

Gaumard HAL 3000

Rush HAL from the accident scene, while care providers diagnose and treat his condition using real monitoring and resuscitation equipment
Control HAL at distances up to 300 meters and between rooms and floors of conventional buildings
HAL smoothly transitions between physiologic states in response to commands from a wireless PC

HAL is fully functional where you need him:

- Back-board or EMS cart
- EMS vehicles
- Life flights
- Simulated disaster scenes
- Your simulation center

Use our scenarios designed by emergency medical professionals or quickly create your own

HAL has conductive skin regions so you can:

- Apply real electrodes and AED pads
- Use real EMS equipment
- See HAL's ECG on your AED

HAL is perfect for competency based programs:

- Sensors track student actions
- Changes to HAL's condition and care provided are time stamped and logged for evaluation and debriefing
- Instructors evaluate caregiver interventions with a single click and insert notes on a real time performance log
- Save caregiver performance, forward to any standard printer, or send anywhere via the internet

Airway

- Oral or nasal intubation
- Programmable airway to control tongue edema, pharyngeal swelling, and laryngospasm
- Perform tracheostomy or needle cricothyrotomy
- Sensors detect depth of intubation
- Automatic unilateral chest rise with right mainstem intubation
- Multiple upper airway sounds synchronized with breathing

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Breathing

- Control rate and depth of respiration and observe chest rise
- Ventilation is measured and logged
- Gastric distention with excess bag-valve-mask ventilation
- Select independent left, right, upper, and lower lung sounds
- Multiple lung sounds are synchronized with selectable breathing patterns
- Accommodates assisted ventilation, including bag-valve-mask and mechanical support
- Four needle decompression sites
- Left and right unilateral chest rise simulate pneumothoraces

Circulation

- Multiple heart sounds
- Chest compressions are measured and logged
- Blood pressure can be taken bilaterally using a cuff, palpation, or auscultation
- Radial pulse stops when cuff pressure exceeds systolic pressure
- Korotkoff sounds audible between systolic and diastolic pressures