

## SimEd Network Equipment Inventory 2018

The following lists the number of each piece of equipment that is owned by the partners as well as its location.

If you have require more information, please contact Lindsey Twohig at [ln831497@dal.ca](mailto:ln831497@dal.ca) and she will process your request.

Table 1-Full Scale Mannequin	Number	FOH (NSG)	IWK	FOM	QEII
Adult, Basic Body	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult, multiple characteristics, computerized	21	<input checked="" type="checkbox"/> FC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult, multiple characteristics, non- computerized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric, Basic Body	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric, multiple characteristics, computerized	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric, multiple characteristics, non-computerized	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant, Basic Body	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant, multiple characteristics, computerized	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant, multiple characteristics, non-computerized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3G's	5	<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> (2)
Toddler full body, multiple characteristics, non-computerized	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult, full body, Obstetric specific, computerized	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature infant, full body, multiple characteristics, non-computerized	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature infant, full body, multiple characteristics, computerized	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"C" is for CHEB**

Table 2- Vascular Access	Number	FOH (NSG)	IWK	FOM	QEII
Adult IV arm, peripheral/arterial	3	<input checked="" type="checkbox"/> F.C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PICC line	3	<input checked="" type="checkbox"/> F.C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peds IV arm, peripheral/arterial	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant IV arm, peripheral/arterial	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant scalp vein	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cutdowns	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Central venous access, internal jugular/subclavian	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intraosseous access, peds leg	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraosseous access, adult (FAST I, etc.)	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arterial puncture, wrist	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Femoral Access	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Umbilical Line Access	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 3- Genitourinary	Number	FOH (NSG)	IWK	FOM	QEII
Pelvis, birthing	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvis, birthing with force monitoring	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal ultrasound-ectopic pregnancy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral catheterization, female	2	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urethral catheterization, male	2	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prostate/rectal	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testes	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumcision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cordocentesis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic trainer-bimanual exam/pap smear	2	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysteroscope	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anal sphincter	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Episiotomy	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonscopy Trainer	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraphimosis Model (pediatric)	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suprapubic Catheter model	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Dilatation	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Model for Leopold's maneuvers	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Table 4- Anatomical Replicas	Number	FOH (NSG)	IWK	FOM	QEII
Full-body skeleton	3	<input checked="" type="checkbox"/> F.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid body torso		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skeletal parts	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulatory system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia, male	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia, female	2	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive system	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmic system		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetus in Utera		<input checked="" type="checkbox"/> F.C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 5- Node Recognition-Ultrasound	Number	FOH (NSG)	IWK	FOM	QEII
Breast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracentesis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Femoral access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echocardiogram	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal aortic aneurysm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg masses/DVT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amniocentesis	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonohysterography	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonosalphongography	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endovaginal	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fast Ultrasound Trainer (Blue Phantom)	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Point of Care of US Computerized System	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Table 6- Joint Injection/Assessment Procedures	Number	FOH (NSG)	IWK	FOM	QEII
Knee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elbow		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand/Wrist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthroscopy Trainers	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Arthrocentesis Training package	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Table 7- Suturing	Number	FOH (NSG)	IWK	FOM	QEII
Practice pads, various types	3	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wound closure	3	<input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local anesthesia injection	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice pads, various types	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 8- Fundamentals of Laparoscopy Skills, Training Box, FLS Training	Number	FOH (NSG)	IWK	FOM	QEII
Training box, lighted, multiple ports	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Free-standing lap trainer, surgical camera/light source	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Table 9- Sound Recognition	Number	FOH (NSG)	IWK	FOM	QEII
Heart Sounds	3	<input checked="" type="checkbox"/> F.C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung Sounds	3	<input checked="" type="checkbox"/> F.C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation	3	<input checked="" type="checkbox"/> F.C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fetal Heart Monitor	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 10- Trauma	Number	FOH (NSG)	IWK	FOM	QEII
ALS Trainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATLS Trainer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various bleeding extremities for mannequins	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma bags		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crash Carts	3	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Defibrillators	3	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trauma Child (Splints and Collars)	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Table 11- CPR Trainers, Torso, Various Types	Number	FOH (NSG)	IWK	FOM	QEII
CPR trainers, defibrillate	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR full-body trainers	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code rhythm generator	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR Trainers (AED Trainer, CPR Feedback device, CPR Feedback adult torso, CPR Feedback infant full body)	1 of each	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 12- Airway Management	Number	FOH (NSG)	IWK	FOM	QEII
Difficult airway head	3	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Airway Head	3	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cricoid ET insertion, various types	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thoracentesis	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax	2	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 13- HEENT	Number	FOH (NSG)	IWK	FOM	QEII
Eye Examinations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Examinations	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 14- Miscellaneous	Number	FOH (NSG)	IWK	FOM	QEII
Hernia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar puncture	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nasogastric tube/Tracheostomy care	3	<input checked="" type="checkbox"/> F.C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcer staging	1	<input checked="" type="checkbox"/> C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomas Models, Colostomy, Ileostomy, Mucus Fistula	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G-Tube Trainee	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Table 15- Screen-based Virtual Reality	Number	FOH (NSG)	IWK	FOM	QEII
Laposcopic skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholecystectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventral hernia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric bypass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthroscopy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmic surgery	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GI skills, endoscopy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bronchoscopy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cystoscopy	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interventional radiography skills, angiography/percutaneous catheterization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV access, adults	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV access, pediatric	1	<input checked="" type="checkbox"/> F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV access, infant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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