bevel of the needle should be up and the needle should be angled at a 20-30 degree angle.
8. Stabilize the entry site as desired.
9. Apply ointment and dressing and remove tourniquet, if used.

**WARNING**

Use only Gaumard’s provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

**MAINTENANCE**

1. Remove the skin starting at the shoulder. Use talcum powder on the skin to ease movement. Remove the skin, exposing veins and arteries.
   
   Gentle heating of the vinyl (with a hairdryer or heat gun) will make removal easier.

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

**IV LEG ACCESS**

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

**FILLING THE IV LEG SYSTEM**

- Place end of drainage tube 7 into a container and open the adjustable clamp.
- Fill the dispensing syringe with fluid.
- Connect the syringe to fill tube 6 and release the fluid. Allow fluid to flow through the system and into the drainage container.
- Close the adjustable clamp of drainage tube 7.
- Remove the syringe from the filling tube.

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

**DIRECTIONS FOR USE**

For IV infusion simulations, place the end of drainage tube into a container and open the adjustable clamp. Leave clamp open until the IV infusion is stopped to prevent damage to simulator.

**MAINTENANCE**

- Remove the skin starting at the upper thigh. Use talcum powder on the skin to ease movement.
- Remove the skin, exposing the vessel and pulse sites.

Gentle heating of the vinyl (with a hairdryer or heat gun) will make removal easier.

- Assemble in reverse order, being certain to apply powder to the inside of the leg skin before rolling it on.
FEMORAL VENOUS ACCESS
During CPR, the preferred access site is the largest and most accessible site that does not interrupt resuscitation of the victim. Venous access can be obtained through the intraosseous route discussed previously, or the femoral, internal jugular, external jugular, or Subclavian veins. Of the latter four sites, the femoral is preferred because like the intraosseous site, it provides less interference with the resuscitation efforts.

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

1. Place the end of tube 7 into a drainage container and open the adjustable clamp.
2. Fill the fluid dispensing syringe with water or simulated blood.
3. Connect the syringe to tube 6 and release the water. Allow water to flow through the system and into the drainage container.
4. Once the water is seen draining, close the adjustable clamp.

2. Clean the area with alcohol. Avoid the use of povidone-iodine, as this will discolor the simulator.

3. Simulate anesthetization of the area if needed.

WARNING
Always drain and flush the reservoirs after simulation.

Use only Gaumard’s provided simulated blood. Any other simulated blood brand containing sugar or any additive may cause blockage and/or interruption of the vasculature system.

Systemic

INTRAOSSEOUS ACCESS
Intraosseous access is used for the infusion of fluids, blood and/or drugs directly into the bone marrow of the tibia or other large bone. Setting up an intraosseous access line is an invasive procedure that can be simulated with the Simulator’s lower right leg.

The intraosseous access kit includes: modified tibia bones with filling and drainage tubing, a fluid dispensing syringe and synthetic blood concentrate.

FILLING THE FEMORAL VENOUS ACCESS
Follow the instructions listed in the section “Filling the Femoral Venous Access” to

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

1. Palpate tibial tuberosity.

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

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

UMBILICAL CORD
At birth and for only a few hours thereafter, the umbilical cord can be used for intravenous access, and for measuring arterial blood gasses/pressure.

This Newborn PEDI features umbilical venous access. You may access umbilical cord using an umbilical catheter. Lubricate the distal tip and insert the tip just below the level of the skin. Infusion exercises may then be practiced.
A reservoir within the Newborn PEDI collects the fluid, which can be drained via a port on the torso.

**Patient Care**

**FILLING THE UMBILICAL CORD**

To fill the umbilical cord with fluid, follow the instructions listed below.

1. Place the end of tube 4 into a drainage container and open the adjustable clamp.
2. Fill the fluid dispensing syringe with water.
3. Connect the syringe to tube 3 and release the water. Allow water to flow through the system and into the drainage container.
4. Once the water is seen draining, close the adjustable clamp.

For catheterization, use a 6 Fr urethral round tip catheter lubricated with silicone oil.

**BANDAGING**

The fingers and toes of this Newborn PEDI are separated to permit bandaging exercises. The surface of the manikin is smooth and resistant to water, oil, and liniments.

**HEEL STICK EXERCISES**

Both legs are molded from a very soft, lifelike material, permitting heel stick exercises.

**EYES/OPHTHALMOLOGIC EXERCISES**

The head has separately inset eyes, permitting the following exercises:

- Administration of orbital medicines, including instillation of drops or ointment into the conjunctival sac
- Removal of foreign bodies
- Eye irrigation

**TONGUE**

The Newborn PEDI is supplied with a soft tongue.

**RANGE OF MOVEMENT**

The arms and legs are soft and rotate within the torso body. The head, neck, and jaw articulate.

**NASOGASTRIC AND OROGASTRIC EXERCISES**

Gastric contents and other fluids may be added to the stomach orally or nasally. The nasal and oral openings are connected to the stomach reservoir, so that an appropriately-sized catheter may be used to demonstrate tube feeding and gastric suction. Drain the gastric contents by opening the adjustable clamp from tube 5. Allow water to flow out of tube 5 and into a drainage container. Close the adjustable clamp to contain the gastric fluids.
Using Omni® Code Blue

Code Blue® is a CPR training tool incorporated in the Omni controller. It was designed to help teach CPR by monitoring cadence and depth of cardiac compressions and airway ventilations in real time.

WARNING
Do not perform mouth to mouth ventilation since the simulator can be difficult to clean afterwards.

MAIN SCREEN
The Omni main screen is divided into three sections which are, listed from left to right, the Feedback Graphics, Current Settings, and Navigation Menus. Pressing each button will display the menu item in detail.

FEEDBACK GRAPHICS
Monitor and evaluate depth and cadence of compressions and ventilations in real time.

CURRENT SETTINGS
The current settings are listed on the middle of the screen. The settings will reflect the information saved during a previous session.

CODE BLUE NAVIGATION MENUS
Edit the simulator settings using the navigation menus. Select a menu item by pressing the soft key buttons located on the right side of the controller. Each menu has additional submenus or toggle selection. Use the submenus to decrease, increase, accept, or cancel values. Use the toggle selection to switch between available options in the menu.

The Code Blue menus are:

- CPR operational mode: TEST or COACH mode
- C:V Ratio: customize the compression to ventilation ratio to match correct guidelines
- Compression/Ventilation Rate: adjust the number of compressions and ventilations per minute
- Calib: calibrate the pressure sensor in the simulator
- Help: universal help menu

MODE MENU
Toggle between COACH and TEST modes. The COACH mode generates audible tones to coach CPR ratio. A high-pitched beep signals the care provider to perform a compression and a low pitched-beep signals a ventilation. Toggle to the TEST mode to perform CPR without the audible cues.
C:V RATIO MENU (COMPRESSION TO VENTILATION RATIO)

Adjust the compression to ventilation ratio using the + and - buttons. Press OK to save the changes and return to previous screen. The default value for the C:V Ratio is 30 compressions to 2 ventilations.

COMPRESSION / VENTILATION RATE MENU

The default value for the compression rate is 100 compressions per minute. Adjust rate using the ‘+’ and ‘-’ buttons. Press OK to save the changes and return to previous screen. The Compression rate range is 50 - 150 CPM. The Ventilation rate limits are 2- 60 VPM.

CALIBRATION MENU

Press CALIB. to access additional menu selections.

CALIBRATING CHEST COMPRESSIONS

The simulator is pre-calibrated to current CPR guidelines at time of manufacture. If the CPR guidelines change, calibrate the sensors inside the simulator using this option.

Calibrating chest compressions:

1. Select C CAL.
2. Press START to begin the calibration procedure.
3. Omni will ask you to perform several correct chest compressions. The facilitator should follow the text cue on the screen to perform just one compression at a time until finished. When Omni is ready to proceed it will display COMPRESS.
4. Perform a correct compression.
5. Follow the text cue on the screen to perform the remaining four compressions. When the calibration is complete Omni will display DONE.
6. Press SAVE.
CALIBRATING AIRWAY VENTILATIONS

Set the standard against which ventilation will be evaluated during training.

Calibrating airway ventilations:

1. Select V CAL.
2. Press START to begin the calibration procedure.
3. Omni will ask you to perform a number of correct airway ventilations. The facilitator should follow the text cue on the screen to perform just one ventilation at a time, until finished.
4. When Omni is ready to calibrate it will display VENTILATE.
5. Perform a ventilation.
6. Follow the text cue on the screen to perform the remaining four ventilations. When the calibration is complete Omni will display DONE.
7. Press SAVE.

RESETTING OMNI’S PRESSURE SENSOR

It is recommended that the Omni’s pressure sensor is reset at altitudes greater than 1000 ft. to avoid inaccurate compressions and ventilations readings. Perform the sensor reset procedure only as part of the initial calibration process.

1. Select RESET within the compression or ventilation calibration menu.

After resetting the sensor, Omni will display DONE.

HELP

The help window provides access to global settings such as backlight time and Omni/Simulator serial number.

BACK

Return to previous screen.

BACKLIGHT

The default value for Omni’s backlight timer is 10 minutes. After 10 minutes the backlight will turn off.

To increase the backlight duration, adjust the backlight timer with the plus or minus sign. Press OK to accept the changes.
SERIAL NUMBER

View Omni and Simulator serial number. Press OK to return to the HELP menu.

---

eCPR™

eCPR is an application that enables monitoring and logging of compressions and ventilations, performed in real time by the user, on a PC.

This software aims to provide additional testing and teaching tools for CPR using an interface to display a waveform graph of the compressions and ventilations.

For Instructions on how to use eCPR, please refer to OMNI User Guide.
## Appendix

### Troubleshooting

**GENERAL TROUBLESHOOTING GUIDE**

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Possible Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omni is not turning on</td>
<td>Power supply not connected to simulator</td>
<td>Connect the power supply cable to the simulator and the other end to a power source</td>
</tr>
<tr>
<td></td>
<td>Communication cable not connected to Omni or the simulator</td>
<td>Connect the communication cable to the simulator and to Omni.</td>
</tr>
<tr>
<td>I lost communication with the simulator</td>
<td>Corrupted connection</td>
<td>Reboot Omni by unplugging the communication cable and reconnecting after a few seconds</td>
</tr>
<tr>
<td>Communication never gets established or is lost</td>
<td>Data cable is not connected</td>
<td>Ensure the Ethernet cable is plugged into Omni and the simulator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verify the power cable is connected to the simulator</td>
</tr>
<tr>
<td>Omni is not detecting any compression or ventilations</td>
<td>System is not calibrated</td>
<td>Calibrate compressions and ventilations using Omni</td>
</tr>
<tr>
<td>Omni detects compressions but no ventilations</td>
<td>Module in the simulator is disconnected</td>
<td>Contact technical support to troubleshoot problem</td>
</tr>
<tr>
<td>Omni takes too long to boot up</td>
<td>A system restore is required</td>
<td>1. Unplug the communication cable from Omni.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Press and hold down the two outer keys, located on the right side of the controller, while reconnecting the communication cable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Once a “Please Wait” message appears on the screen, release the two outer keys.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wait for the main screen to load and continue with simulations.</td>
</tr>
</tbody>
</table>
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Warranty

EXCLUSIVE ONE-YEAR LIMITED WARRANTY

Gaumard warrants that if the accompanying Gaumard product proves to be defective in material or workmanship within one year from the date on which the product is shipped from Gaumard to the customer, Gaumard will, at Gaumard’s option, repair or replace the Gaumard product.

This limited warranty covers all defects in material and workmanship in the Gaumard product, except:

- Damage resulting from accident, misuse, abuse, neglect, or unintended use of the Gaumard product;
- Damage resulting from failure to properly maintain the Gaumard product in accordance with Gaumard product instructions, including failure to properly clean the Gaumard product; and
- Damage resulting from a repair or attempted repair of the Gaumard product by anyone other than Gaumard or a Gaumard representative.

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

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

This limited warranty applies only to the products manufactured and produced by Gaumard. This limited warranty does not apply to any products provided along with the Gaumard product that are manufactured by third parties. For example, third-party products such as computers (desktop, laptop, tablet, or handheld) and monitors (standard or touch-screen) are not covered by this limited warranty. Gaumard does not provide any warranty, express or implied, with respect to any third-party products. Defects in third-party products are covered exclusively by the warranty, if any, provided by the third-party.

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

In the event of a perceived defect in material or workmanship of the Gaumard product, the first purchaser must:

- Contact Gaumard and request authorization to return the Gaumard product. Do NOT return the Gaumard product to Gaumard without prior authorization.
- Upon receiving authorization from Gaumard, send the Gaumard product along with copies of (1) the original bill of sale or receipt and (2) this limited warranty document to Gaumard at 14700 SW 136 Street, Miami, FL, 33196-5691 USA.
- If the necessary repairs to the Gaumard product are covered by this limited warranty, then the first purchaser will pay only the incidental expenses associated with the repair, including any shipping, handling, and related costs for sending the product to Gaumard and for sending the product back to the first purchaser. However, if the repairs are not covered by this limited warranty, then the first purchaser will be liable for all repair costs in addition to costs of shipping and handling.

Extended Warranty In addition to the standard one year of coverage, the following support plans are available: Two-Year Extension (covers second and third years)

Call for pricing (USA only)
Contact Us

E-mail Technical Support: support@gaumard.com
Before contacting Tech Support you must:
1. Have the simulator’s Serial Number
2. Be next to the simulator if troubleshooting is needed.

E-mail Sales and Customer Service: sales@gaumard.com

Phone: Toll-free in the USA: (800) 882-6655
Worldwide: 01 (305) 971-3790

Fax: (305) 667-6085

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

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

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

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