

MONTHLY MAINTENANCE FOR SIM FAMILY

SimMan

1. Compressor:
 - a. Check the compressor for unusual sounds (rattling, clattering), overheating (electrical, oily smell)
 - b. Check if it runs continually, (it should **not** run continually, it should pump for 10-15 seconds and then turn off. Several times an hour it should automatically activate and pump back up again for only 10-15 seconds and then cut off).

2. Outer Skin:
 - a. Clean outside skin with warm soapy water and let dry (wipe down with dry towel and then air dry).
 - b. To Remove any tape adhesive rub the affected area first with powder to see if it will “ball up”, if this does not remove old adhesive, then use rubbing alcohol and cleaner such as “Goo-Gone” or “Goo-Off”
 - c. Outer Skin, head-to-toe: After cleaning with soap/water, powder down exterior surface from head to toe (powder acts as a barrier for “hand grunge/oils”). Encourage learners to use surgical gloves when interacting with patient simulators.

3. Internal chest: *Lightly* powder the following areas: :
 - a. inside chest skin,
 - b. chest wall
 - c. under chest wall (lift chest wall plate, take care not to disconnect hoses, wiring)
 - d. surfaces of white lungs
 - e. surfaces of inflation bladder

4. IV Arm
 - a. Check smell. If odorous/mildew it’s time for skin and veins changed (see tutorial video on disc provided)
 - b. When using IV arm with fluids such as simulated blood, add ¼ teaspoon bleach into blood mixture

5. IM injection Pads (total of 4: right deltoid, right gluteus, left ventral gluteus, left lateral thigh)
 - a. Check smell. If odorous/mildew remove the internal pads, submerge and squeeze in a soapy/bleach (only 1 teaspoon bleach per gallon),

6. Using BVM, check for good rise/fall of chest inflation. If deficient, first check for punctured or loose tape under neck skin that
Covers hole in trachea. If tape has good seal, remove chest skin and chest plate to inspect for loose fittings at lung bag or bronchial tree
Connections.