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HELPFUL HINTS
CHESTER CHEST™ MODELS 400P & 400

Simulated Blood Reservoir Bags

There are two simulated blood reservoir bags, used with **Chester Chest™**. One of the fluid bags is located in the model's backside and will need to be attached to the unique three way parallel tubing set before use. This is done by removing the cap from the female luer connector on the simulated blood reservoir bag tubing and attaching it to the single male luer connector on the tubing set. When withdrawing fluid from the catheter or the port the fluid contained in this bag is utilized. All infusions into the catheter or port are also deposited into this bag, i.e. heparin, saline, blood. The color of the fluid in the bag should be evaluated before each use to ensure that the color is realistic. Should the color need to be renewed, disconnect the fluid bag and empty. New simulated blood can be infused into the bag by using a large volume syringe. Please note that one of the three parallel tubing sets is not used and has a cap attached to the male luer connector. This tubing set is provided should you wish to add a subclavian or jugular catheter (purchase of a special connector may be needed for some catheters)

The second fluid bag is located in the arm and will also need to be attached before use.

Outer Tissue Flap #405

When removing the outer tissue flap, always pull gently from the edge to prevent damage to the flap. Due to the elasticity of the outer tissue flap, it may be easier to attach when **Chester Chest™** is in a supine position. In order to ensure a realistic feel when palpating the IVAD, the outer tissue flap is formulated to be soft to the touch. As the material is soft, care must be taken to maximize the useful life. There are three areas that should be avoided, as all can cause premature tearing of the outer tissue flap:

1. Do not pull the outer tissue flap back to view the placement of the needle in the IVAD septum.
2. Do not press fingernails into the tissue flap when palpating the IVAD.
3. Do not "rock" the access needle back and forth to confirm placement.

When accessing through the flap, a 22g Huber-type needle is best. Be sure to check the needle tip periodically for burrs. Use of burred needles will reduce the life of the

tissue flap and the IVAD septum. In some cases pulling a burred Huber-type needle between the fingernails will straighten out a burr and permit the re-use of that needle.

The entire area under the tissue flap can be used for accessing.

Cleaning of the tissue flap or Difficult Accessing Inserts is best done by wiping with an alcohol-wetted, non-linting cloth. The tissue flap should be permitted to air dry and then be powdered with the cornstarch talc supplied. Any excess talc can be removed with a dry cloth. If at any time the skin flap becomes tacky to the touch, talc should be applied.

Betadine can be used on the skin flap; it should be removed by using the above cleaning procedure. Over time the betadine will leave a slight stain.

Difficult Accessing Inserts

DIFFICULT ACCESSING INSERT #420

For best results in simulating a wandering or shifting device (this will vary by the type of port used), place a small amount of K-Y jelly under and on top of your port device. Place the insert behind the port, into the recessed area of the chest. The number '**420'** should be located in the upper left side of the insert, as you look at the model.

DIFFICULT ACCESSING INSERT #430

This insert is in place under the port when you receive your model. The port can be placed on the upper portion of the insert to simulate an ideal placement for accessing. If your model came with a port, view the backside where the port tubing comes through from the front side. The tubing is secured to the hook Velcro circle on the backside of the body by the two ¾ " loop Velcro circles that "sandwich" the tubing between them. By pulling the tubing off the upper hook Velcro on the backside of the body and repositioning it to attaching to the lower hook Velcro, you get an additional length of tubing. This permits the placement of the port into the sunken area of the insert simulating a tipped port (this will vary with the type of port used). The number '**430'** should be located in the upper left side of the insert, as you look at the model.

DIFFICULT ACCESSING INSERT #440

This insert is used to simulate a deeply placed port. It is placed over the top of the port, with the Outer Tissue Flap then placed over the #440. Best results are experienced with this insert when the port is placed on top of the #420 insert.

Standard Arm with PICC Line

A simulated blood reservoir bag is located in the arm and will need to be attached before use (see heading **Simulated Blood Reservoir Bags**)

The arm can be removed from the main body by unscrewing the wing nut, in the shoulder area.

Betadine can be used on the arm surface. After its use the betadine should removed. Over time the betadine will leave a slight stain.

The arm comes with a PICC Line in place. Fluid can be infused or withdrawn from this line when the reservoir bag is attached

Optional Arm Model #386 & #386R – With PICC Line and Area for Suturing a Peripheral Port

An optional arm for **Chester Chest™** allows the suturing of a peripheral port (port not included) to a recessed tissue-like material and the attachment of the distal end of the port's catheter to the simulated blood reservoir bag.

Netting molded into the tissue-like material prevents the sutures from pulling loose.

This arm can be ordered instead of the standard arm when ordering a new **Chester Chest™** or ordered as an additional arm for your already purchased **Chester Chest™.**

The arm comes with a PICC Line in placed. Fluid can be infused or withdrawn from this line when the reservoir bag is attached

A simulated blood reservoir bag is located in the arm and will need to be attached before use (see heading **Simulated Blood Reservoir Bags**)

The arm can be removed from the main body by unscrewing the wing nut in the shoulder area.

Betadine can be used on the arm surface as well as the soft tissue flap over the peripheral port area; after use it should be removed. Over time the betadine will leave a slight stain.

Optional Carrying Case #401

An optional carrying case, Model **401,** is available, should you need to protect the model during transport.

If you have any comments or questions, please give us a call - we would like to hear from you.