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*immobilisation
pédiatrique
douce
depuis 1964*



**gentle
pediatric
immobilization
since 1964**

**CH-01 The Upright
Chest Chair**

la CHAISE OCTOSTOP®

Les examens pulmonaires, cardiaques (et possiblement des sinus) sont faits avec cet appareil simple, exactement comme avec l'OCTOPAQUE® UNIVERSEL, car il incorpore une planchette en tout point semblable.

IMPORTANT

*Bien enclencher le loquet en vertical.
Continuellement surveiller les malades.
Ne jamais les mettre dans une position qui pourrait compromettre leur sécurité.*

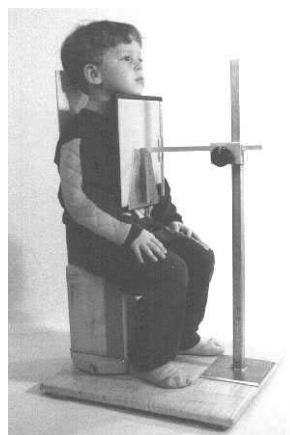
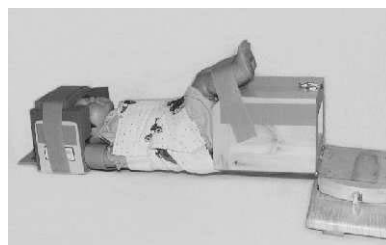
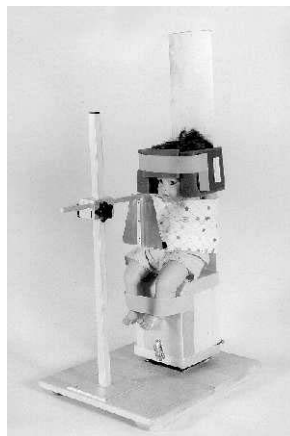
PETITS BÉBÉS

Il est plus facile de les immobiliser à l'horizontale. On peut ensuite les radiographier dans cette position avec un rayon horizontal et une cassette verticale. Ou bien les relever à la verticale.

ENFANTS PLUS AGÉS

Immobilisation selon le besoin.

Des coches localisatrices indiquent tous les 45°.



the OCTOSTOP® CHAIR

Chest, cardiac series (and possibly sinus examinations) are performed with this simple chair, exactly as with the **UNIVERSAL OCTOPAQUE®**, since it incorporates a perfectly identical board.

IMPORTANT

Fasten the latch securely in the vertical position. Continuously monitor patients. Never place them in a position that may compromise their safety.

SMALL BABIES

It is easier to immobilize them horizontally. The radiographs are taken in this position, with a horizontal beam and a vertical cassette. Or they are placed upright.

OLDER CHILDREN

Immobilize them according to needs.

Localizing notches indicate every 45°.

INSTRUCTIONS

OCTOSTOP[®] CHAIR

1-ASSEMBLING (see diagram on other side)

1.1 Fix the base of the column to the platform by means of the four screws supplied.

1.2 Fix the board to the stool by means of the four screws supplied.

2-PREPARATION

A. Verify the proper functioning of the draw catch that holds the chair in the vertical position.

B. For small babies it is suggested to prepare the board horizontally with the arm strap, the "L" cushions and the Velcro[®] blankets. For tall co-operative infants, the board may be left vertically, with fewer restraint devices. The lead strip supplied may be fixed to the back of the board at the appropriate level.

3-PROCEDURE

Properly immobilize the patient, erect the chair carefully in the vertical position and fasten the draw catch. Verify the correct position of the protective lead.

Proceed with the examination, while constantly watching the baby for its wellbeing and safety. As soon as possible detach the baby carefully.

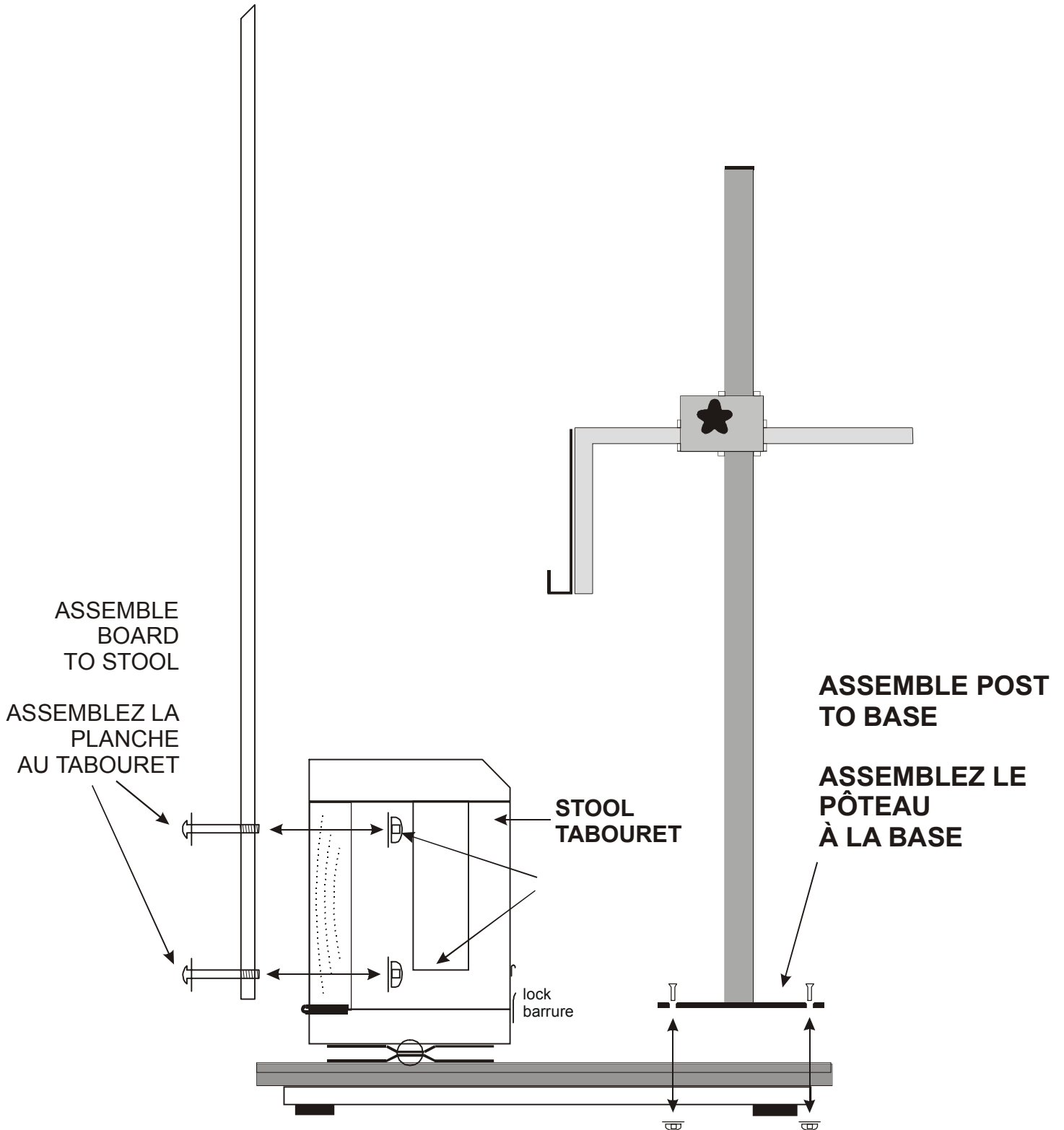
4-CASSETTE HOLDER

Keep the knobs tightly screwed. Do not drop the cassette and its holder on the baby's knees.

WARNING

Must be used only by qualified personnel, according to appropriate procedures, and under the responsibility of a physician. Babies must always remain under direct surveillance. Patients should not be put in any position that could compromise their safety

ASSEMBLING THE CHAIR ASSEMBLAGE DE LA CHAISE



IMPORTANT PRECAUTIONS

**MUST NOT BE USED IN A MAGNETIC
RESONANCE ENVIRONMENT**

GENERAL

1-THIS OCTOSTOP[®] CHAIR and its techniques must be used under the responsibility of a radiologist or other physician. In case of doubt, para-medical personnel must seek advice. OCTOSTOP[®] INC. assumes no direct or indirect liability in the use of its products.

2-These instructions are only a guide for the better use of the chair. It must be adapted to each situation and to local usage.

TECHNICAL

3-Never leave a baby **alone and unattended**, even when immobilized on any apparatus.

4-Avoid compressing the upper respiratory tract, by always passing straps and bandages **behind the neck, never in front**, or too close on the chin or shoulders.

5-**In the upright position**, hold the board manually and carefully while engaging the draw catch, and thereafter be sure that the baby does not slip down, or becomes distressed.

6-Attach all blankets and straps completely: they are radiolucent, but they may show as a slight artifact if bent or projected "on end".

7-Fine line grid cassettes are excellent: they permit a fast exposure (approximately 1/120th of a second); the lines are invisible providing the focal/grid distance and the perpendicularity are respected.

8-The sides of the board are fragile: do not hit them. If damaged, repair them with sandpaper and varnish.

9-Prevent contamination. Disinfect with alcohol or Zephiran[®] when needed.

10-Do not (over-) tighten a traumatized skull, to prevent complications.

11-The patient should not be placed in any position that could compromise its safety.

RADIOLOGICAL AND MEDICAL

12-The interpretation of an image and the result of a treatment or technique are the sole responsibility of the professionals in attendance.

13-A slight posterior angulation of C2 on C3 on the lateral cervical view, and a slight buckling of the trachea posteriorly and to the right are normal, since the head is immobilized with a slight flexion.

14-Normal pre-cervical soft tissues often bulge markedly.

15-Wood veins may show on oblique views; if any bothersome artifact is suspected, please obtain films with and without the board and its accessories.