

# Convalescent Kelly

## Directions for Use



**Laerdal**<sup>™</sup>  
helping save lives



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Convalescent Kelly is a full-body, lifelike manikin, which realistically simulates a hospital patient. It is specifically designed for training professionals in the practice of both CPR and basic nursing skills.

The manufacturing quality of this simulator should provide many sessions of training when reasonable care and maintenance are practiced.

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**Laerdal Recommends:**

Urinary catheterization - Size 16 French

Enema simulation – Size 7mm catheter

**Items Included:**

- (1) Convalescent Kelly Manikin
- (1) Upper Teeth
- (1) Lower Teeth
- (3) Reusable Mouthpieces
- (1) Airway Bags (100)
- (1) Female Genitalia
- (1) Male Genitalia
- (1) Colostomy Plug
- (1) Gown

**Skills Taught:****Basic Nursing Skills**

- Subcutaneous and intramuscular injection
- External denture care
- Catheterization
- Enema simulation
- Ostomy irrigation

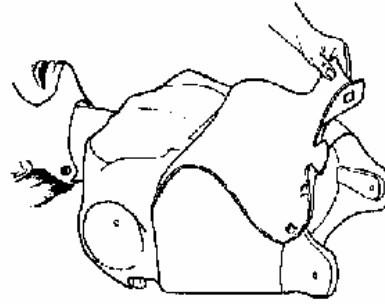
**CPR Skills**

- Head tilt/chin lift
- Obstructed airway
- CPR Chest Compressions
- Carotid pulse simulation
- Abdominal thrust
- Bandaging and dressing
- Bed baths
- Patient moving and lifting

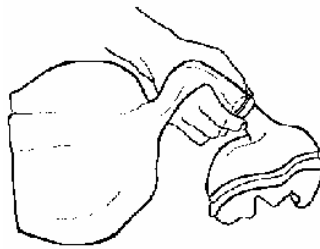
## Preparing the Manikin for Use:

### Airway System:

1. Unfasten chest skin at shoulders and pull back to expose chest cavity. (Figure 1)
2. Attach airway bag to mouthpiece. (Figure 2)



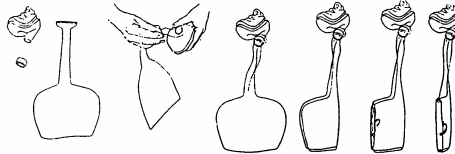
**Fig. 1**



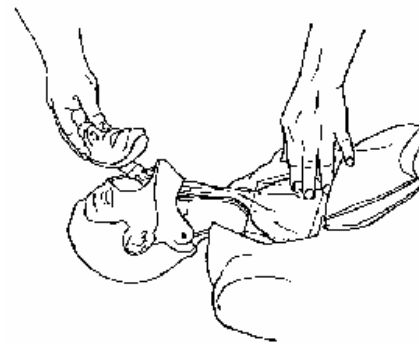
**Fig. 2**

3. Fold airway bag, being careful not to twist neck of bag. (Figure 3)

**Fig. 3**



4. Insert airway bag through face and under neckpiece of manikin, being careful not to twist or knot airway.
5. Lift flesh colored ventilation cover and spread airway over metal compression plate. (Figure 4)
6. Return flesh colored ventilation cover to its original position.
7. Insert mouthpiece into face of manikin.
8. Reattach chest skin at shoulders.

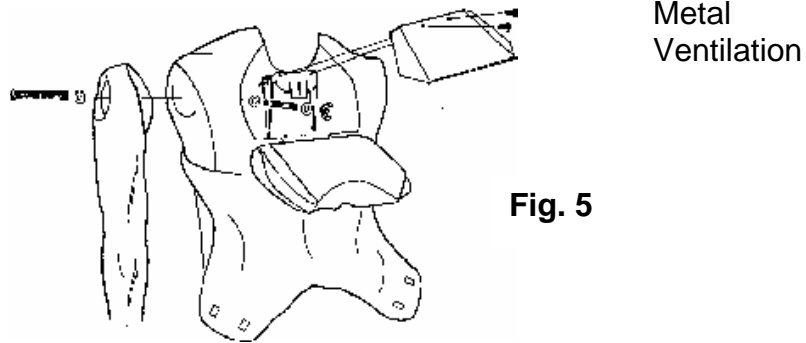


**Fig. 4**

To remove, reverse the procedure.

**Attaching Arms:**

1. Unfasten chest skin at shoulders.
2. Pull back to expose flesh colored ventilation cover.
3. Lift ventilation cover.
4. Remove two screws that will release metal ventilation plate - set aside. (Figure 5)
5. Locate hole in shoulder.
6. Remove deltoid injection pad from arm.
7. Unscrew wing nut from bolt in arm.
8. Remove wing nut, two washers and spring.
9. Insert bolt through hole in shoulder.
10. Slide one washer, spring and second washer back over bolt. Use a screwdriver to hold bolt steady while tightening wing nut.



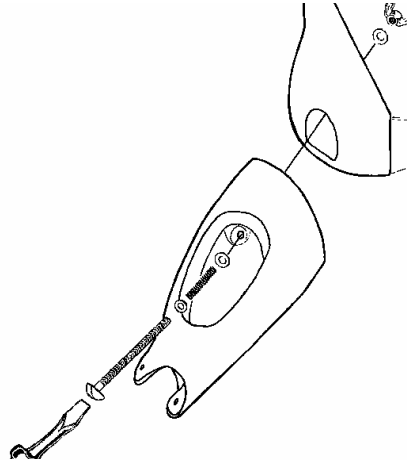
To remove, reverse procedure.

**Attaching Legs:**

1. Remove abdominal thrust module and belly plate from manikin.
2. Locate hole in hip.
3. Remove thigh injection pad from leg.
4. Remove wing nut and washer from bolt already inserted in leg. (Leave spring assembly in thigh of leg).
5. Insert bolt through hole in pelvis.

- Slide washer and wing nut back over bolt. Use a screwdriver to drive the bolt into wing nut. (Figure 6)

**Fig. 6**



To remove, reverse procedure.

**Colon Reservoir:**

Colon reservoir inserts into pelvic cavity with narrow end downward and connector pointing outward. This connector attaches reservoir to rectal valve on genitalia. Reservoir should be removed from manikin, inverted and drained completely before storage.

**Genitalia:**

Male and female genitalia have been provided for urinary catheterization and enema training procedures. They are connected with valves. **Longer valve connects urethra to urinary reservoir. Shorter valve connects anus to colon reservoir.**

**To attach:**

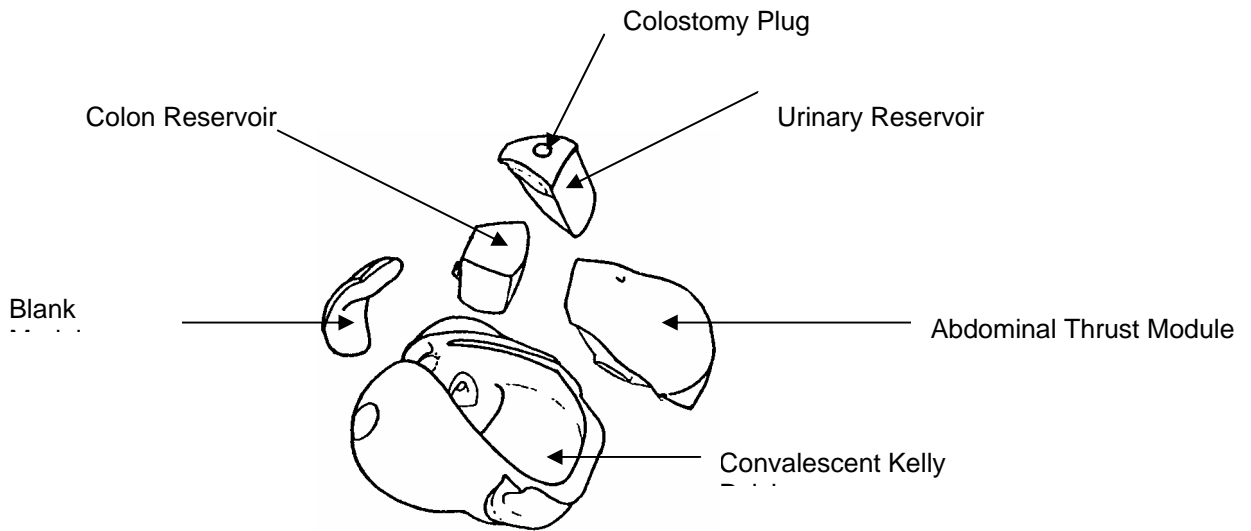
Connect cap end of valve screws onto reservoir. Attach other end to genitalia by sliding it on connector and tightening with c-clamp. Before pressing belly plate into position, replace pelvic support pin.

**To disassemble:**

Lift up on belly module and pull upper portion of genitalia back enough to remove pelvic support pin. Belly module, genitalia with connectors and colon reservoir may now be removed simultaneously. Twist cap to release valve from reservoir. Twist c-clamp to release valve from genitalia.

**Laerdal Recommends:**

**The pelvic support pin must be replaced.** Failure to replace pin will result in pelvic spread. If this occurs, genitalia will no longer fit properly in manikin.



**Instructions for Use:**

**Urinary Catheterization and Enema Simulation:**

After several uses, catheter may tend to “hang” when water has washed away lubricant, causing friction and binding. If this occurs, generously lubricate a hard catheter and insert into urethra several times.

If catheter hangs during removal, work with an “in and out” motion.

Use warm water in reservoirs when possible to keep soap from clogging catheters.

**Laerdal Recommends:**

- Catheters should be well lubricated with manikin lubricant or liquid soap prior to use.
- A size 16 French catheter is recommended for urethral catheterization.
- A 7mm catheter is recommended for enema simulation.

Reservoirs must be well drained of all water before disconnecting valves.

**Care and Maintenance:**

1. Clean with mild soap and water; do not submerge manikin or parts in cleaning fluids or water.
2. Use only on clean surface. Avoid felt tipped markers, ink pens, acetone, iodine or other staining products and avoid placing the manikin on newsprint or inked lines of any kind.
3. To ensure longevity, each manikin should be cleaned after each training session and a general inspection should be conducted regularly.
4. Modules and all other parts should be drained and air-dried thoroughly before storage and disinfected when needed. After use of injection pads (*use water only*), accumulated water should be squeezed out. **Do not store wet foam pads in the skin.** To prevent mildew or mold, pads can be soaked in a mild solution of disinfectant and water or bleach and water. Squeeze excess solution from pads, allow them to dry, then store or reinsert in manikin.
5. Articulating parts will benefit from a light application of talcum powder prior to training sessions.
6. Store properly between teaching sessions.

**Follow AHA and ARC guidelines on the cleaning of all CPR manikins as follows:**

- a. Thoroughly wash all external and internal surfaces (also reusable mouthpieces) with warm, soapy water.
- b. Rinse all surfaces with clean, fresh water.
- c. Wet all surfaces with a sodium hydrochloride solution having at least 500 ppm free available chlorine (e.g., ¼ cup or 60ml of liquid household bleach to approximately 4 liters of tap water for 10 minutes). This solution must be made fresh at each class and discarded after each use.
- d. Rinse with fresh water and immediately dry all external surfaces. Rinsing with alcohol will aid in drying internal surfaces. This drying will prevent the survival and growth of bacterial fungal pathogens.
- e. Each time a different student uses the manikin in a training class, the individual mouthpiece and airway should be changed.

- f. People responsible for the use and maintenance of CPR manikins should be encouraged not to rely totally on the mere presence of a disinfectant to protect them and their students from cross infection during training programs. Emphasis should be placed on the necessity of thorough physical cleaning (scrubbing and wiping) as the first step in an effective decontamination protocol. Microbial contamination is easily removed from smooth, nonporous surfaces by using disposable cleaning cloths moistened with a detergent solution. There is no evidence that a soaking procedure alone in any liquid is as effective as the same procedure accompanied by vigorous scrubbing.
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solution. There is no evidence that a soaking procedure alone in any liquid is as effective as the same procedure accompanied by vigorous scrubbing.

## **Warranty**

Laerdal Medical warrants to the purchaser that its products are free from defects in material and workmanship for a period of one (1) year from the date of purchase by the original user. During the designated one (1) year period, Laerdal Medical will, upon receipt of a product found to be defective due to materials or workmanship from the purchaser and notification in writing of the defect, at its option repair or replace any parts found to be defective or the entire product. Warranty period does not renew with replacement or repair of original product.

Products found to be defective and notification of defects may also be sent to the authorized Laerdal Medical dealer from whom the product was purchased. All postage, shipping or handling charges shall be the sole responsibility of the purchaser.

Laerdal Medical is responsible for the effects of safety, reliability and performance of its product(s) only if:

- service, repair, readjustment or modification is carried out by Laerdal Medical or persons authorized by Laerdal Medical.
- the electrical installation of the room where the product is used complies with pertinent equipment requirements.
- the product is used in the proper manner in strict compliance with its Directions for Use.

Laerdal Medical shall not be liable under this warranty for incidental or consequential damages, or in the event any unauthorized repairs or modifications have been made or attempted, or when the product, or any part thereof, has been damaged by accident, misuse or abuse. This warranty does not cover batteries, fuses, normal wear and tear, excessive use, staining, discoloration or other cosmetic irregularity which does not impede or degrade product performance.

Some states in the USA do not allow the exclusion or limitation of incidental or consequential damages, so those limitations or exclusions may not apply to you.

There are no other express or implied warranties, whether of merchantability, fitness or purpose, or otherwise, on the product, its parts and accessories.

**Replacement Parts:**

**Product Number:**

300-01850  
300-01950  
100-00150  
100-00450  
300-00450  
300-03850  
300-03950  
300-04950  
300-04850

**Description:**

Upper Teeth  
Lower Teeth  
Mouthpieces (6)  
Airways (100)  
Valve/Clamp Set  
Male Genitalia  
Female Genitalia  
Stoma  
Hospital Gown

Please contact Customer Service Representatives for more information on Replacement Parts if needed.

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