1 – Device identification

CE Marking	Index of classification	~~PHTALATES~~	~~LATEX~~
CE	I		

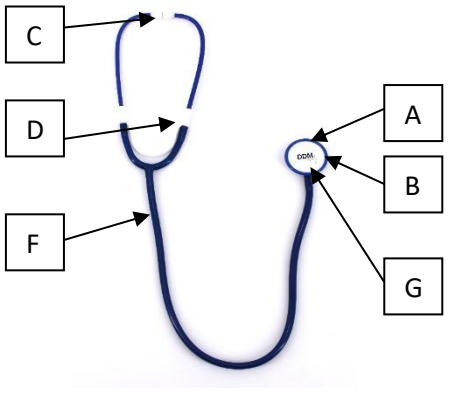
Stethoscopes are used to make a medical diagnosis on auscultation of the heart, lungs, arteries, veins and other internal organs.
This stethoscope is made of plastic, for single-patient use only, in the prevention of nosocomial infections.
Stethoscope with flat single head chestpiece made of ABS equiped with a non-chill ring and flexible ear-tips, insensitive to temperature changes.
The binaural is made of polyamide.

2 - References

Reference	Designation
S20031	Stethoscope single head chestpiece Ø 34 mm Child
S20029	Stethoscope single head chestpiece Ø 45 mm Adult

3 – Technicals characteristics

Identifier	Designation	Characteristic
A	Flat single head chestpiece	Aluminium
B	Screwed-type diaphragm	ABS
C	Ear tips	Flexible moulded PVC
D	Binaural with spring	Polyamide
F	Tubing	PVC
G	Diaphragm	Terphane



4 – Operating instructions

Select a quiet place to use your stethoscope. Use your stethoscope in a quiet place. Find a quiet area to ensure that the body sounds you want to hear will not be overpowered by background noises.

Position your patient. To listen to the heart and abdomen, you will want to have your patient get into a supine position. To listen to the lungs, you will want your patient to sit up. In other words, ask your patient to lay down. Heart, lung, and bowel sounds may sound different depending on the patient's position.

Decide whether to use the diaphragm or bell. The diaphragm, or flat side of the drum, is better for hearing medium- or high-pitched sounds. The bell, or round side of the drum, is better for hearing low-pitched sounds.[

Checking Blood Pressure

Wrap the blood pressure cuff around your patient's arm, right above the elbow. Roll up your patient's sleeve if it is in the way. Make sure that you use a blood pressure cuff that fits your patient's arm. You should be able to wrap the cuff around your patient's arm so that it is snug, but not too tight. If the blood pressure cuff is too small or too large, get a different size.

Press the diaphragm of the stethoscope over the brachial artery just below the cuff's edge. You can also use the diaphragm if you have trouble hearing with the bell. You will be listening for Korotkoff sounds, which are low tone knocking sounds that indicate the patient's systolic blood pressure.
Find your pulse in your inner arm to help you determine where your brachial artery is located.

Inflate the cuff to 180mmHg or 30mm above your expected systolic blood pressure. You can find the reading by looking at the sphygmomanometer, which is the gauge on the blood pressure cuff. Then, release air from the cuff at a moderate rate (3mm/sec). As you release the air, listen with the stethoscope and keep your eyes on the sphygmomanometer (gauge on the blood pressure cuff).[
Listen for Korotkoff sounds. The first knocking sound that you hear is your patient's systolic blood pressure. Note that number, but keep watching the sphygmomanometer. After the first sound stops, note the number that it stops on. That number is the diastolic pressure.

Release and remove the cuff. Deflate and take the blood pressure cuff off of your patient right after you have gotten the second number. When you are done, you should have two numbers that make up your patient's blood pressure. Record these numbers side by side, separated by a slash. For example, 110/70.

Listening to the Heart

Hold the diaphragm over the patient's heart. Position the diaphragm on the left upper part of the chest where the 4th to 6th ribs meet, almost directly under the breast. Hold the stethoscope between your pointer and middle fingers and apply enough gentle pressure so that you don't hear your fingers rubbing together.[
Listen to the heart for a full minute. Ask the patient to relax and breathe normally. You should hear the normal sounds of the human heart, which sound like "lub-dub." These sounds are also called systolic and diastolic. Systolic is the "lub" sound and diastolic is the "dub" sound.
Count the number of heartbeats you hear in a minute.

Listen for abnormal heart sounds. As you count the heartbeats, you should also listen for any abnormal sounds. Anything that does not sound like lub-dub may be considered abnormal. If you hear anything abnormal, your patient may need further evaluation by a doctor.

Listening to the Lungs

Ask your patient to sit straight up and breathe normally. As you listen, you can ask the patient to take a deep breath if you cannot hear breath sounds or if they are too quiet to determine if there are any abnormalities.

Use the diaphragm of your stethoscope to listen to your patient's lungs. Listen to the patient's lungs in the upper and lower lobes, and on the front and back of the patient.

Listen for normal breath sounds. Normal breath sounds are clear, like listening to someone blowing air into a cup. Listen to a sample of healthy lungs and then compare the sounds to what you hear in your patient's lungs.

Listening to Abdominal Sounds
Place the diaphragm on your patient's bare stomach. Use your patient's belly button as the center and divide your listening around the belly button into four sections. Listen to the upper left, upper right, lower left and right.

Listen for normal bowel sounds. Normal bowel sounds sound like when your stomach growls or grumbles. Anything else may suggest that something is wrong and that the patient requires further evaluation.

Listen for abnormal bowel sounds. Most of the sounds that you hear when listening to your patient's bowels are just the sounds of digestion. Although most bowel sounds are normal, there are some abnormalities that could point to a problem. If you are unsure if the bowel sounds you hear are normal and/or the patient has other symptoms, then the patient should see a doctor for further evaluation.

5 - Maintenance :

N A

6 - Cleaning :

This stethoscope is not intended to be reused, it is not expected protocol for cleaning and disinfection.

7 - Storage

Type of packaging	Storage area	Temperature	Humidity	Atmospheric pressure
Original packaging	Ventilated area	-10° to 40 ° c	30 to 40 %	500 to 1060 hpA

8 - Warranty

This warranty provides assurance for the customer who purchases a D & D product that should the product fail to function to D & D published specifications during the term of this warranty, will either replace or repair.

The product must be used in accordance with its labeling and may not be altered or subjected to misuse, abuse, accident or improper handling.