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Product specifications

Product Code: TTR2000X

TruMan Trauma X weight: Approx. 15kg

Shipment dimensions: 46 x 26 x 33cm

Package contents

- 1 TruMan Trauma X ready-to-use (TTR2000X)
- 1 TruMan Trauma X carrier case (TBAG02)
- 100ml bottle of lubrication (TL001)
- 5 Larynx inserts (NLX050 – 1 supplied on the manikin and 4 spare)
- 1 wraparound neck skin (TTNS105 – supplied on manikin)
- 1 needle decompression inserts (ND3000 – supplied on manikin)
- 1 economy torso inserts (CDNCE1 – supplied on manikin)

Recommended equipment sizes

- 7.0-7.5mm ID for nasal intubation
- 8.0-9.0mm ID for oral intubation
- Sizes 3-5 for LMA laryngeal masks
- Similar respective sizes for other supraglottic devices
- 28-32F for chest drain of a haemothorax
- 18-20G for needle decompression of a tension pneumothorax

Initial set-up information

- Gently remove the model from the carrier case
- Ensure the body is lying flat in the supine position
- The head can be placed in a neutral or sniffing position by rotating the head, if required for direct laryngoscopy
- Check the volume of air in the tongue is sufficient, it can be inflated or deflated by a syringe to adjust the difficulty during intubation if desired
- Check the needle decompression and torso inserts are connected to the air valves and placed in the correct position
- Spray generous amounts of lubrication provided with the model (TL001) on the airway and equipment prior to use

List of procedures facilitated by the TruMan Trauma X

- Needle and surgical cricothyroidotomy
- Percutaneous tracheostomy
- Double naso-tracheal intubation
- Bag valve mask (BVM) ventilation techniques
- Full range of supraglottic devices
- Direct laryngoscopy
- Endotracheal tube insertion
- Awake fibre optic examination
- Combi tube insertion
- Video laryngoscopy (including Sellick Manoeuvre)
- Naso-gastric tube insertion techniques
- Chest tube insertion: Recognition of correct position, surgical incision, blunt dissection through chest wall, perforation of pleura, and finger sweep (6th & 7th intercostal space)
- Needle Decompression of tension pneumothorax (2nd & 5th intercostal space)
- Identification of tracheal deviation and jugular vein
- Cardiopulmonary Resuscitation (CPR)

Needle Decompression Training Preparation

Please complete the following steps to introduce air to the needle decompression inserts to teach the skills associated with a tension pneumothorax:

At the base of the manikin, there are 2 connection ports:



1. Attach an Ambu bag to the left or right side depending on which side you choose to activate a tension pneumothorax:



2. Pump a small volume of air through the port to activate the inserts
3. You can now continue with the needle decompression procedure on the side which air has been introduced
4. *Please note:* If there is resistance when trying to insert air or if you can hear air leaking, please ensure the internal tubing is connected properly

Chest Drain Training Preparation

Please complete the following steps to introduce fluid to the chest drain inserts to perform a chest drain with fluid removal:

1. Remove the chest drain insert from the model and detach the internal tubing:



2. Unscrew the red caps on the inserts and insert fluid
3. *Please note* older models will feature 3 red caps on each insert to allow chest drain in the 5th, 6th and 7th intercostal space. If your trauma model is new, you can only insert fluid in the 6th and 7th, as the 5th intercostal space is now used for needle decompression
4. Re-attach the internal tubing and attach the insert to the model and proceed with the chest drain procedure

Replacement of consumables

Replacing the larynx insert:

The larynx insert is designed to be replaced for each student to provide a unique training experience. This is a very quick and easy process, perfect for a busy teaching environment.

1. Please ensure the manikin head is placed in a neutral position
2. Remove the wraparound neck skin to provide access to the larynx insert
3. Remove the larynx insert and discard

4. Align a new insert into position and press into place. Please ensure the ridges at all corners of the insert (yellow area circled below) are tightly aligned with the larynx insert frame:



Replacing the needle decompression inserts:

1. Pull back the skin surrounding the insert to gain access to the insert:



2. Remove the insert from the torso and detach the internal tubing:



3. Align the new insert taking care to ensure the correct insert is placed in the correct side (inserts are labelled 'L' or 'R' for left and right respectively).
4. Connect the internal tubing ensuring it is fully pushed into the insert
5. Once the tubing is connected, push the insert back into place. Lubrication can be used to help glide the insert into place if needed

Replacing the chest drain inserts:

1. Pull back the skin surrounding the insert to gain access to the insert:



2. Remove the insert from the torso and detach the internal tubing:



3. Liquid can be poured into the inserts by removing the red screw caps, if you wish to drain fluid during the haemothorax procedure. We recommend using water to avoid staining the manikin's skin
4. Align the new insert taking care to ensure the correct insert is placed in the correct side (inserts are labelled 'L' or 'R' for left and right respectively)
5. Connect the internal tubing ensuring it is fully pushed into the insert

6. Once the tubing is connected, push the insert back into place. Lubrication can be used to help glide the insert into place if needed



Care and maintenance

Store in clean, dry conditions away from heat and direct sunlight; avoid contact with metals, solvents, oils or greases and strong detergents. When the product is not in use please store in the black carrier case provided.

Thoroughly wash the AirSim X airway in warm water. Please use warm soapy water or something similar until all visible foreign matter and residue is removed.

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 AirSim product range

- 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.

Additionally, TruCorp warrants a 5-year warranty on TruCorp branded airways on any AirSim X, Trauma X and TruBaby X range. The 5-year warranty only covers the actual TruCorp airway and not any other part of the model.

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. TruCorp will pay for the freight/delivery of the TruCorp airway free of charge if the airway fails within the 5-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 which 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 direct all warranty and repair inquiries to:



TruCorp Ltd
33 Waringstown Road
Lurgan, Co. Armagh
BT66 7HH
Northern Ireland
info@trucorp.com
Tel: +44 (0) 28 3888 2714