

PATIENT

Home Care Equipment & Services

AIDS



PATIENT INFORMATION HANDBOOK



Our American made lift chairs come in a variety of shapes and sizes for the perfect fit. Our premium fabrics match nearly every décor, and our patented technologies give you the most comfortable lift and recline experience.

Cloud PR510 and Relaxer PR756 Fabrics



Hazelnut



Sterling



Copper



Shiraz



Calypso



Coffee Bean*



Buckskin*

*upcharge applies



Golden Lift Chairs

AMERICA'S #1 SELLING BRAND



Consult with your physician regarding using the Trendelenburg position. The Trendelenburg position is not available on the PR505-JPT.

MaxiComfort® chairs are the most advanced lift recliners anywhere in the world that can glide you smoothly into an unlimited number of comfort positions not found on standard lift chairs. This exclusive line of lift recliners is controlled by an easy to use hand control called AutoDrive™, which can memorize your favorite settings and promote health, wellness, & relaxation for both your body and your mind.



Oasis

INFINITI COLLECTION

DURASOFT FABRICS



EMBER



FIELD



OAT



DEEP SKY



TIMBER

ULTRAFABRICS® ULTRALEATHER™ COLORS



BUFF



FUDGE



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Ultrafabrics



LC-580 shown in UltraLeather™ Ruff

Pride® Lift Chairs

The **Oasis** brings a new level of comfort to Pride's Infinity Collection. Overstuffed padding provides elegant comfort and design, while contoured seating and pocketed coils deliver individualized support and relaxation. Features include infinite-position sleep recline, zero gravity and Trendelenburg positioning, a unique quad pocket design for extra storage and an easy-to-use hand control with USB charger port.

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Pride®
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— LIVE YOUR BEST! —

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Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licenser and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.516(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j)(3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

The products and/or services provided to you by our company are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at www.ecfr.gov. Upon request we will furnish you a written copy of the standards.

RENTAL AGREEMENT

The Customer acknowledges receipt of the equipment described, on the service dates indicated, and agrees that title to the equipment shall at all times be and remain in Lessor ("Company"); that this is a transaction of lease only; that the equipment is accepted in its "as is" condition (having been inspected by the undersigned upon delivery); and further, the Customer agrees: to protect the equipment from all loss and damage and remain responsible for it, to release the equipment for pick-up only to a duly authorized representative of Company, to operate the equipment only in the manner for which it was intended, to refrain from making any repairs to the equipment (but notify Company in the event repairs are necessary), and to promptly and faithfully pay the stated rental each month (without pro-rate) until the equipment has been returned (it being understood that Company will credit the Customer's account for payment received by Company under any medical insurance program from any third party). The Customer has been informed and agrees that Company is not a manufacturer of the equipment, and is not responsible for the adequacy of the same nor for any defects in the equipment or which may appear from the use and maintenance thereof; nor shall Company be responsible for any delay or interruption in connection with the delivery or service of the equipment or for any damage whatsoever relating to the use of equipment. Company has not prescribed the equipment, and makes no representations with regard to the suitability of the equipment for any specific purpose for the Customer, and assumes no liability for any warranties whatsoever, expressed or implied. The Customer agrees to accept whatever warranties are offered by the manufacture of the equipment in lieu of any warranties of seller. The Customer irrevocably agrees to indemnify and save Company harmless from and against any claims whatsoever which may be brought by any persons whomsoever arising from the rental, delivery and use of said equipment.

SALES AGREEMENT

The Customer acknowledges receipt of the equipment described, on the date indicated, and agrees that the equipment is accepted in its "as is" condition (having been inspected by the Customer upon delivery). The Customer agrees to pay the stated price for the equipment, it being understood that credit will be given to the Customer's account for payments received from any medical insurance program or from any third party. The Company ("Seller") has not prescribed the equipment, and further makes no warranty whatsoever, expressed or implied, of merchantability or fitness for purpose. On the contrary, the customer has been informed and agrees that he knows that Seller is not a manufacturer of equipment and is not responsible for the adequacy of the same, nor for any defects in the equipment or which may appear from the use and maintenance thereof. The Customer agrees to accept whatever war-

ranties are offered by the manufacturer of the equipment in lieu of any warranties of Seller. Seller is not responsible for any damage whatsoever relating to the sale or use of the equipment. The Customer irrevocably agrees to indemnify and save Seller harmless from and against any claim whatsoever which may be brought by any persons whomsoever arising from the sale, delivery, and use of the equipment.

You have the right to:

- refuse delivery of any and all equipment
- receive a clear explanation about your condition and have our company staff communicate in a language that is understandable to you
- prompt delivery and to be fully informed on the use, and care of all our company in your home
- expect that all information will be kept in strictest confidence and have your personal privacy respected
- expect all equipment to be clean and in good repair
- have your property respected during visits
- have any questions answered promptly, correctly and courteously
- have personal, cultural, and ethnic preferences considered
- to participate in planning how service will be provided to you, and to be informed of all options if the need to transfer care arises
- know that if he/she is found unresponsive, our company's policy is for staff to call 911 for emergency medical intervention
- to expect a resolution to any problem or complaint and express dissatisfaction and suggest changes without coercion, discrimination, reprisal, or unreasonable interruption in service

You have the responsibility to:

- give accurate and complete health information concerning your past use of equipment and any change in address, doctor, insurance carrier, prescription
- assist in developing and maintaining a safe environment
- follow instruction in care and use of all equipment and request further information concerning anything you do not understand
- treat our company associates with respect, courtesy, and consideration
- to order supplies on a timely basis to accommodate reasonable delivery
- to have someone at home when delivery is scheduled
- to pay all invoices that are due; not covered by insurance
- accept the consequences of any refusal or choice of noncompliance, including changes in reimbursement eligibility

NOTICE OF PRIVACY PRACTICES - Effective September, 2013

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Our company is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the services we provide to you. This Notice tells you about the ways in which our company (referred to as “we”) may collect, use, and disclose your protected health information and your rights concerning your protected health information. “Protected health information” is information about you that can reasonably be used to serve you and that relates to you, or the payment for that care. We are required by law to maintain the confidentiality of health information that identifies you; as well as by federal and state laws to provide you with this Notice about your rights and our legal duties and privacy practices with respect to your protected health information. We must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards. If you have questions about this notice, please contact the Privacy Officer at our company at 866-852-8343 for further information. The terms of this notice apply to all records containing your health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records our practice has created or maintained in the past, and for any of your records we may create or maintain in the future. Our organization will post a copy of our current notice in our office in a prominent location, and you may request a copy of our most current notice by calling us.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use and disclose your protected health information for different purposes. The examples below are provided to illustrate the types of uses and disclosures we may make without your authorization for payment, home care operations, and treatment.

Payment – We use and disclose your protected health information in order bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your equipment. We also may use and disclose your health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your health information to bill you directly or services and items.

Health Care Operations – We use and disclose your protected health information in order to perform our home care activities, such as providing equipment appropriate to your needs, or administrative activities, including data management or quality assessment activities.

Treatment – We may use and disclose your protected health information to coordinate services with other health care providers involved in your care. For example, we may obtain and disclose information on CPT diagnosis codes, diagnosis and prognosis, functional limitations, pre-existing health conditions, hospitalizations, prior use of equipment, and information specific to qualifying the patient as dictated by CMN / detailed written order forms.

Appointment Reminders – We may use and disclose your health information to contact you and remind you of visits / deliveries.

Health-related Benefits and Services – We may use and disclose your health information to inform you of health-related benefits or services that may be of interest to you.

Release of information to Family / friends – We may release your health information to a friend or family member that is helping you to pay for your health care, or who assists in taking care of you.

Disclosures Required by Law – We will use and disclose your health information when we are required to do so by federal, state or local law.

OTHER PERMITTED OR REQUIRED DISCLOSURES

As Required by Law – We must disclose protected health information about you when required to do so by law.

Public Health Activities – We may disclose protected health information to public health agencies for reasons such as preventing or controlling disease, injury, or disability.

Victims of Abuse, Neglect, or Domestic Violence – We may disclose protected health information to government agencies about abuse, neglect, or domestic violence.

Health Oversight Activities – We may disclose protected health information to government oversight agencies. Oversight activities can include, for example, investigations, inspections, audits, surveys, licenser and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Judicial and Administrative Proceedings – We may disclose protected health information in response to a court or administrative order. We may also disclose protected health information about you in certain cases in response to a subpoena, discovery request, or other lawful process.

Law Enforcement – We may disclose protected health information under limited circumstances to a law enforcement official in response to a warrant or similar process; to identify or locate a suspect; or to provide information about the victim of a crime.

To Avert a Serious Threat to Health or Safety – We may disclose protected health information about you, with some limitations, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Special Government Functions – We may disclose information as required by military authorities or to authorized federal officials for national security and intelligence activities.

Workers Compensation – We may disclose protected health information to the extent necessary to comply with state law for workers' compensation programs.

Data Breach Notification Purposes – We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access or disclosure of your health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Access Your Protected Health Information – You have the right to review or obtain copies of your protected health information records, with some limited exceptions. Usually the records include referral information, delivery forms, billing, claims payment, and medical management records. Your request to review and/or obtain a copy of your protected health information records must be made in writing. We may charge a fee for the costs of producing, copying, and mailing your requested information, but we will tell you the cost in advance.

Right to Amend Your Protected Health Information – If you feel that protected health information maintained by us is incorrect or incomplete, you may request that we amend the information. Your request must be made in writing and must include the reason you are seeking a change. We may deny your request if, for example, you ask us to amend information that was not created by us, or you ask to amend a record that is already accurate and complete. If we deny your request to amend, we will notify you in writing. You then have the right to submit to us a written statement of disagreement with our decision and we have the right to rebut that statement.

Right to an Accounting of Disclosures – You have the right to request an accounting of disclosures we have made of your protected health information. The list will not include our disclosures related to your treatment, our payment or health care operations, or disclosures made to you or with your authorization. The list may also exclude certain other disclosures, such as for national security purposes. Your request for an accounting of disclosures must be made in writing and must state a time period for which you want an accounting. This time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting that you request within a 12-month period will be free. For additional lists within the same time period, we may charge for providing the accounting, but we will tell you the cost in advance.

Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information – You have the right to request that we restrict or limit how we use or disclose your protected health information for services, payment, or health care operations. We may not agree to your request. If we do agree, we will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions

to apply. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full.

Right to Receive Confidential Communications – You have the right to request that we use a certain method to communicate with you or that we send information to a certain location. For example, you may ask that we contact you at work rather than at home. Your request to receive confidential communications must be made in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to an Electronic Copy of Electronic Medical Records – If you're Protected Health Information is maintained in an electronic format you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form.

Right to a Paper Copy of This Notice – You have a right at any time to request a paper copy of this Notice. You may ask us to give you a copy of this notice at any time.

Contact Information for Exercising Your Rights – You may exercise any of the rights described above by contacting our Compliance Department.

Complaints – If you believe that your privacy rights have been violated, you may file a complaint with us at
Compliance Department
1242 Prince Ave
Athens, GA 30606
You can complain directly to The Joint Commission - www.jointcommission.org, and/or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Medicare Capped Rental and Inexpensive or Routinely Purchased Items Notification

I have received instructions and understand that Medicare defines the equipment I have received as being either a capped rental or an inexpensive or routinely purchased item.

FOR CAPPED RENTAL ITEMS:

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, (36 months for oxygen) after which ownership of the equipment is transferred to the Medicare beneficiary. This excludes oxygen equipment, which remains the property of the company.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required equipment service or repair. This excludes oxygen equipment, which remains the property of the company.
- Examples of this type of equipment include: Hospital beds, wheelchairs, alternating pressure pads, air- Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, oxygen, continuous airway pressure (CPAP) devices, patient lifts, and trapeze bars.

FOR INEXPENSIVE OR ROUTINELY PURCHASED ITEMS:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, gel-overlay mattress pads, wheelchair cushions, seat lift mechanisms, and traction equipment.

If you choose the rental option on any item classified as Inexpensive or Routinely Purchased, the company reserves the right to not accept assignment for the item. This means that the patient will be charged our usual and customary charge (usually more than Medicare's allowable) and full payment must be made up front. We will then file the claim as a rental and Medicare will reimburse you the monthly rental fee they allow if they find the item to be medically necessary. If the patient chooses this option the burden of providing any documentation that Medicare may require will fall on the patient.

Fall Prevention / Infection Control at Home

Falls happen at home for many reasons. There are several things that are known to add to your risk for falling.

These include:

- Poor vision or hearing
- History of falls
- Use of aids, such as a cane
- Poor nutrition
- Certain medications
- Being over 65 years old
- Conditions of the home, such as slippery floors, loose rugs, cords on floor

Our goal is to help you prevent falls at home!

Here are some things that you can do that will help lower your risk for falls at home.

Bathroom

- Use a raised toilet seat and safety frame for ease in getting up and down from toilet
- Set water temperature at 120 degrees or less (prevent burns and falls trying to avoid burns)
- Consider a hand-held shower head, shower chair and handrails in the tub
- Place non-skid adhesive strips in the tub.
- Use liquid soap or soap on a rope to prevent dropping soap.

Other

- Store items used often at waist level
- Select furniture with armrests for support in getting up and down
- Keep phone within easy reach

Lighting

- Replace dim, burned out or glaring lights with bright, soft white light bulbs
- Use a night light
- Make sure lights are easy to turn on and off
- Keep a flashlight available

Clear Hallways and Stairs

- Remove clutter, especially from hallways and stairwells
- Use handrails while taking the stairs
- Place non-skid treads or bright reflective tape to mark the edge of stairs

Floors

- Remove scatter/throw rugs
- Place non-skid treads or double-sided tape under area rugs
- Keep floors free from clutter
- Wipe up spills immediately
- Make sure floors are not slippery

Adapted from Fall Prevention at Home, Louis Stokes, Cleveland VA Medical Center

Infection Control

How to Stop the Spread of Germs:

- Cover your mouth and nose when coughing or sneezing, using a tissue when possible
- Wash your hands frequently, especially after coughing or sneezing or coming in contact with bodily fluids (mucus, urine, vomit, etc.)
- Use a liquid antibacterial soap combined with, lots of friction for at least 15 seconds, rinsing thoroughly and then dry your hands with paper towels.
- Using a hand sanitizer frequently can also decrease your chances of catching or spreading an infection

Visitors in Your Home

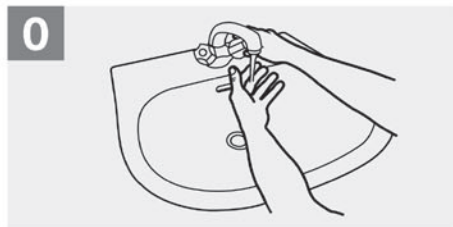
You may consider asking friends and relatives who have a cold, flu or an infectious disease to postpone their visit until they are feeling better.

How to Handwash?

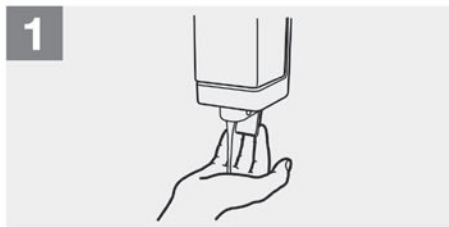
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



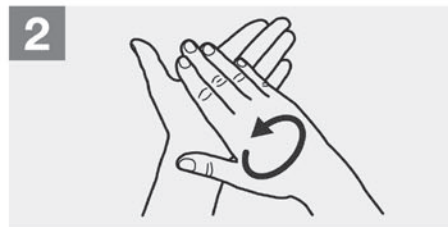
Duration of the entire procedure: 40-60 seconds



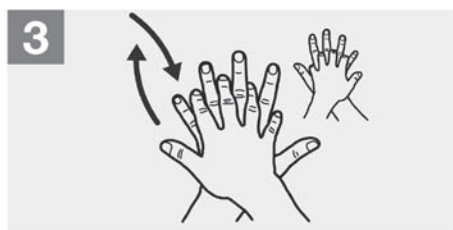
Wet hands with water;



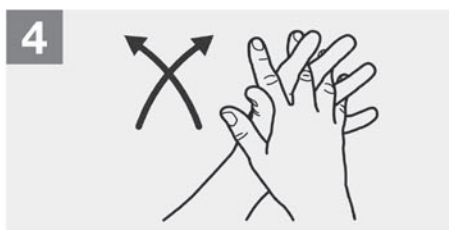
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



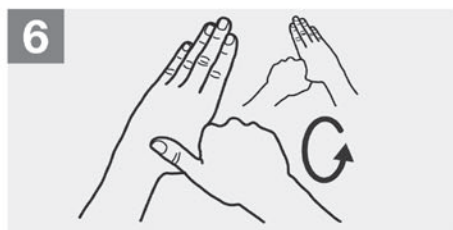
Right palm over left dorsum with interlaced fingers and vice versa;



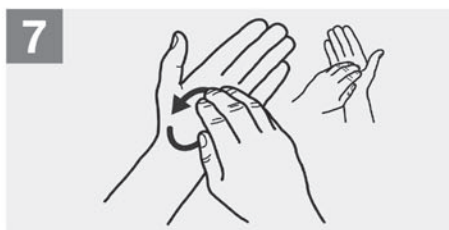
Palm to palm with fingers interlaced;



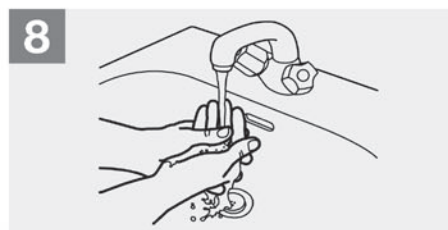
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



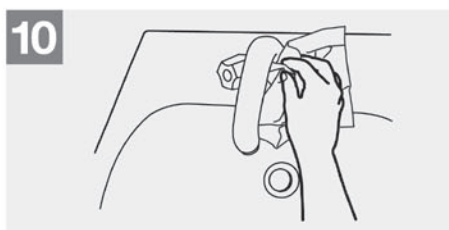
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



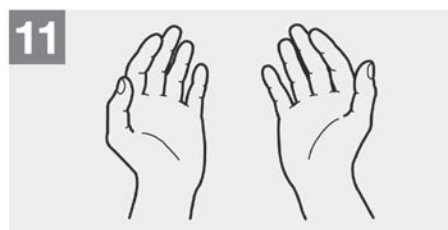
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

CPAP

Sleep apnea is a disorder that causes people to frequently stop breathing for short periods while sleeping. As a result, they fail to get:

- A restful night's sleep
- The oxygen their body needs

If left untreated, sleep apnea increases the risk of high blood pressure, heart problems and stroke.

CPAP (Continuous Positive Airway Pressure) is utilized for the treatment of obstructive sleep apnea. Your doctor has prescribed a CPAP System for your use at home for the treatment of obstructive sleep apnea.

The equipment delivers a flow of air at a prescribed amount of pressure, applied through a mask over the nose. This pressure prevents the structures in your throat from blocking air movement in and out of your lungs while you sleep. You will experience almost immediate relief from your symptoms by using CPAP Therapy.

If your doctor has prescribed oxygen and/or a humidifier along with the CPAP system, this will be explained to you during your training.

GENERAL INSTRUCTIONS

This system has been prescribed by your doctor.

It is important that you use the system EXACTLY as your doctor prescribed.

The pressure (and other settings if applicable) has been prescribed specifically to treat your disorder. These settings have been made to your CPAP device according to what your doctor prescribed, and can not be changed without consulting your doctor.

Read the Operating Instructions that have been provided by our representative. These instructions are written specifically for the system you have been provided. These instructions serve as a reference. They should be used in conjunction with the instructions and protocol set by the doctor ordering the system and the training provided by our representative.

RECOMMENDED CLEANING PROCEDURE

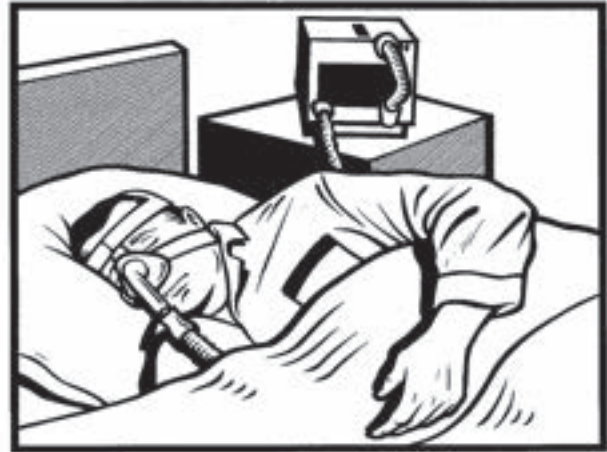
For Expiration valve (when applicable), nasal mask/pillows

Each morning

Disassemble and wash with liquid dish washing detergent and warm tap water in clean basin or container. Rinse well with clear warm running tap water. Proper rinsing reduces the potential for skin irritation resulting from soap residue.

Air dry. Reassemble when dry.

If still damp when ready to use, assemble the nasal mask/pillows to the swivel and then to the hose. Attach the other end of the hose to the flow generator. Turn the generator on and allow these items to blow dry for 10 to 20 minutes.



Flow Generator Cabinet

Once a week, unplug the unit and wipe the outside of the cabinet with a cloth slightly dampened with warm water.

NEVER immerse the unit in water or allow water to enter any vents or ports. Make sure the unit is completely dry before plugging in.

Filters

Clean and/or replace filters as instructed by our representative. (Refer to Operating Instructions.) Humidifier (if applicable)

Clean and disinfect as instructed by our representative. (Refer to Operating Instructions.)

Headgear/Softcap and Straps

These items should be washed once a week using mild detergent and warm water either by hand or in the washing machine. NEVER place in a dryer. Always hang to dry

HELPFUL HINTS

Washing your face with soap and water to remove excess facial oils before putting on the nasal mask helps prolong the life of the mask and headgear / softcap and straps.

Once the straps are properly adjusted, the mask and headgear / softcap can be removed and reapplied by unfastening or loosening one strap only. You can mark the positions where the end of each strap is fastened to the velcro with a permanent marker for easy adjustment after washing.

A tighter fit is NOT necessarily better. It can be as loose as desired as long as you are able to maintain a seal.

If you are using a room humidifier, please be sure that it is placed at least six feet from your CPAP system.

SAFETY PRECAUTIONS

If supplemental oxygen is being used in conjunction with your system, this equipment must be kept away from heat or open flame. Smoking in the area of this device is absolutely prohibited.

When using supplemental oxygen, make sure that the CPAP System is running before the oxygen source is turned ON. Turn the oxygen flow OFF before turning the System OFF.

To avoid electrical shock unplug the unit before cleaning or changing the fuses.

The System must be positioned on its base on a level, secure surface for proper operation.

DO NOT block the vents and filter openings of your unit. Air must flow freely around the unit for the system to work properly. Make sure that bedding, draperies, curtains, etc. do not restrict airflow.

Tobacco smoke will cause tar build-up that may result in the units malfunctioning. Do not permit smoking in the room with the unit.

Do not use the system around water, other than that contained in the humidifier.

Electrical shock may occur.

All settings must be determined by your doctor through appropriate diagnostic studies and monitoring. These settings are to be adjusted only by authorized personnel in compliance with your doctor's prescription.

This system must never be turned on and left unattended.

If your system is dropped or otherwise damaged, or if any liquid is spilled into the system, do not use. Contact our office immediately.

Make sure that all fittings and connections have been properly secured prior to use. The exhalation port/valve on your mask system is designed to exhaust CO₂ (carbon dioxide) from the patient circuit. Continuous flow is required for safe operation. Do not block or try to seal the exhalation opening.

If using a mask that covers your mouth and nose, do not eat or drink for two to three hours prior to bedtime.

Read and understand your Operating Instructions prior to using your system. If you have questions contact our office.

It is recommended that you not plug your system into an outlet that is controlled by a wall switch.

Your system is not intended for life support.

ROUTINE MAINTENANCE

There are no user-serviceable components in your system. DO not attempt to open the enclosure or service this device.

Supplies such as masks and tubing should be replaced approximately twice a year for hygienic purposes. We have found that most masks start to lose their shape and tend not to hold their seal after 6 months of use. Most headgear will last about 6 months if taken care of well. Most insurance carriers will cover replacement accessories biannually. Improper care of your accessories such as washing in the washing machine and/or dishwasher or boiling will result in poor results from your accessories and you will have to replace them more often, which may cause a problem with insurance coverage.

Every other day:

Clean mask/accessory in liquid dish soap and water, rinse thoroughly; air dry.

Once a month or as needed:

Hand wash headgear with laundry detergent, rinse well; line dry.

Every week:

Clean tubing in liquid dish soap and water solution, rinse thoroughly; air dry.

HUMIDIFIER (HEATED OR PASSOVER)

Change water in humidifier **DAILY**, use only **DISTILLED** water in humidifier (**Tap Water will damage the unit.**)

DISINFECTING PROCEDURE:

Once a week: Soak Mask\Accessory, tubing, and humidifier (if applicable) in disinfecting solution* (one part **white** distilled vinegar and three parts water) for 30 minutes. Rinse thoroughly.

Air Dry (i.e., hang tubing over shower curtain rod)

ROUTINE EQUIPMENT MAINTENANCE AND FILTER CARE

Routine filter care is an important aspect of your CPAP/BiLevel therapy success. Proper filter care ensures that you are breathing air without dust, dirt, or pollens. Poor or non-existent filter care can result in your equipment overheating and burning out the motor. Dirty filters also mean that you are breathing unsanitary air, which can lead to sinus problems, allergies, and possibly other more serious respiratory problems. Proper Filter care will ensure the coverage of your warranty.

If you are a new CPAP/BiLevel patient, you should call your CPAP provider within 3-4 weeks of receiving your CPAP to order disposable filters (if applicable). Filters and supplies are not automatically sent to you.

HELPFUL HINTS TO SUCCESSFUL CPAP/BiLEVEL THERAPY

Use your equipment whenever (bedtime & during naps) and wherever you sleep (vacations & camping trips).

Keep a glass of water with a straw at your bedside. Dry mouth is an annoying and common side effect. Severe dryness may be alleviated with the use of a saline-based nasal spray and/or humidification. Contact PAP Provider if symptoms persist following the use of a saline-based nasal spray.

TROUBLESHOOTING GUIDE

Refer to your Operating Instructions for such common problems as air leaks around the mask; sore or dry eyes; skin irritation; dryness or burning sensation in the throat, nose, or nasal sinuses, or ear pain; feeling that the pressure is too high or too low; air from the device seems warm; etc. The operating Instructions will give possible causes and instructions to solve the problem. Contact our office if you are unable to correct the problem.

TRAVEL TIPS

When transporting your system, precautions should be used to avoid exposure to extreme temperatures. If exposure to such temperatures does occur, the unit should be allowed to return to room temperature before being turned ON.

The voltage selector switch, if applicable, must be set for the proper line voltage. Refer to the operating Instructions for a guide to line voltages/fuse size required to operate your unit when traveling outside the United States. You can also call our office for assistance prior to your travel.

The carrying case, if provided, is designed to be used as an airline carry-on bag. When traveling, do not check your unit as baggage. Always use the carrying case for the unit's protection. The accessories (including the humidifier) can also be placed inside the carrying case.

If your CPAP system is used on a 12-volt system in a recreational vehicle or a motor home, do not attempt to use any power cord other than the DC power cord provided by our representative. Using a different power cord may result in damage to your vehicle and/or to your CPAP system.

REMEMBER

Your doctor has prescribed your course of treatment, which involves this system. You have been instructed on the use of this system. Should any problem occur, contact our office or your doctor immediately.

Oxygen Concentrator, Oxygen Cylinder

YOUR PRESCRIPTION

Oxygen is a drug and has been prescribed by your physician. An exact flow rate in liters per minute has been ordered to increase the oxygen level of your blood. This flow rate must never vary from what your doctor prescribes. Your doctor may have prescribed your oxygen for 24-hour use, use only during sleep, use only during exercise, or use only during acute episodes of shortness of breath. Always use your oxygen according to your prescription.

ABOUT OXYGEN

Oxygen is not addictive. The more you comply with your prescription, the more benefits from it you will obtain.

Oxygen is not flammable, nor does it explode. However, oxygen will make a fire burn quicker. To avoid the chances of a fire:

- Never smoke while using your oxygen concentrator.
- Do not use open fire or flames near the oxygen concentrator.
- Keep all electrical equipment (electric razors, heaters, blankets) at least 5 feet from your oxygen).
- Keep away from sources of heat (stove, space heater, radiator, fireplace). Do not store on or near a heater, or any enclosed space.
- **Never use grease or oil on oxygen equipment.** Keep equipment away from all flammable materials such as oil, grease, aerosols, paints, gasoline and solvents. Do not use petroleum jelly with oxygen. Use water-based lubricants to moisten your lips or nostrils, if necessary.
- Never store any cylinder in closet or unventilated space **Do not place your oxygen equipment in a small or unventilated storage area.** Any venting oxygen could create a fire hazard. Large, unventilated storage areas can be dangerous as well.
- Oxygen cylinder should never be stored or transported in the trunk of a car; and that the tank should be secured by a seat belt when in transit.
- Never use oil-based face or hair creams, aerosol sprays, a hair dryer or an electric razor. It is possible in certain conditions that the combination of oxygen, oil-based toiletries and a spark from an electrical appliance, such as an electric blanket, hair dryer, electric razor or heating pad, could ignite and cause burns. Always use water-based cosmetics or creams.
- Secure cylinder at all times in a base or cart. **Oxygen cylinders need to be secured in a special base to keep the cylinder from falling over. The weight of the cylinder can damage property and people if it were to fall on something or someone. The cylinder valve could also be knocked off if the cylinder were to fall over. The high pressure coming out of the valve opening could then cause the cylinder to move about the room in a destructive, uncontrolled manner.**

NO SMOKING

Do not permit smoking in the same room as your oxygen equipment. Place “No Smoking” signs on the front and back door

of your residence and also at the entryway to the room where you will be using your oxygen.

It is possible for you to be in a large room such as a restaurant where smoking is permitted as long as lighted smoking materials are not within five feet. Ask to sit in the non-smoking section of the restaurant.



USING SUPPLEMENTAL OXYGEN

The 21 percent concentration of oxygen in the air around us is enough for people with normally functioning lungs and hearts. However, a person with lung or heart problems may often benefit from breathing air that has a higher concentration of oxygen in it.

When the body does not get enough oxygen, a person may experience difficulty in breathing, fatigue, loss of memory, headaches and/or confusion. Using supplemental oxygen may help provide relief from these symptoms.

COOKING SAFEGUARDS

It is best to use a microwave oven or make other arrangements, but if you must cook, you may: **Step 1:** Secure the cannula over your ears and behind your head instead of under your chin. **Step 2:** Secure the oxygen tubing to the side of your clothing at your waist with a large safety pin. This method will **keep the oxygen tubing away from the source of heat.** Do not bend down close to the burner.



HAND WASHING TECHNIQUE

Hands must be clean prior to handling supplies and solutions. Wash hands before beginning any procedure.

Step 1: Wet hands thoroughly with warm water.

Step 2: Use antibacterial soap. **Step 3:** Wash hands for 1-2 minutes using

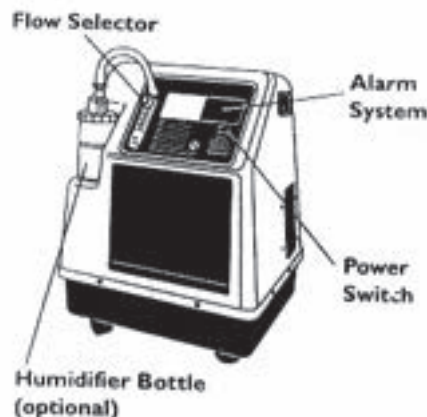
a rotary motion and friction. Wash: Back of palm of each hand Between all fingers **Step 4:** Rinse hands under running water. **Step 5:** Dry on a clean cloth or paper towel.

THE OXYGEN CONCENTRATOR

The Oxygen Concentrator is an electrically operated device which takes room air and separates the oxygen from the other gases and delivers more “concentrated” oxygen to you.

Oxygen concentrators are available in many different sizes and models, but they all have the same basic parts: a power switch to turn the unit on and off, a liter flow knob to regulate the liter flow to that prescribed by your physician, and an alarm to alert you to a power interruption or equipment failure so you can change to your back-up tank.

1. Plug the concentrator's electrical cord into an outlet.
 - Keep back and sides of the concentrator at least 6 inches from drapes or walls.
 - Locate concentrator at least 3" from wall.
 - Use an outlet which is not controlled by a wall switch.
2. Attach the nipple adapter (or "Christmas Tree") to the concentrator outlet port and attach up to 50 feet of tubing to the adapter.
3. Turn the concentrator switch to "ON". It is normal for the unit to sound an alarm for a few seconds both as an "alarm test" and to tell you that the unit has not reached its correct operating pressure.
4. Adjust the oxygen flow by turning the liter control knob until the flow rate is set according to your doctor's order.
5. Next, fit the nasal cannula on your face, making sure the prongs face upward and curve INTO your nostrils.



CONCENTRATOR ROUTINE MAINTENANCE

The intake filter should be cleaned weekly by washing in soapy water, rinse thoroughly, dry with a clean towel and reattaching filter to machine.



The nasal cannula should be replaced at least once a month.

The extension tubing should be no longer than 50 feet and replaced every 12 weeks or less.

CONCENTRATOR TROUBLE-SHOOTING

Your concentrator has alarms which

will tell you if the machine is not functioning properly. Your technician will explain the alarms to you. If you hear or see one of the alarms call Care Medical immediately.

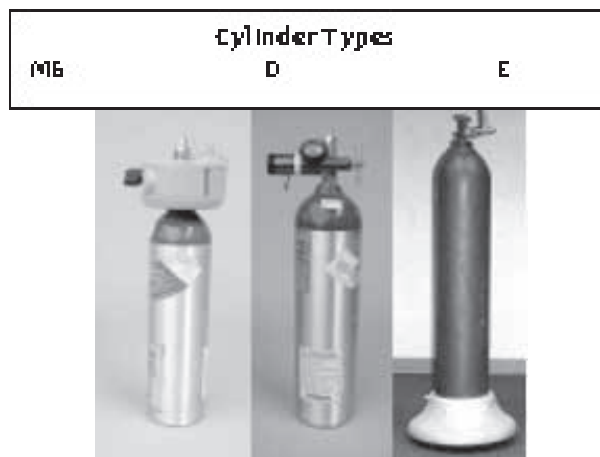
If there is a power outage or machine malfunction turn the concentrator off, use your back up oxygen cylinder. Check that tubing is securely attached to the oxygen outlet and is not crimped, pinched, or obstructed by heavy furniture, chairs, etc.

THE OXYGEN CYLINDER SYSTEM

(for back-up &/or portability).

With this system, oxygen gas is pressurized to a high level and stored in steel or aluminum cylinders. The pressure is measured in pounds per square inch (PSI). A full cylinder may have between 1800-2200 psi when first turned on. **The higher the pressure, the greater the amount of oxygen that can be compressed into the space of the cylinder.** This pressure gauge will show pressure gradually dropping as the oxygen is used.

Oxygen cylinders are available in various sizes. Depending upon the size of the cylinder and the amount of oxygen you use, the oxygen will last for different periods of time.



Patients needing a portable supply of oxygen use a smaller lightweight system. The weight of these portable cylinders ranges from 7 – 18 pounds. They have capacities ranging from 240 – 625 liters of oxygen — a supply of 2 to 5 hours at 2 liters per minute.

Three different sizes of smaller cylinders are commonly available: the D cylinder, the E cylinder and the M6 cylinder. The M6 and D cylinders are smaller. They are used with a carrying case with a shoulder strap. The E cylinder is a bit larger and is often used with a wheeled cart.

The oxygen is delivered to you through a nasal cannula or face mask. The tubing on the cannula or mask is attached to the outlet on the regulator. Sometimes, an extra length of tubing may be provided. This will allow you to move about at a farther distance from your cylinder.



YOUR CYLINDER SYSTEM



Your **cylinder** system consists of the following parts: the cylinder, which stores the pressurized oxygen, the **cylinder cart or stand**, which stabilizes the cylinder to prevent accidental tipping, a **regulator**, which controls the flow of oxygen from the cylinder.

The regulator consists of the **pressure gauge**, which tells you how much oxygen is left in the tank and a **flowmeter**, which

provides the desired flow rate of oxygen.

Note: Use extreme caution if you use a humidifier bottle with a portable system. If the system is tipped over, water could run down the tubing into the patient's nose.

Be sure the cylinder is secured in a pouch, on a cart or stand, away from heat, open flames, smoking or combustible materials. If you have extra portable cylinders, they should be stored lying down out of the way. We suggest you store extra cylinders under your bed.

TO ATTACH REGULATOR TO OXYGEN CYLINDER

Remove the seal from the post valve of the full cylinder. Save the washer inside the seal.

- If the old washer is faulty replace it with the new washer by placing the washer over the largest peg located inside the yoke of the regulator.
- Attach the regulator to the cylinder by slipping the regulator yoke down over the post valve and aligning the 3 pegs inside the yoke with the 3 holes in the post valve.
- Tighten the "T" bolt handle firmly. If the "T" bolt isn't secure or if the washer is faulty there will be a loud hissing sound when the valve is turned on as the oxygen escapes. **There is no danger.** Turn the cylinder valve off and tighten "T" bolt or replace washer as necessary.



TO TURN ON OXYGEN

Turn flow adjustment knob OFF.

Using the cylinder wrench or round handle directly on top of some cylinders, slowly turn the valve counter-clockwise (left) all the way. This will open the cylinder valve allowing gas into the regulator and the pressure gauge will now indicate the amount of oxygen in the tank.



Observe the pressure in the tank to ensure oxygen is in the cylinder.

Adjust the flow control knob (flowmeter) until the flow indicator is at the prescribed flow rate.

Fit the nasal cannula.

Insert the two prongs of the cannula into your nostrils. Make sure the prongs curve into your nostrils. Slide the tubing over and behind your ears.



Adjust the tubing to fit comfortably under your chin by sliding the adjuster upward. Be careful not to adjust it too tightly.

TO TURN OFF OXYGEN

When not in use, close the cylinder by turning the cylinder hand wheel or wrench clockwise all the way.

The flow of gas will cease when all the oxygen pressure is released from the regulator.

When both the pressure gauge and the flowmeter register zero, turn the liter control knob counterclockwise until it is tight.



TROUBLESHOOTING OXYGEN TANKS

- Check that the main valve is open and that pressure is observed on the pressure gauge.
- Check that the flowmeter is ON & adjusted to the prescribed liter flow.
- Check that tubing is securely attached to the oxygen outlet and is not crimped, pinched, or obstructed by heavy furniture, chairs, etc.

Remember: It is your responsibility to monitor the oxygen supply to insure that you do not run out of oxygen. A chart has been provided to assist you in determining when to order more oxygen. **Call our office** to order a new cylinder **1 to 2 days before** you run out **and** when the contents gauge reads 500 psi.

CLEANING AND MAINTENANCE PROCEDURES

Your oxygen cylinders and regulator are durable, dependable pieces of equipment and will continue to operate efficiently with proper maintenance.

As necessary, you should wipe your regulator, cylinder and/or carrying case with a clean, damp cloth. **Never** use wax, cleaning sprays or polish. Many of these products are flammable.

Never use any grease, oil or other lubricants on your regulator. These compounds are volatile and could pose a safety hazard. **Never** attempt to repair your regulator yourself. Should you have any problems with your oxygen cylinder system at any time, call Care Medical immediately.



CARE OF YOUR OXYGEN TUBING

Minimal care is required of your oxygen tubing and nasal cannula. You should discard and replace your nasal cannula at least once a month. Discard and replace your tubing every 90 days. Do not use alcohol or oil-based products on or near your cannula.

REORDERING OXYGEN

Always be aware of the amount of oxygen remaining in your cylinder. Please call Care Medical at least 24 hours in advance to order tanks. **Place orders on Thursday for a Friday delivery so that you have enough tanks for the weekend.**

Oxygen Cylinder Use Time in Hours

Always keep enough oxygen on hand to last overnight and during weekends and holidays. Your oxygen flow is measured in liters per minute (LPM). Average oxygen usage time is based on continuous flow rate. These figures are approximate and are to be used only as a general guide.

H Cylinder – 7,986 Liters										
Liter Flow Per Minute	1/16	1/8	1/4	1/2	3/4	1	2	3	4	5
PRESSURE GAUGE READING	Approximate Time Remaining:									
2000 psi	68 days	34 days	17 days	8 days/12 hrs.	5 days/12 hrs.	4 days/ 6 hrs	2 days	1 day/12 hrs.	1 day	19 hours
1500 psi	52 days	26 days	13 days	6 days/12 hrs.	4 days/6 hrs.	3 days/ 3 hrs	1 day/12 hrs.	1 day	17 hours	14 hours
1000 psi	34 days	17 days	8 days/12 hrs.	4 days/6 hrs.	2 days/18 hrs.	2 days	1 day	15 hours	12 hours	9 hours
500 psi	16 days	8 days	4 days	2 days	1 day/9 hrs.	1 day	12 hours	7 hours	6 hours	4 hours

D Cylinder										
Liter Flow Per Minute	1/16	1/8	1/4	1/2	3/4	1	2	3	4	5
PRESSURE GAUGE READING	Approximate Time Remaining:									
2000 psi	3 days	1 day/12 hours	20 hours	9 hrs 30 mins	6 hrs 30min	5 hours	2 hours	1 hr./15 min.	1 hour	Not recommended
1500 psi	2 days/12 hours	1 day/6 hours	15 hours	7 hrs 15 mins	4 hrs 45 min	3 hrs./30 min.	1 hr./30 min.	50 minutes	45 minutes	Not recommended
1000 psi	1 day/12 hours	18 hours	9 hours	4 hrs 20 min	3 hrs	2 hours	1 hour	30 minutes	20 minutes	Not recommended
500 psi	18 hours	9 hours	4 hours	2 hrs	1 hr 15 min	1 hour	15 minutes	5 minutes	0	Not recommended

E Cylinder										
Liter Flow Per Minute	1/16	1/8	1/4	1/2	3/4	1	2	3	4	5
PRESSURE GAUGE READING	Approximate Time Remaining:									
2000 psi	6 days	3 days	1 day 10 hrs	16 hrs	11 hrs	8 hours	4 hours	2 hrs./30 min.	2 hours	1 hr./30 min.
1500 psi	4 days 12 hrs	2 days 6 hrs	1 day	12 hrs	8 hrs 30 min	6 hrs./30 min.	3 hours	2 hours	1 hr./30 min.	1 hour
1000 psi	2 days 20 hrs	1 day 10 hrs	17 hrs	8 hrs	5 hrs 30 min	4 hours	2 hours	1 hr./15 min.	1 hour	30 minutes
500 psi	1 day 10 hrs	17 hrs	8 hrs	4 hrs	2 hrs 30 min	2 hours	1 hour	25 minutes	15 minutes	5 minutes

TRAVEL TIPS

Early planning and careful preparation are the keys to an enjoyable trip. The following tips should help you plan and prepare for any trip.

Contact your doctor to make sure your proposed trip is medically safe and **to obtain additional copies of your prescription.**

Contact Care Medical for assistance with getting oxygen refills along your driving route or at your final destination.
Have cash available to pay for oxygen refills or equipment.

If traveling by Car / RV:

- Remind passengers not to smoke in the car/RV.
- Securely fasten cylinders to prevent movement (usually a seat belt).
- Keep one window partially open to provide fresh air circulation and avoid accumulation of oxygen.
- Do not store oxygen in the trunk of your car.
- Do not store oxygen in an area where the temperature will reach 120 degrees Fahrenheit.
- In a recreational vehicle, do not store near gas or open flame.

If traveling by Bus/Train:

- Contact the reservation office for specific information about the use of oxygen and special accommodations.
- Most companies require at least two weeks notice if you are going to be using oxygen on your trip.

If traveling by Airplane:

- **Most airlines require at least four weeks notice if you are going to be using oxygen on your trip.**
- Ask your doctor what flow rate to use during your flight. Be sure to carry several copies of your oxygen prescription with you. The airline and providers at your destination will need this information.
- Request a direct flight, if available.
- Airlines may require you to use and pay for their oxygen on the plane.
- If there are layovers, ask if the airline will supply oxygen during the layovers.
- Ask what the airline will charge for oxygen during the flight.
- Arrange for your oxygen supply at your final destination.

Home Fill Oxygen Concentrator

NOTE: These instructions for the Home Fill System are to be distributed with the 'Concentrator & Cylinders' Instructions.



What is a home fill system?

The Home Fill™ home oxygen system allows patients to fill their own high-pressure cylinders from a concentrator. The ability to fill their own cylinders gives ambulatory patients greater independence and freedom from oxygen deliveries.

How does a home fill system work?

The Home Fill is a multi-stage pump that simply and safely compresses oxygen from a specifically designed Invacare Platinum concentrator into custom portable oxygen cylinders in sizes M2, ML4, ML6, M6, M9(C) and D.

DANGER

NEVER oil or lubricate the compressor coupler or bottle fittings. **NEVER** use any penetrating oil or lubricant such as WD40 or 3 in One. If connection difficulty is experienced verify that the bottle fitting is being inserted straight down into the compressor coupler. If continued difficulty is experienced contact Home Care Medical for assistance.

Use extreme care when handling and filling an oxygen cylinder. Full oxygen cylinders are under pressure and can become a projectile if dropped or mishandled. DO NOT store filled oxygen cylinders near a furnace, hot water tank, in the trunk of a car or other high temperature area. Storage in areas such as this can result in bursting of the cylinder or fire.

Compressor Operation Checklist

Each time the Home Fill Compressor is used to fill a cylinder, complete the following checklist:

- ☐ Ensure the concentrator has been On for at least thirty minutes. Refer to the concentrator Owner's Manual.
- ☐ Perform the prefill inspection on the cylinder.
- ☐ Connect the cylinder to the compressor.
- ☐ Push the compressor power switch to the On position.
- ☐ Examine the indicator lights on the control panel.
- ☐ Disconnect and remove the full cylinder.
- ☐ Push the compressor power switch to the Off (O) position.
- ☐ If filling another cylinder, repeat this checklist.

Pre-Fill Inspection of the Cylinder:

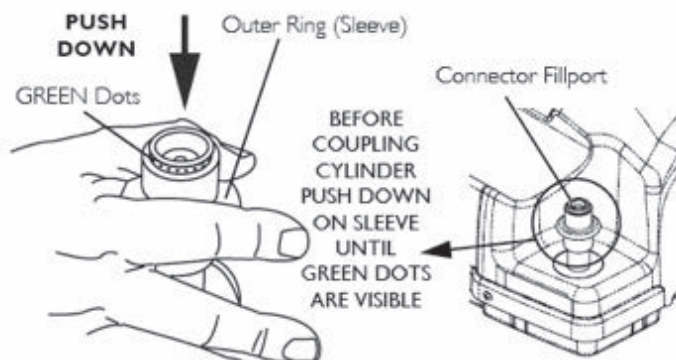
1. Examine the outside of the cylinder for the following conditions, and replace the cylinder if they exist:
 - Dents or dings
 - Arc burns
 - Oil or grease

- Any other signs of damage that might cause a cylinder to be unacceptable or unsafe for use.
2. Examine the cylinder for evidence of fire or thermal damage. Evidence includes charring or blistering of the paint, or other protective coating or heat sensitive indicator. If fire or thermal damage is found, replace the cylinder.
 3. Inspect the cylinder/regulator assembly for the following and replace if found:
 - Debris, oil or grease
 - Noticeable signs of damage
 - Signs of corrosion inside the valve
 - Signs of excessive heat or fire damage

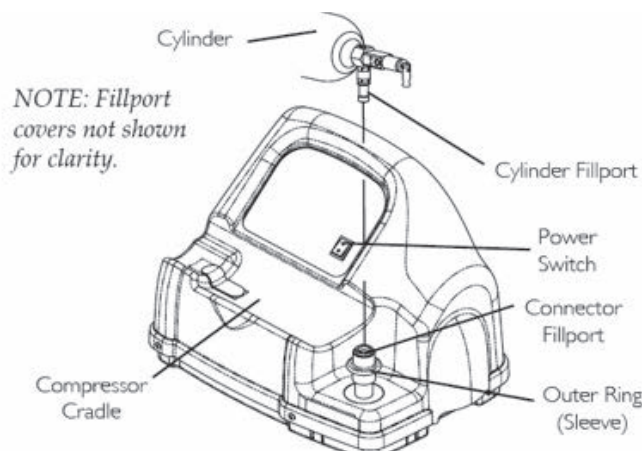
Connecting/Disconnecting the Cylinder to/from the Compressor

1. Examine the cylinder gauge. If the cylinder pressure is less than 1500 psi, proceed to STEP 2. If the cylinder pressure is greater than 1500 psig, DO NOT attempt to top off this cylinder. It may not fill.
2. Set the regulator flow dial on the cylinder to Off.
3. Remove the cylinder and connector fillport covers (if present).
4. Momentarily push DOWN on the outer ring (sleeve) of the connector fillport until GREEN dots are visible to reset the connector.

NOTE: If the outer ring (sleeve) is in the UP position (GREEN dots not visible), the connector fillport will not be able to accept the cylinder fillport. Pushing DOWN momentarily will reset the connector fillport (GREEN dots visible) to accept the cylinder fillport.

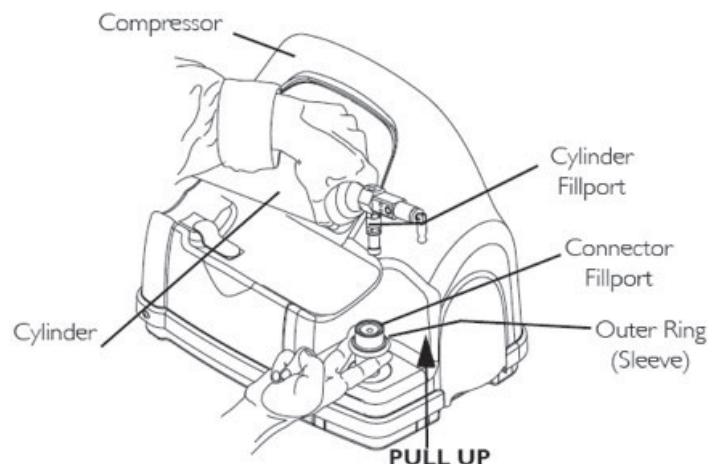


5. Grasp the cylinder in the area behind the cylinder fillport
6. Position the cylinder in the compressor cradle
7. Align the cylinder fillport with the connector fillport



- Pull UP on the outer ring (sleeve) of the connector fillport while pushing DOWN on the cylinder to couple the cylinder fillport into the connector fillport

NOTE: The cylinder is properly connected when an audible “click” is heard.



Cylinder Fill Times

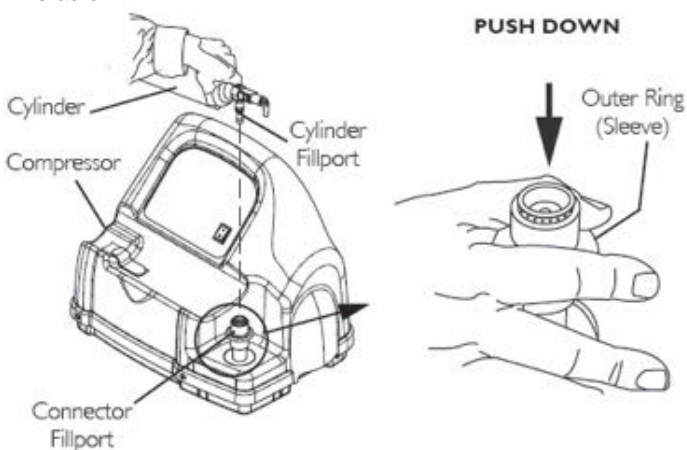
NOTE: Filling times are approximate and may vary depending on environmental conditions.

Cylinder Type	Height (base to valve)	Wt (lbs)	Capacity (in liters)	Approx. fill time	Duration in hours at 20 breaths per minute				
					1	2	3	4	CF*
M6 (B)	11.5	4.2	164	75 min	9h 12m	4h 54m	3h 36m	2h 54m	1h 24m
M9 (C)	11	5.4	255	125 min	14h 12m	7h 36m	4h 30m	3h 54m	2h
D	16.5	6.5	419	3.5 hrs.	23h 30m	12h 18m	7h 18m	6h 24m	3h 18m

*Continuous Flow is factory-set 2 LPM

Disconnecting the Cylinder from the Compressor

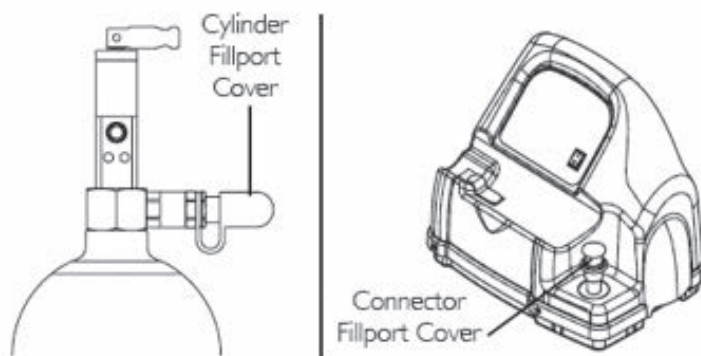
- Press the compressor power switch to the Off (O) position.
- Grasp the cylinder in the area behind the cylinder fillport.
- With the other hand, grasp the outer ring (sleeve) of the connector fillport and push DOWN.
- Lift up on the cylinder to remove from the connector fillport.
- When the cylinder fillport is disconnected from the connector fillport, release the outer ring (sleeve) of the connector fillport and use two hands to remove the cylinder from the compressor cradle.



WARNING

The fillport cover on the connector fillport and the cylinder fillport **MUST** be replaced after filling and whenever not in use. If either of the fillport covers are missing contact Home Care Medical before using.

- Place the fillport covers onto the connector fillport and cylinder fillport.
- Examine the cylinder gauge to ensure cylinder is full (needle pointing into GREEN area). If the cylinder is not full, perform the following:
 - Repeat Connecting the Cylinder to the Compressor.
 - If cylinder is not full after second attempt to fill, contact Home Care Medical.



Turning the Compressor On

- Make sure the concentrator is On.

CAUTION

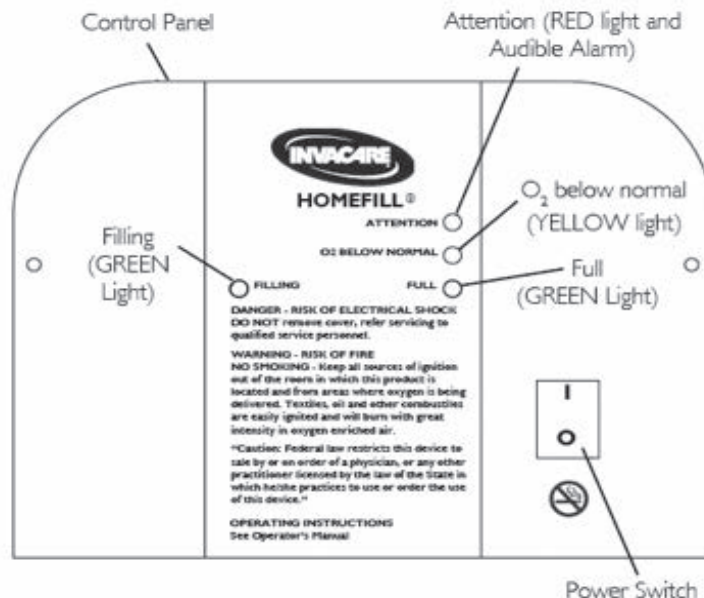
- The concentrator flow rate to the patient **MUST** be set at maximum: 3 L/min or less for Platinum 5, XL, and Perfecto2 and 5 L/min for Platinum 10. Otherwise, the oxygen level to the compressor will be <90% and the compressor will not fill the cylinder.
- Set the concentrator flow rate to the patient to 3 L/min or less for Platinum 5, XL, and Perfecto2 and 5 L/min for Platinum 10. Refer to the concentrator Owner's Manual.
- Make sure the cylinder is connected to the compressor.
- Push the power switch on the control panel to the On position.
- Examine the control panel. The following sequence of events should occur:
 - 0-3 minutes The O2 Below Normal (YELLOW) light will be lit while the compressor warms up.
 - After three minutes The FILLING (GREEN) light will be on while the cylinder is filling.
 - The FULL (GREEN) light will be on when the cylinder is finished filling. Proceed to STEP 6.

6. Remove the full cylinder. Refer to Disconnecting the Cylinder from the Compressor.

7. Push the power switch to the Off (O) position.

NOTE: The O₂ BELOW NORMAL (YELLOW) light may come on if the oxygen level from the concentrator has not yet reached or drops below 90%.

The compressor will begin or resume filling when the oxygen level reaches 90%.



Troubleshooting

PROBLEM SOLUTION	PROBLEM SOLUTION
No indicator lights on when compressor turned on.	<ol style="list-style-type: none"> 1. Turn compressor Off. 2. Check that power cord is properly plugged into compressor and wall outlet. 3. Turn the compressor On. 4. Clean air filters. 5. If performing STEPS 1-4 does not cause any indicator lights to come on, contact Care Medical.
RED Light ON	<ol style="list-style-type: none"> 1. Check the cylinder gauge to see if it is FULL: <ul style="list-style-type: none"> • Cylinder full - Remove the cylinder and turn the unit Off. Perform the Cylinder Prefill Inspection with a cylinder that is NOT FULL. • Cylinder not full - Proceed to STEP 2. 2. Check that the cylinder is connected properly. 3. Turn the compressor Off. 4. Remove the cylinder and reinstall. 5. Turn the compressor On. If cylinder is not full and is connected properly, the compressor may have internal failure. Contact Care Medical.
Compressor cycles ON and Off Or O ₂ BELOW NORMAL (YELLOW) and FILLING (GREEN) lights are alternating Or O ₂ BELOW NORMAL (YELLOW) light goes On and Off	<ol style="list-style-type: none"> 1. Check the concentrator liter flow setting is at 3 L/min or less. If necessary, adjust the liter flow setting. Wait at least 20 minutes for the GREEN light to appear. If it does not appear, proceed to STEP 2. 2. The concentrator may need service, contact Care Medical.
O ₂ BELOW NORMAL (YELLOW) light stays On	<ol style="list-style-type: none"> 1. Ensure the concentrator has warmed up for at least 20 minutes. If it has not been 20 minutes, turn the compressor Off until the concentrator warms up. If the YELLOW light still remains on proceed to STEP 2. 2. Inspect the connection between the compressor and the concentrator for damage or pinching. <ul style="list-style-type: none"> • If damaged, replace. • If pinched, straighten tubing. Turn the compressor Off for at least 10 seconds. Turn the compressor On. If the YELLOW light still remains on after 10 minutes, proceed to STEP 3. 3. The concentrator may need service, contact Care Medical.
Fill times exceed maximum as recommended fill times OR GREEN filling light stays On.	<ol style="list-style-type: none"> 1. Ensure the cylinder regulator is set to Off. 2. Check that the cylinder is connected properly. Turn the compressor Off. Remove the cylinder and reinstall. Turn the compressor ON. 3. Check the compressor/concentrator line for proper connection and/or damage (i.e. - leaks or kinks). 4. Check the concentrator liter flow setting is at three L/min or less. If necessary, adjust the liter flow setting. If the GREEN filling light does not go Off, the compressor and/or concentrator may need service. Contact Care Medical.
Excessive noise when compressor is On	Call Care Medical.
Hissing sound from Regulator when flow selector is Off	<ol style="list-style-type: none"> 1. Turn flow selector Off. 2. If hissing sounds continue, call Care Medical.
Regulator is On but O ₂ is not being delivered	<ol style="list-style-type: none"> 1. Refill cylinder 2. Check that cannula is straight and not pinched. If damaged, replace. 3. Call Care Medical.

Liquid Oxygen Unit

Product information and teaching guide

A liquid oxygen unit is used to deliver medical grade oxygen. It is only to be used as prescribed by your physician. The information contained in this guide is provided to assist you in operating the equipment safely and to insure that maximum benefit from its use is achieved.



If you have any questions about the equipment or its use at any time, ask your representative.

The liquid oxygen portable unit, which is filled from the stationary unit, provides a portable supply of oxygen. For example, when the flow controller

is set at 2 liters per minute, the supply will last about 8 hours.

The stationary unit is for use in the home and will be refilled by a representative. The frequency of refill is dependent upon the rate of use.

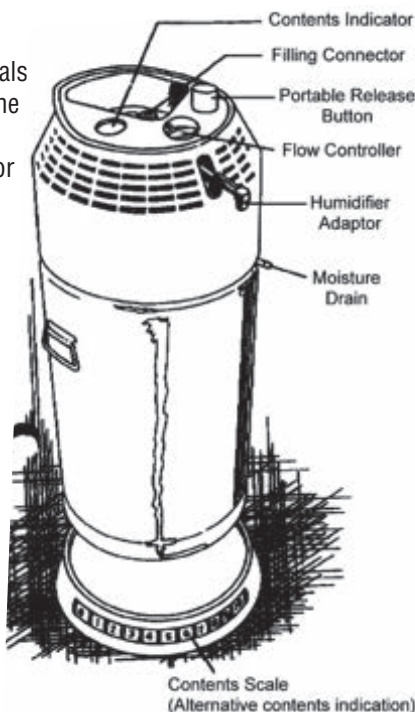
Your stationary unit may be equipped with one of two types of content level indicators.

Contents Indicator

This indicator is visible through the top of the stationary unit. The indicator is graduated into 4 segments. When the indicator drops below the $\frac{1}{4}$ full graduation, your representative should be notified and asked to refill the unit. *Do not* attempt to fill the portable unit if the indicator is near the empty mark.

OR Contents Scale

A color-coded window reveals an indicator which shows the contents of the unit. As the oxygen is used, the indicator will move from right to left. When the contents indicator reaches the yellow area, your representative should be notified and asked to refill the unit. The red area indicates that the unit is *empty*. *Do not* attempt to fill the portable unit if the indicator is in or near the red area. The numbers above the color band do not indicate a specific amount of oxygen, but rather serve as helpful reference points.



Caution: Never place anything on or attach anything to the stationary unit as this would result in false readings on the Contents Scale. Do not tamper with or attempt to adjust the scale. If a problem is suspected, notify your representative.

WARNING: Never depress the plastic tip of the filling connector on the stationary unit. Doing so would allow cold gaseous and liquid oxygen to escape.

Using the stationary Liquid Oxygen Unit:

1. Fill the humidifier with distilled water to the level indicated on the humidifier instruction.
2. Attach the humidifier to the humidifier adaptor.
3. Attach the oxygen tube to the humidifier outlet.
4. Adjust the cannula or other breathing device to the face to receive oxygen comfortably.
5. Turn the flow controller to the rate prescribed.

NOTE: No oxygen will flow if dial is between settings.

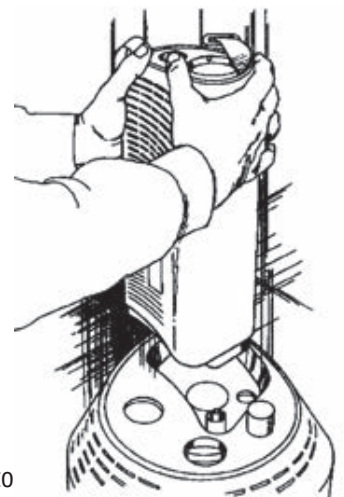
6. Check the humidifier to insure that there is a steady flow of bubbles. This indicates that oxygen is flowing.
7. The contents indicator will show how much liquid is remaining. It should be checked periodically to insure that the supply is adequate.
8. Moisture will condense on the internal operating parts of the units. A drain is provided to which a moisture collection container can be attached.



Filling the Portable Unit

CAUTION: The fill connectors must be clean and dry in order to avoid malfunction due to freezing.

1. Check the content indicator to be sure the stationary unit has ample supply of liquid for filling purposes. Note: Do not attempt to fill the portable if the content indicator is near the empty area.
2. Hold the portable unit with both hands and position the contoured case over the matching recessed area in the stationary cover.
3. Lower the portable unit carefully into place taking care to assure proper engagement of quick connectors.



4. Place one hand on top of the portable unit directly over the quick connector and press straight down. This will lower the portable unit approximately 3/8", and assure proper engagement of the fill connectors.

5. While holding the unit in the fill position, move the vent valve lever straight out to the open position. (90 from normal off position) This will result in a rather loud hissing noise. (Note the time at start of fill)

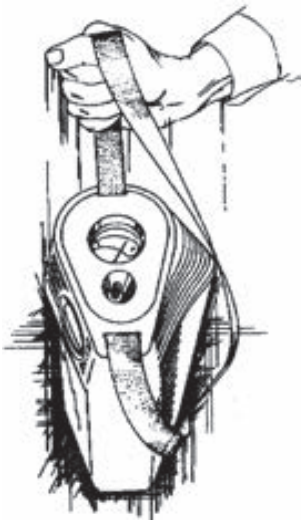
NOTE: One hand should maintain slight down pressure on the unit during filling to assure stability and proper filling position. Approximately 30-40 seconds into the filling procedure it is advisable to close and reopen the vent valve one or more times. This will break up any ice that may have begun to form around the valve stem and serve to avoid any problems with the vent valve freezing open.

6. After 1 1/2 minutes have elapsed since starting the filling process, close the vent valve. (Fill time may vary according to the temperature of the container being filled.)

It is also possible to detect the full condition by a noticeable change in sound of the venting gas, or by the presence of dense white vapor around the cover of the stationary unit.

NOTE: Should for any reason the vent valve fail to close and the hissing continue, remove the portable unit by depressing the portable release button. The portable unit will stop venting in a few minutes.

7. Disengage the portable unit from the stationary unit by holding the carrying strap above the unit and depressing the release button. Always hold the portable unit with one hand when attempting to disengage it. Should the units not disengage easily, they may have become frozen. **DO NOT USE FORCE.** Simply allow a few moments for the frozen parts to warm and remove when the ice has melted.



WARNING: Should liquid oxygen leakage occur when the portable is removed from the stationary unit proceed to re-engage and disengage the unit. This will help dislodge any ice or other obstruction. If liquid leakage is still present, engage the unit again and notify your representative.

8. Check the liquid oxygen contents indicator. The amount of liquid contained in the portable unit is measured by a scale which is built into the top of the unit. The scale is read by simply lifting the portable unit by the strap nearest the indicator. The liquid contents is indicated on the color-coded gauge.

NOTE: For shorter planned use time, you can partial fill the Portable unit by closing the "vent to fill valve" sooner than you normally would. In this way, your portable unit will be even lighter and you will waste less oxygen.

9. Place the oxygen tube on the "oxygen adapter" and adjust the cannula or other breathing device to the face to receive oxygen comfortably.

10. Turn the flow controller to the prescribed rate.

Carrying the Portable unit

The portable unit may be worn on either side of the body; however, wearing it on the right side will probably be more comfortable. It will also be less obvious to others that the unit is being worn when on the right side.

The unit may be worn over the shoulder or in an across the body fashion. An adjustable shoulder strap and pad are provided for maximum comfort.

Oxygen Conserving Device

Your doctor may have prescribed an oxygen conserving device (OCD). Because the OCD responds to each individual's breathing pattern, the actual use time will vary for each person depending upon the flow rate prescribed, the size of the oxygen supply and the rate of breathing.

During your normal breathing, you are inhaling about 1/3 of the time and exhaling for about 2/3 of the time. By providing oxygen in brief pulses at the very beginning of the inhaling, the OCD extends the time of the oxygen supply by as much as three to one. The device senses the start of inhalation and immediately releases a short, pulsed dose of oxygen.

Rare instances have been reported in which certain oxygen users could not be treated effectively with the OCD. If you experience the feeling that you are not receiving enough oxygen, report this to your doctor.

USING YOUR OCD

1. If your conserving device uses batteries, check the energy level on the batteries in the OCD. (Make sure that the oxygen supply is turned OFF before testing the batteries.) Do not use the OCD with batteries removed. Always keep a spare set of batteries with your unit at all times.
2. Turn on the oxygen supply.
3. Set the flow selector on the OCD to your prescribed dosage. (If your unit has been pre-set internally, omit this step.) Put on the nasal cannula and breathe normally.
4. Do not use the OCD with a humidifier. The use of a humidifier will prevent the OCD from sensing the beginning of inhalation.
5. Do not expose the OCD to water, other liquids or extreme temperatures.

How Many Hours Will Your Cylinder Last?

	Your Oxygen Flow Rate in LPM	M-L6 Cylinder 164 Gaseous Liters	ML-6 Cylinder 170 Gaseous Liters	"C" Cylinder 240 Gaseous Liters	"D" Cylinder 415 Gaseous Liters	"E" Cylinder 682 Gaseous Liters
This chart is intended to be used only as a guide. Cylinders vary by manufacturer in gaseous liter capacity which may result in varying use times.	.5	16.5	17.2	24.2	41.9	68.9
	.75	11.0	11.4	16.2	28.0	45.9
	1	8.3	8.6	12.1	21.0	34.4
	1.5	5.5	5.7	8.1	14.0	23.0
	2	4.1	4.3	6.1	10.5	17.2
	2.5	3.3	3.4	4.9	8.4	13.8
	3	2.8	2.9	4.0	7.0	11.5
	3.5	2.4	2.4	3.5	6.0	9.8
	4	2.1	2.1	3.0	5.2	8.6

Oxygen Humidifier/Corrugated Tubing/Supplies

You may have an optional humidifier bottle if your physician has determined that additional humidification is needed (usually for patients on oxygen at more than four liters per minute).

Daily Care:

1. Wash your hands.
2. Remove the humidifier jar and empty any remaining water.
3. Rinse the jar under a strong stream of warm water.



4. Using either tap or distilled water, refill the jar until it is half full. Do not overfill your humidifier as too much water in your humidifier will cause water to collect in your oxygen tubing.
5. Screw the humidifier bottle back onto the bottle lid until it is tight, making sure the threads are correctly aligned. Cross-threading will create a pressure loss.
6. Always have an extra humidifier bottle on hand as a replacement if the bottle or lid become cracked.

Minimum of Every Third Day:

1. Wash your hands.
2. Remove the entire humidifier. Unscrew the lid and empty remaining water. Remove corrugated tubing and supplies.
3. Wash the disassembled parts in liquid detergent (such as Joy) and warm water.
4. Rinse thoroughly.
5. Shake of excess water.
6. Soak the humidifier in a 3:1 mixture of white distilled vinegar and water solution for at least 30 minutes. Discard after use.
7. Remove from disinfectant. Rinse and shake off the excess water.
8. If the equipment is not going to be used immediately, air dry between folds of paper towels or on a clean hand towel.
9. When thoroughly dry, store the equipment in a plastic bag until ready to use.

If you are using a humidifier, you may occasionally have moisture accumulate in your tubing. If this is uncomfortable, remove the humidifier bottle from the outlet tube, connect your oxygen tubing directly to the outlet tube, and allow oxygen from your concentrator to run through your tubing for a few minutes to dry the tubing and clear the water. Then disconnect the tubing from the outlet tube and reattach your humidifier. Be sure your humidifier bottle is not overfilled as this can accelerate water accumulation in your tubing.

After you have reattached all your tubing, check your liter flow indicator on your concentrator unit to verify that oxygen is flowing at the proper prescribed level

Wheelchairs

OPERATING INSTRUCTIONS

Folding and unfolding the wheelchair: To fold, simply lift up under the center edge of the seat upholstery. To unfold, tilt the chair slightly to one side to raise the wheels on the opposite side off the floor. Then press down on one or both seat rails.

Applying the wheel locks: Push forward on the lock tips, (or pull back on the pull to lock type), until the locks snap into the locked position. Do not attempt to enter or exit the wheelchair without having the locks securely engaged.

Folding the footplates up into a vertical position: If the footplates are equipped with heel loops, these must first be pulled forward over the rear of the foot plates. The footplates themselves can then be folded up into the vertical position by lifting up on the inside edges of the footplates.

Releasing and swinging away the front rigging: Whether the wheelchair is equipped with standard footrests or elevating leg rests, this procedure permits the user to make much closer approaches for easier, safer transfers to beds, toilets, automobiles, etc. Simply activate the release mechanism and swing the front rigging around to the side of the wheelchair. While in this swing away position, the front rigging can also be removed from the chair entirely, by simply lifting it off. This removal will make lifting the chair or loading into a car much easier for the caregiver.

From the swing away position the front rigging can be returned to the standard position by simply swinging it back to the front of the wheelchair. It will lock automatically in the forward position.

If the front rigging has been removed from the chair, simply replace it in the swing away position, then swing it back to the standard front position when required.

Elevating leg rest adjustment: If the wheelchair is equipped with elevating leg rests, the legs of the user can be elevated by simply lifting the leg rests up to the desired position. To lower them again, support the leg rest with one hand while activating the elevation release mechanism with the other, and lower to the desired position.

Footrest length adjustment: The position of the foot plate on either standard footrests or elevating leg rests is adjustable to fit the user's leg length. The foot plate should be adjusted to support the weight of the user's foot and lower leg in such a position that permits weight bearing by the thighs. A footrest adjustment that is too long will result in a line of pressure under the thigh, at the front edge of the seat upholstery. An adjustment that is too short will raise the user's knees and cause excessive weight to be born by the buttocks. Either situation increases the risk of pressure



sores. The knees and hips of the user should be at approximately the same level. The lowest edge of the foot plate must be at least two inches above the floor to provide safe clearance when negotiating ramps or inclines

This adjustment is made by loosening the adjustment bolt with a wrench, and telescoping the foot plate in or out to achieve the desired position, then re-tightening the bolt securely.

Removing and replacing detachable arms: This feature permits lateral or sliding transfers to and from the side of the wheelchair, for those users who are unable to stand briefly to transfer. Release the arm lock on the front receiver socket and lift the arm from the center to avoid binding. To replace the arm simply reverse the procedure. Attention to the location of the rear receiver socket will make replacing the arm easier.

Wheelchairs equipped with desk length detachable arms permit closer approaches to tables or desks. If it is occasionally desirable to have arm support farther forward on these models, this is easily accomplished by swapping sides and reversing the desk length arms.

Please Note: Reversing the arms without swapping sides will narrow the distance between the arms and could result in an accident. Wheelchairs with wrap-around or spacer-saver style arms can not be reversed.

IMPORTANT POINTS TO REMEMBER

The user or caregiver should perform basic safety checks on the wheelchair at frequent intervals.

1. Check hand grips and the rubber tips on the tipping levers to ensure that they are tight and secure.
2. Check the locks for proper adjustment to confirm that they lock the large wheels securely when engaged.
3. Look over all nuts, bolts, and attaching hardware for proper tightness
4. If the wheelchair is equipped with pneumatic tires, check for proper tire pressure.
5. Check for proper footrest length adjustment.
6. If any unsafe conditions are found please discontinue use of the wheelchair and call our office immediately.

Remember to engage the wheelchair lock before transferring to or from the chair.

Do not lean forward in the wheelchair unless both feet are flat on the floor. This is particularly important for users with heavy leg casts using elevating leg rests.

Warranty:

If you have purchased the wheelchair your warranty is for one year beginning with the date of original set-up. If you are renting the bed your warranty is for the length of the rental.

Four Wheeled Walker

What is a Four Wheeled Walker Used For?

A four wheeled walker is a light-weight frame that is used to provide walking support, with the added advantages of swivel front wheels and a temporary seat.

How Do I Adjust the Walker Height?

- Stand with your shoulders relaxed and your arms hanging loosely at your sides.
- The handlebar height should be at the crease of your wrist when your arms are relaxed at your sides
- Loosen the knobs on the outside of the handlebars. For some models this may be sufficient to allow you to raise and lower the handlebars. If so, move the handlebars to the desired height. Tighten the knobs.
- If the walker has bolts which go through the handlebars, remove them and then move the handlebars to the desired height.
- Re-install the bolts and screw the knobs to the bolt. The knobs should be on the outside of the handlebars. Some frames have a hexagonal hole for the bolt head to fit into. Ensure the bolt head is properly aligned with hole before tightening fully.
- The seat height is not adjustable. If the seat is too high or too low, a different size of walker may be more appropriate. You should be able to sit on the seat with the balls of your feet touching the ground.



How Do I Use The Four Wheeled Walker?

- Lean on the walker, allowing it to roll forward with control as you step forward.
- To slow the walker down, squeeze or pull up on the handbrake
- Before using the seat, activate the parking brake by pushing down on the handbrake.

To release the brake, carefully squeeze the brake handles again, being careful not to pinch your fingers.

How Do I Care for the Four Wheeled Walker?

- Use a non-abrasive detergent or cleaner with warm water.
- Periodically check knobs and screws to ensure they are tight.

Folding and Unfolding the Walker

- To unfold the walker, push down on the seat to open it fully.
- To fold the walker, lift up on the handle attached to the seat. The walker may have a tab under the seat which locks the walker in the open position. Lift up on the tab to release the seat so it will fold. Ensure all body parts are clear of the frame before folding the walker.

WARNING

Do not use the walker on stairs or escalators. Pay special attention on ramps or slopes.

Sitting on the Walker

- To sit on the walker, turn around and back up until you feel the seat touch the back of your legs

Always lock the brakes of the walker before sitting or standing up.

- Reach back and place your arms on the handles of the walker.
- Sit down slowly and carefully.

The walker is not intended to be used as a wheelchair. Do not move the walker when sitting in it.

- If the walker has a basket, be sure it is securely hooked on to the cross rail before putting anything in it.

WARNING

Do not overload the basket. An oxygen tank or other awkward load should be fastened down.

Some walkers come with a flexible back strap. Do not push down or lean on this strap with your hand. Do not use the back strap to lift or carry the walker.



Hospital Beds

General

Hospital beds permit body positioning that is not feasible in a regular home bed. They also permit the attachment of other pieces of equipment that can not be used on a regular home bed.



Always raise the foot section of the bed slightly before raising the head to help prevent the patient from sliding to the bottom of the bed.

When transferring to or from a commode or chair, if the height of the bed is adjustable, always adjust the height of the bed slightly **higher** than the object to be transferred to for transfers out of bed, and slightly **lower** for transfers **into** the bed.

ALWAYS make sure the castor locks on the bed are set. The bed may still slip on the floor, so an attendant should be available for assistance if the patient is unstable on their feet.

Operating Instructions:

For manually operated bed:

The left crank raises and lowers the head of the bed. The right crank raises and lowers the foot of the bed.

If a center crank is present it will raise and lower the entire bed.

Turning any crank clockwise raises and turning any crank counter clockwise lowers.

For semi-electric bed:

The pendant has four buttons.

One pair of buttons operates the head section and the other pair operates the foot section.

The function of each button is indicated on the pendant by up arrows and down arrows.

For full electric bed:

The pendant has six buttons. The middle pair of buttons operate the bed height. The other buttons operate the same as the semi-electric bed. On both electric models an emergency crank is furnished and kept under the mattress at the foot of the bed. This crank can be inserted into the appropriate sockets at the foot of the bed to allow manual adjustment of all bed functions in the event of power failure or motor failure.

Cleaning:

Clean the bed and frame with any household cleaner. If pendant and electric motors are present wipe with a damp cloth.

Warranty:

If you have purchased the bed the warranty is not transferable. If you are renting the bed your warranty is for the length of the rental.

Patients and caregivers should be familiar with all aspects of the bed and should be alert to any unusual noises or difficulties in operating bed that may indicate a mechanical problem. Anything unusual should be reported to your HME Provider immediately.

The Benefits and Risks of Bed Rails

Potential benefits of bed rails include:

- Aiding in turning and repositioning within the bed.
- Providing a hand-hold for getting into or out of bed.
- Providing a feeling of comfort and security.
- Reducing the risk of patients falling out of bed when being transported.
- Providing easy access to bed controls and personal care items.

Bed Rail Entrapment Statistics

Today there are about 2.5 million hospital home beds in use in the United States. Between 1985 and 1999, 371 incidents of patients caught, trapped, entangled, or strangled in beds with rails were reported to the U.S. Food and Drug Administration. Of these reports, 228 people died, 87 had a nonfatal injury, and 56 were not injured because staff intervened. Most patients were frail, elderly or confused.

Patient Safety

Patients who have problems with memory, sleeping, incontinence, pain, uncontrolled body movement, or who get out of bed and walk unsafely without assistance, must be carefully assessed for the best ways to keep them from harm, such as falling. Assessment by the patient's health care team will help to determine how best to keep the patient safe. Although not indicated for this use, bed rails are sometimes used as restraints.

Potential risks of bed rails may include:

- Strangling, suffocating, bodily injury or death when patients or part of their body are caught between rails or between the bed rails and mattress.
- More serious injuries from falls when patients climb over rails.
- Skin bruising, cuts, and scrapes.
- Inducing agitated behavior when bed rails are used as a restraint.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who are able to get out of bed, from performing routine activities such as going to the bathroom or retrieving something from a closet.

Meeting Patients' Needs for Safety

Most patients can be in bed safely without bed rails. Consider the following:

- Use beds that can be raised and lowered close to the floor to accommodate both patient and health care worker needs.
- Keep the bed in the lowest position with wheels locked.
- When the patient is at risk of falling out of bed, place mats next to the bed, as long as this does not create a greater risk of accident.
- Use transfer or mobility aids.
- Monitor patients frequently.
- Anticipate the reasons patients get out of bed such as hunger, thirst, going to the bathroom, restlessness and pain; meet these needs by offering food and fluids, scheduling ample toileting, and providing calming interventions and pain relief.

When bed rails are used, perform an on-going assessment of the patient's physical and mental status; closely monitor high-risk patients. Consider the following:

- Lower one or more sections of the bed rail, such as the foot rail.
- Use a proper size mattress or mattress with raised foam edges to prevent patients from being trapped between the mattress and rail.
- Reduce the gaps between the mattress and side rails.

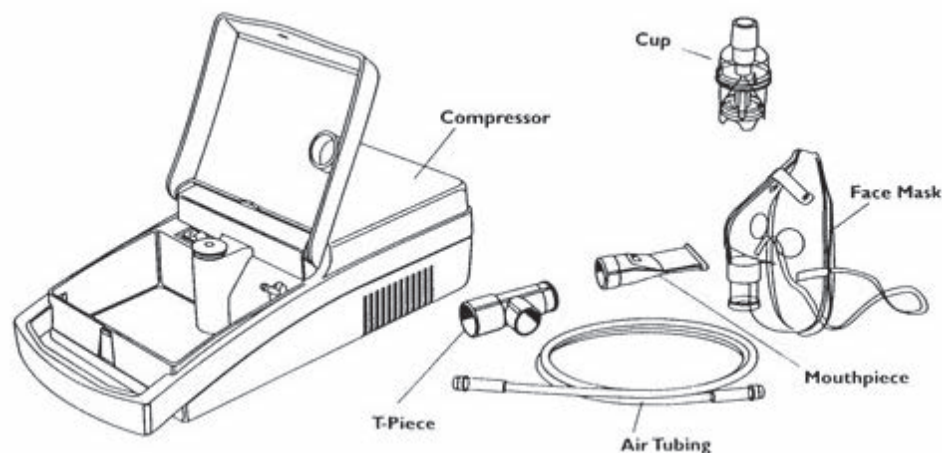
Hand Held Nebulizers and Compressors

Small nebulizers produce a mist to be inhaled. The inhaled medication is deposited within the lungs. You should inhale slowly and pause long enough to allow the medication maximum time to deposit in the lungs.

ALWAYS KEEP A SPARE NEBULIZER CIRCUIT! CALL CARE MEDICAL FOR A REPLACEMENT AS SOON AS YOU USE YOUR BACK-UP NEBULIZER.

INSTRUCTION FOR THERAPY

1. Wash hands with soap and water before using machine.
2. Turn machine off.
3. Plug machine into wall outlet.
4. Put medications into nebulizer cup.
5. Turn compressor on.



TREATMENT INSTRUCTIONS

1. Sit up comfortably. Hold mouthpiece between lips, or attach face mask. Keep nebulizer level or medication will run out of vial.
2. Breathe in and out through your mouth, not through your nose.
3. Exhale completely before treatment is started.
4. Using the mouthpiece, inhale slowly until you have a deep breath.
5. Hold your breath for approximately three to four seconds to allow medication to deposit in lungs.
6. Exhale slowly and completely.
7. Pause for a few seconds.
8. Inhale slowly and repeat steps 4-7.
9. Repeat this until all medication is gone.
10. You may stop and rest during the treatment, but turn off compressor so you don't waste the medication.
11. If you have to cough, just remove mouthpiece or mask.

CLEANING INSTRUCTIONS:

NEEDED SUPPLIES:

Water
Alcohol
Small Wash Basin and Bottle Brushes
Household Detergent (Joy)
Paper Towels
White Distilled vinegar

GENERAL SUGGESTIONS:

Before handling any of your equipment, wash hands well with soap and water.

Do not keep compressor on floor.

Clean compressor daily by wiping with alcohol.

Do not block air inlets on outside of compressor.

Keep the compressor at a higher level than hose coming from it.

AT THE END OF EVERY DAY YOU'VE USED THE NEBULIZER:

Take hose off nebulizer.

Take nebulizer apart.

Wash all nebulizer pieces in hot soapy water (Joy)

Rinse well with clear water.

Soak all pieces in 50/50 mixture of white distilled vinegar and water solution for ½ hour.

After soaking, take nebulizer pieces out of vinegar and water solution.

Rinse well with clear water and allow to dry on a clean paper towel.

When dry, reassemble and store in a clean plastic bag.

Solution may be reused for one week if kept covered in refrigerator.

The tube from the compressor to the nebulizer should not have to be cleaned. If it becomes cloudy inside it should be disposed of immediately and replaced with a new one. Call Care Medical for additional tubing.

Warranty:

If you have purchased the nebulizer compressor, your warranty is for 5 years. The disposable nebulizer administration set (cup, mouthpiece, and tubing) does not carry a warranty. If you are renting the nebulizer, your warranty is for the length of the rental period.



Patient Lift

General:

The purpose of the Patient Lift is to enable one person to lift and move a patient safely. Please follow instructions carefully, as failure to do so may result in severe injury.

Instructions for use:

Sling set up: Place metal stays in canvas sling (on models using metal stays).

Align holes in stays with holes in sling.

To place canvas sling under patient: Making sure the bed rails are up and locked. Stand beside the bed and lift the patient's opposite foot and leg up and across the nearer foot and leg. Carefully roll the patient toward you onto his side and place the sling length-wise on the bed behind the patient with the lower edge of the sling positioned just below the knees. The patient may hold onto the bed rails to keep him in this position. Fold the half of the sling nearest the patient in an accordion configuration making sure the other half of the sling extends flat on the bed. Roll the patient onto his back. Slip your hands under the patient and pull the folded part of the sling out flat.

The sling must be centered under the patient.

Insert head support bar into canvas sling and snap sling around metal support bar. Attach straps to sling.

(Note: There are 3 strap lengths: short, medium, and long.) Making sure the buckles and "S" hooks are to the outside, attach the short strap to the top hole, the longest strap to the 3rd hole, and the middle length strap to the 4th hole (bottom). Attach the "O" rings to the spreader bar located on the arm of the patient lift.

Note: ALWAYS spread legs of Patient Lift before attaching the canvas sling!

Operation of lift:

Position lift under the bed. (If you have the "C" base model you will not need to spread the legs of the lift. Care Medical personnel will explain this to you at time of delivery). Spread the legs of the lift by grasping the base shift handle and pushing the handle to the right toward the floor. Rotate the base shift handle clockwise 180 degrees and straighten base shift handle to upright position. Make sure the control valve is turned clockwise (to the right). Position the spreader bar over the patient and attach the canvas sling. To lift the patient use the "S" shaped hydraulic pump handle. You will need to pump the handle many times to lift the patient. Once the patient is high enough to clear the bed you may roll the patient to the desired area. To lower the patient position the patient directly over the place you wish the patient to be (bed, wheelchair, etc.). Rotate the control valve slightly counter clockwise (left) to begin descent. The patient will begin to descend. Control the speed of descent by how far you rotate the control valve.

Do not lower patient too fast. Care must be exercised to insure that you are always in control of the patient. If the patient is to be transported in the lift turn him/her until he/she is facing the control valve by grasping the patient's legs and turning until he/she is facing the control valve and his/her legs are off the side of



the bed. Slowly and carefully open the control valve and lower the patient until the patient's feet rest on or over the base of the lifter and straddle the lift mast. This will lower the patient's center of gravity providing greater stability and making the lift easier to push. Push the lift with the steering handles.

To transfer to a wheelchair (or other type of chair) raise the patient by pumping the hydraulic handle until the buttocks are above the seat height of the chair.

With the patient's back toward the open end of the base move the wheelchair into position under the patient and apply the wheelchair locks.

With your non-dominant hand release the control valve to lower the boom. For proper positioning of the patient in the wheelchair push back gently on the patient's knees with your dominant hand while lowering the patient into the chair. This positions the hips well back into the seat of the chair.

Lower the boom enough so there is enough slack in the chains to remove the hooks. Always leave the sling under the patient while he/she is in the chair.

Patient lifts may also be used in conjunction with a sling that has a commode opening to lower the patient onto a home toilet if bathroom space permits, and also onto a bedside commode. When used with a toilet or commode leave the sling attached to the spreader bar for greater stability.

Cleaning Instructions:

Wipe the patient lift with warm, soapy water to keep dust free and clean. Machine wash the canvas sling in cold water and air dry.

Note: Always remove metal stays before washing the sling.

Warranty:

If you have purchased the patient lift your warranty is for 1 year. The sling does not carry a warranty. If you are renting the patient lifter your warranty is for the length of the rental period.

Bedside Commodes

There are a variety of different styles of Bedside Commodes. Selection of the appropriate model depends on the physical limitations of the user and where it will be used. Most models fall into one of the following categories:

1. Basic Models with fixed arms
2. Drop-Arm Models or those with removable arms
3. Over-Toilet Models
4. Concealed Models

There are also other special models for individuals with special needs.

All four of the above categories provide toilet facilities at the bed side for individuals who have difficulty getting to the bathroom safely.

For ALL models, it is important that the user understands the necessity for exerting force only straight down in a vertical direction when getting up and down or transferring to and from the seat. Any significant force in a horizontal direction is likely to cause the commode to slide on the floor or even to tip over. Bedside Commodes are relatively lightweight and are not anchored to the floor like the conventional bathroom toilet.

BASIC MODELS

These models answer the needs of that large group of users who can walk but cannot contend with a flight of stairs or the distance involved to get to the bathroom. To use these models, it is necessary for the user to be able to stand, pivot and sit down safely.

All good quality basic Bedside Commodes have provisions for adjusting the seat height to the most functional level for the user. Increased seat heights generally offer greater independence and safety when sitting down and rising from the seat. This adjustment is accomplished by pressing the spring-tension buttons on each leg and telescoping the leg in or out to the desired length. Care should be exercised to see that the spring-tension buttons pop back out and lock securely into the selected hole. For individuals who have difficulty bending at the hip, the two back legs of the commode can be set higher than the two front legs to provide a sloping seat.



DROP-ARM MODELS

These models provide for the needs of non-ambulatory users by permitting lateral or sliding transfers to and from bed, chair or wheelchair. The arm on either side can easily be dropped down out of the way by activating the release mechanism. Other versions of this style commode with swing-away or removable arms are also available and provide similarly for lateral transfers. Seat height adjustment on the Drop Arm Commode is accomplished in the same manner as on the basic model bedside commode. The seat height should be set to the same level as the bed, chair or wheelchair from which the user will transfer.

OVER-TOILET MODELS

These models are sometimes referred to as Backless Commodes or Three-way Commodes. They are available in either Basic or Drop-Arm versions and provide toilet facilities at bed side just as the two previous models. The unique feature of the Over-Toilet Model is that it can also be positioned over the regular bathroom toilet to provide adjustable seat height as well as assistance in getting up and down. Some users find it convenient to have the unit in the bathroom during the day but at the bed side at night.

To change from the Bedside to the Over-Toilet Configuration, it is necessary to simply remove the container and replace it with the splash guard that is furnished with this model. Both the cover and seat of the regular bathroom toilet should be raised to the upright position before putting the Over-Toilet unit in position. Seat height adjustment for these models is accomplished exactly the same as for the Basic and Drop-Arm Commodes.

CONCEALED MODELS

These models are also known as Residential Commodes and Furniture Commodes. These models function as a commode but do not look like one. The adjustable height feature is sacrificed in exchange for the more attractive appearance. The seat height is still somewhat higher than the usual bathroom toilet, and these models are functional for the less severely involved individual. Drop-arm versions are not available in this model.

The Concealed Commode also serves as a comfortable chair when not being used as a commode. The chair seat is simply removed and the commode container put into place when the commode is needed.

Warranty:

If you purchased the commode, the warranty is for 6 months. Commodes are not usually rented.

Power Wheelchairs & Scooters

A power wheelchair is one of the most expensive and service-intensive products available to the physically challenged individual. The use of high tech electronics in today's power wheelchairs results in the need for the user to observe certain precautions to operate them in a safe, reliable manner. Scooters, although not as expensive or as technically advanced, have some similarity with regard to certain safety precautions.

OWNER'S MANUAL

The tremendous variety of features and designs found in modern power wheelchairs and scooters makes it impossible to cover the specific operating instructions for every model of every manufacturer in these brief instructions. It is essential that the user studies and understands the information in the owner's manual provided with all new power wheelchairs or scooters by the manufacturer. A regular review of information in the owner's manual is also recommended. The owner's manual is always the most reliable source of information about these products.

There are, however, certain important precautions common to almost all power wheelchairs and scooters. These precautions are listed below.

PRUDENT USE

Always operate your power wheelchair or scooter well within its reasonable capabilities as well as within your own. Do not attempt to negotiate steep inclines, either up or down. Avoid operating your chair or scooter laterally across inclines: approach even moderate inclines directly, straight up or straight down.

Operate your wheelchair or scooter only on hard, relatively smooth surfaces. Avoid rough terrain and soft surfaces such as gravel, sand, and thick grass. As you move about in your power wheelchair or scooter, observe the surface ahead of you to avoid getting stuck or running over bumps, holes, etc. that might turn you over, cause you to be thrown out, or severely damage your wheelchair or scooter.

SERVICE AND MAINTENANCE

Have your power wheelchair or scooter serviced only by qualified power wheelchair technicians. The high-tech electronics and complex circuitry in your chair should not be adjusted, serviced or repaired by even the best intentioned hobbyist or experimenter. Individuals who are highly competent to service other electrical or electronic products may not be knowledgeable regarding power wheelchairs. Do not install accessories that have not been specifically approved by the manufacturer for use on your power wheelchair. Even approved accessories must be properly installed



ELECTROMAGNETIC INTERFERENCE

Tests by the Food and Drug Administration (FDA) have determined that Electromagnetic Interference (EMI) can, under certain conditions, cause power wheelchairs and scooters to move unintentionally and/or erratically, or cause unintended release of the brakes. The most common sources of EMI are radio waves emitted from cellular phones, mobile two-way radios (like those used in police, fire, emergency medical vehicles, and taxi cabs), walkie talkies, CB radios, and amateur (ham) radio transmitters. Other possible sources of EMI are microwave ovens, industrial RF heating equipment, scientific or industrial telemetry equipment, and certain medical diagnostic equipment such as magnetic resonance imaging (MRI) machines. Areas in close proximity to TV or radio broadcast stations are frequently heavily saturated with EMI. Certain new devices associated with computer systems may also be a source of EMI.

Some power wheelchairs and scooters have been shielded by the manufacturer to minimize the effect of EMI, but this “immunity level” cannot be made perfect or fool-proof. Even though you may have used your wheelchair or scooter for some time, and have never experienced unintended, erratic motion, or unintended brake release, you should always be alert to this possibility if you are exposed to any sources of radio waves. If unintended, erratic motion or unintended brake release should occur, turn the power wheelchair or scooter OFF as soon as it is safe to do so. You should also report the incident to the manufacturer.

It is important to note that adding accessories or components or otherwise modifying your power wheelchair or scooter may reduce its immunity level to EMI.

DO NOT turn ON or use communications devices such as cellular phones, walkie-talkies, CB radios, etc. while your power wheelchair or scooter is turned on.

Be alert to any nearby sources of radio waves, for example: hand-held cellular phones, walkie-talkies, etc. being used by others. Be aware of passing emergency vehicles that may be operating two-way radios, and, of course, be aware if you are in the vicinity of radio or TV broadcast stations.

Avoiding accidents caused by EMI simply requires prudent use of electronic devices, being aware of your surroundings, and taking common sense precautions.

Warranty:

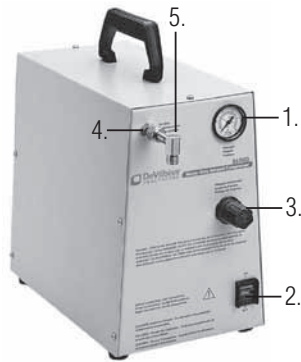
If you have purchased the wheelchair or scooter, your warranty is for one year beginning with the date of original set-up. If you are renting the wheelchair or scooter your warranty is for the length of the rental.

50 psi Heavy Duty Compressor

What is a heavy duty compressor used for?

A heavy duty compressor is capable of compressing air up to 50 pounds per square inch (psi) to power aerosol devices.

1. Pressure gauge
2. Power switch
3. Pressure adjustment knob
4. Air outlet
5. Extension tube



How to use and adjust the compressor

Plug the compressor into a properly grounded outlet.

Turn the pressure control knob fully counterclockwise.

NOTE: As the knob is turned counterclockwise the pressure will decrease, as the knob is turned clockwise the pressure will increase.

Wash hands before handling aerosol jar or solutions.

Attach the nebulizer tubing or aerosol jar to the outlet port.

Turn the ON/OFF switch to the ON position.

Adjust the pressure. Proceed with therapy per physician's instructions. In most situations, the pressure on gauge should be in the 30-50 psi range when turned on.

Pressure may be adjusted by rotating round black knob on front of compressor.

NOTE: The inner locking ring behind the black knob which must be pulled out (toward you) before knob can be turned.

If using an aerosol jar, it should be filled to max. line with sterile solution prescribed by your doctor. Screw the top and bottom of the jar together snugly so there is no air leak.

Screw top of jar-threaded connector to the silver output neck on the compressor, making sure these connections are not cross-threaded.

Connect aerosol tubing to jar and cut to desired length for patient.

Attach trache mask to the other end of aerosol tubing. Turn compressor on, look for mist coming out of trache mask by holding in front on light. A fine mist should be seen.

Maintenance

Fan Filter—The fan filter refines the air taken into the unit to cool the compressor. It is located on the back of the compressor cabinet and should be changed when deteriorated. During continuous use, it is recommended that the filter be cleaned weekly with warm soapy water, rinsed thoroughly, and dried completely.

Safety

DO NOT pump anything other than atmospheric air.

NEVER operate this product outdoors in the rain or in a wet area.

DO NOT use this product near flames.

DO NOT use the compressor for continuous operation more than 10 hours, this can result in overheating and damage to the compressor.

DO NOT use this product in or near explosive atmospheres or where aerosol (spray) products are being used.

DO NOT pump combustible liquids or vapors with this product or use in or near an area where flammable or explosive liquids or vapors may exist.

Close supervision is necessary when this product is used near children.

NEVER block any air openings (inlet) of the product or place it on a soft surface where the opening may be blocked. Keep all air openings free of lint, dirt and other foreign objects.

DO NOT operate this product in an oxygen enriched environment, i.e. oxygen tent or oxygen hood.

Use only in well ventilated areas.

Alternating Pressure Pads

Alternating Pressure Pads are designed to automatically change the pressure points beneath a patient every 2 1/2 to 4 minutes. This is accomplished by alternately filling and emptying adjacent cells in the pad. This constantly changing pressure greatly reduces the danger of decubitus ulcers or pressure sores. The caregiver should check this movement daily by placing his or her open hand on the pad for a period of time long enough to allow the system to cycle from full to empty.

The family or caregiver should also inspect the tubing from the pad to the pump daily. It should not be twisted, pinched or kinked. Particular attention should be given to the ends of the tubes where they attach to the pad. This area is usually hidden by the sheet and is the most likely location of restricted air flow.

An overall visual inspection of the pad should be made each time the bed linens are changed. If the pad is ever removed from the bed for any reason, care should be exercised to place it back on the bed with the proper side up. Pads with a “top” and “bottom” side will be marked “This Side Up.”

WARNINGS

- Do not use your pump while bathing or in any wet or damp location. The pump unit should not be exposed to liquids or moisture from open windows, aerosols or any other source.
- No pins of any kind should be used in the bedding.
- Hot objects such as heating pads should not be placed on the alternating pressure pad.
- Heated under-blankets should not be used with the alternating pressure pad system.
- Solvents such as alcohol should not come into contact with the surface of the pad. A mild detergent and water should be used for cleaning.
- The power cord should not be allowed to come into contact with hot surfaces such as a heat register, and it should always be kept clear of the moving parts of the hospital bed.
- Your pump should never be left unattended while plugged in.
- Do not operate pump if any of the cord or plug is damaged.
- Do not place the pump where it or the power cord or the air delivery tube will present a hazard for other persons to trip or fall over.
- If you have any mechanical trouble or if unusual noises are heard coming from the pump unit, or if the pressure is not alternating properly, please discontinue use and call our office immediately.



Bath and Shower Seats Patient Guidelines

General:

The only difference between a tub chair and a shower chair is the height of the seating surface. Generally a shower chair is higher than a tub chair because tub chairs are designed to be adjusted to the height of the tub wall. Tub chairs can be adjusted even lower, but the patient runs the risk of having difficulty getting into and out of the tub. Some chairs come with backs at an added expense.

Installation:

Standard bath and shower seats are installed by simply placing the chair in the desired position in either the tub or shower.

Precautions:

All seats will have slip resistant footing, but these footings are not slip proof. To help insure against slipping clean the new footings with alcohol to remove any grease and periodically repeat this procedure. Make sure the bath or shower floor is clean and free of soap film. These chairs are light weight and are not anchored to the tub or shower in any way, so make sure to exert force only straight down in a vertical direction when sitting or raising yourself from the chair.

Warranty:

If you purchased the bench, the warranty is for 6 months. Bath and Shower Seats are not usually rented.



Canes & Quad Canes Patient Guidelines

General:

Quad canes and standard canes are fit in the same manner. Quad canes allow for more stability as there are 4 feet on the ground (tri-canes have 3 feet on the ground) instead of one tip. A quad or tri-cane is also free standing. The drawback to the quad or tri-cane is that they are heavier. Your doctor or therapist may order a specific cane for you. Quad canes come with either a narrow or wide base. The wide base provides for greater stability. Always turn any style quad cane to the side when negotiating stairs or steps. The correct height adjustment is one that provides a 20-30 degree bend in the elbow. Have the patient stand erect with his/her arms hanging loosely. Adjust the height of the cane so that the handgrip is just above the wrist. **Make sure the pop-out button locking mechanism is locked securely. Make sure the locking collar, if present, is securely tightened. Always follow their directions if they differ from these written directions.**

Instructions for use:

If your therapist or physician has given you instructions, follow them. All canes of any type should be used in the hand opposite

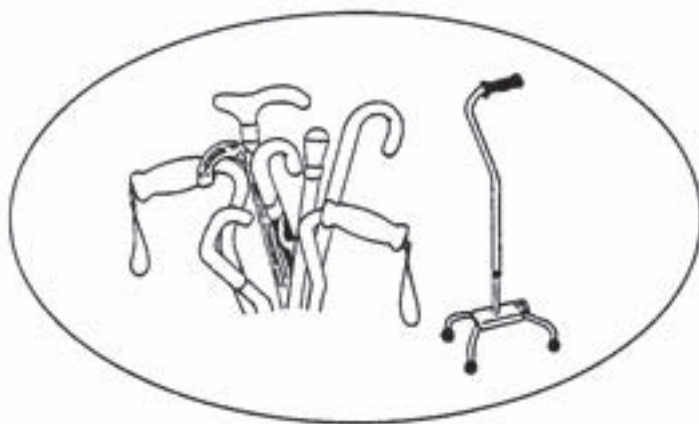
from the affected or weaker leg, regardless of whether you are right or left handed. The cane and the affected leg should be moved forward simultaneously while bearing weight on the stronger leg. Then, leaning on the cane to reduce weight on the affected leg, the stronger leg should be brought forward. While this may seem awkward at first, it will provide much safer and more stable walking. Always take short steps. Long steps may cause a loss of balance. If using a quad cane always make sure the flat side of the base is toward the user. You may have to unlock the length adjustment and rotate the base 180 degrees to accomplish proper alignment.

Maintenance:

Inspect the rubber tips of your cane frequently for wear or damage. Insure the handgrip is tightly affixed to the handle of the cane. Failure to do this maintenance may result in a fall with consequent severe injury.

Warranty:

If you purchased the cane the warranty is for 6 months. Canes are not usually rented.



CPM: Continuous Passive Motion

What is CPM?

CPM is a post-operative, therapeutic modality that passively (without patient effort), moves a joint through a prescribed range of motion, referred to as ROM.

Most of the time after orthopedic surgery or other joint trauma, it is painful to move a joint actively (with patient effort), so most people will keep the joint still. The problem with this is that joints get stiff when they are not moved. CPM is beneficial because it keeps the joint moving effortlessly, in a slow, controlled pattern. This motion increases blood flow to the injured tissue.

CPM is safe and effective, and in the long-term it will help to maintain your ROM, decrease your pain, and keep you moving.

Range motion is gradually increased to the maximize the outcome for the patient. CPMs are usually prescribed by an orthopedic surgeon or a physical therapist. Duration is determined by the prescriber. Prescribed use is normally 4 to 6 hours per day with recommended use of 1 hour minimum per use. A CPM unit is not a replacement for exercises recommended by a surgeon or therapist; both are used together to regain strength and range of motion.

The technician will assemble the CPM. You should only have to place your leg into the sheepskin supports and strap the calf and foot straps. Then push the button on the remote control and the machine will move through the prescribed degree settings. To stop just push the button on the remote control once, pushing the button again will start the machine in the opposite direction. As you rehabilitate your physical therapist or doctor may want you to change the settings.

DO NOT CHANGE THE DEGREE SETTINGS WITHOUT YOUR DOCTORS PERMISSION.

THINGS TO DO IF THE CPM FAILS TO WORK

1. MAKE sure that the CPM is PLUGGED IN.
2. MAKE sure that the on/off switch IS ON.
3. MAKE sure that the wall outlet the CPM is plugged into HAS POWER.



4. MAKE sure you pushed the RUN/HOLD button.
5. MAKE sure the REMOTE CONTROL JACK is plugged in all the way.
6. MAKE sure the SPEED CONTROL is set fast enough.
7. MAKE sure the ELECTRIC CORD connection in front of machine is secure and locked in place.

SAFETY INSTRUCTIONS

- Keep hair, loose clothing, fingers and all parts of the body away from moving components of the device.
- Do not expose the device to water or extreme temperatures.
- Turn the power off before unplugging.
- Unless using the device or recharging the battery, turn the device off and unplug from the power supply.
- Do not use the device, power supply or controller if it appears damaged or if there are exposed wires.
- Do not pour cleaning solution directly onto the device. This may allow fluids to damage the device.

If you have pain, discomfort or treatment questions, contact your physician.

Crutches

What are Crutches Used For?

Crutches are used for support while walking.

How Do I Use the Crutches?

Wearing shoes, stand straight with shoulders relaxed and arms hanging loosely.

Adjust the length of the crutches so that the crutch top is approximately 2" below the underarm.

Next, adjust the handles:

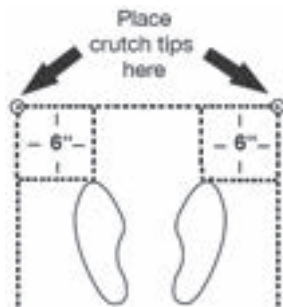
1. Stand with crutches placed 6" in front of and 6" to the side of your feet.
2. Adjust handle until your elbow is bent approximately 20° to 30°. After adjusting, ensure that the spring buttons are fully engaged and screws are tightened.
3. Adjust the other crutch length and handle, and ensure that spring buttons are fully engaged in the adjustment holes.



Walking

Carry your full weight on your hands, not your underarm. Keep your wrists straight when crutches. Bring the crutches forward together, 6 inches to 12 inches, keeping your injured leg off of the ground.

Supporting your weight with your hands (not your armpits), carefully swing your good leg forward, placing this foot just in front of the crutches. • Keep your head and posture upright to maintain balance.



Walking Up Stairs

- Use a handrail if available. Carry the crutch closest to the handrail in the other hand. Hold the handrail with the free hand.
- Step up with the stronger leg first, followed by crutches and the injured leg.

Walking Down Stairs

- Place crutches down on stair first, followed by injured leg, then the stronger leg.

Sitting Down

- Back up to the chair (or whatever you are sitting on) until you feel the back of your legs touch the chair.
- Hold both crutches by the handgrips in the hand on the injured side.
- Hold onto the chair with the other hand and lower yourself slowly, bending at the hips.
- Unless authorized by your health professional, keep your injured leg off the ground, and your weight on the good leg.

Standing Up

- Make sure that the chair is secure. If using a wheelchair, ensure that the brakes are on.
- Move forward until seated at the edge of the chair. Place the stronger foot on the floor.
- Hold the crutches by the handgrips in the hand on the injured side.
- Push up from the chair with the stronger leg, keeping the head well forward.
- When upright, place a crutch under each arm.

How Do I Care for the Crutches?

- Clean the hand grips with a mild soap, detergent or household cleaner. Do not use solvents such as acetone, lacquer thinner, or turpentine.
- Periodically check the rubber tips for rips, tears, cracks or worn tread. Replace as necessary.

These instructions are guidelines only. Use only as instructed by your healthcare provider.

Forearm Crutches (Elbow Crutches)

These instructions are guidelines only. Use only as instructed by your healthcare provider.

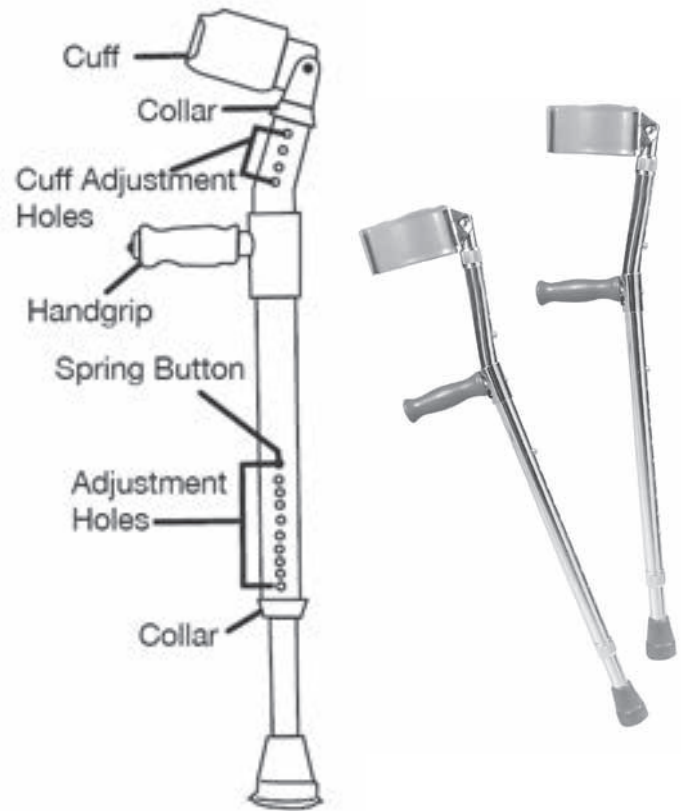
What are Forearm Crutches Used For?

Forearm crutches are used for support when walking.

How Do I Adjust the Forearm Crutches?

Height

- Stand upright, with your shoulders relaxed and your arms hanging loosely at your sides.
- The height of the handgrips should be at the crease of your wrist when your arm is extended.
- To adjust the height, depress the spring buttons on the leg extensions and lengthen or shorten the extension to achieve the proper height. Ensure the spring buttons are fully engaged in the adjustment holes.
- If the height is properly adjusted, your elbow should be bent approximately 30° when you hold the handgrips.
- Ensure that both crutches are adjusted to an equal height and that all spring buttons are fully engaged in the adjustment holes.
- Rotate all collars to secure leg extensions.



Cuff Adjustment

- The cuff should be adjusted to 1-2 inches below the bend of the elbow.
- To adjust the cuff height, depress the spring buttons on each cuff, and lengthen or shorten the extension to achieve the proper sizing. Ensure the spring button is fully engaged in the adjustment hole.
- Rotate all collars to secure cuffs.
- Widen or narrow the crutch cuffs to help ensure a secure fit around the arms of the user.

How Do I Use the Forearm Crutches?

- A physician or therapist should instruct the user on the proper adjustment and use of the crutches.

How Do I Care for the Forearm Crutches?

- Clean the hand grips with a mild soap, detergent or household cleaner.
- Periodically check the rubber tips for rips, tears, cracks or worn tread.

WARNING

Do not subject forearm crutches to sudden impacts or jolts.

Ensure that spring buttons are fully engaged and aligned in the proper adjustment hole of each crutch before use.

Cuffs are designed to add stability to the forearm crutch. They are not intended to support the user's weight.

Warranty:

If you purchased the crutches, the warranty is for 6 months. Crutches are not usually rented.

Geri Chair

A Geri Chair provides support and comfort in a recliner. These chairs are designed to meet the needs of patients requiring optimal positioning, providing the comfort and support needed for prolonged sitting. They are rugged, easy-to-clean and perform a variety of functions safely and effectively. Recliners have padded arms, three seating positions and a side tray.



OPERATING INSTRUCTIONS

To Recline the Chair Without Using the Position Lock Lever

1. Locate the plunger release knob on the back of the assembly.
2. Pull the knob outward and hold.
3. Push the position lock lever up against the back assembly frame and release the plunger release knob.

NOTE: The knob will hold the position lock lever in the stored position preventing it from locking into the studs on the frame.

4. While seated in recliner, grip the armrests and simultaneously lean body weight back and push forward with your arms.

NOTE: The footrest assembly will elevate automatically as the chair is reclined.

NOTE: The occupant should not be required to exert excessive force to change recline positions. If the recliner exhibits difficulty in reclining, the position lock lever may be engaged and an attendant should be called to put position lock lever in the stored position. If recliner still exhibits difficulty in reclining, call Care Medical.

5. An attendant can easily recline the chair from a standing position (beside the chair) by simply grasping the armrest with one hand; the padded push handle with the other and then pushing down on the push handle.

For Attendant to Tilt and/or Recline

Test the tilt and recline feature of the recliner first without an occupant to ensure the gas piston is operational. DO NOT operate the recline option if the gas piston is not operational.

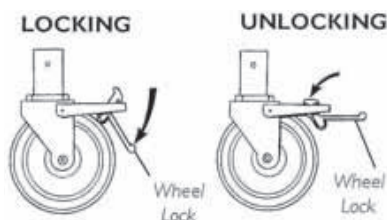
ALWAYS make sure the recliner is stable BEFORE using the tilt and/or recline option.

Make sure the patient is properly positioned in the recliner before tilting, reclining or inclining to maintain maximum stability and safety.

When returning the occupant of the recliner to the full upright position, more body strength will be required for the last 20 degrees of sitting up. Make sure to use proper body mechanics (use your legs) or seek assistance to avoid injury.

Locking / unlocking the rear wheels

1. Push down on the wheel lock mechanism to engage the wheel locks.
2. Release the wheel locks by pushing the other side of the lock mechanism downward.



Installing Tray into Position

Note: Right and left sides are determined by the user's seated position.

1. With your right hand, pull down on the plunger release knob below the right armrest of the recliner.
2. With your left hand, grasp the front edge of the tray and pull the tray away from the recliner until alignment rod is out of the frame.
3. Rotate the tray 90 degrees.
4. Insert both alignment rods into the frame underneath the armrests.
5. Push the alignment rods completely into the frame until they lock into place

WARNINGS: The weight limit for recliners is 250 pounds. The tray has a weight limit of 40 pounds.

- Do not use near an open flame or heat source, as all upholstery materials, even though treated with flame retardant, can ignite when exposed to open flame.

- Rear caster wheels MUST be locked during user transfer to or from recliner and while tilting and/or reclining or sitting up.

- Before attempting to transfer in or out of the recliner, every precaution should be taken to reduce the gap distance. Turn the recliner toward the object you are transferring to and from the recliner, ALWAYS ENGAGE BOTH WHEEL LOCKS. Special care must be taken with people that have physical limitations which may require an assistant.

- Do NOT enter or exit the recliner when footrest is elevated.

- DO NOT sit on the footrest when recliner is extended. The recliner WILL tip and bodily injury may occur.

- Do NOT push or pull footrest to position the recliner.

- Do NOT place hands or feet into any openings when adjusting the recliner. Attendant or care provider should always verify placement of user's hands and feet prior to adjusting the recliner. Failure to do so may result in serious bodily injury.

- Do NOT lift the recliner by the footrest. Lifting by means of the footrest may result in injury to the user and/or damage to the recliner.

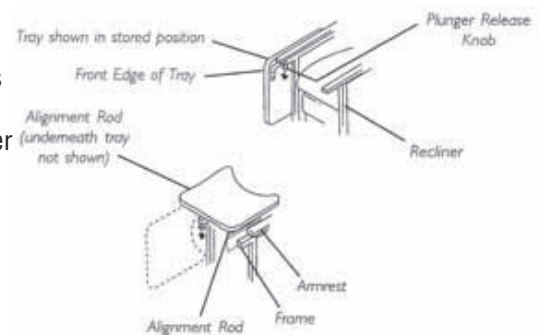
- Do NOT attempt to stop the recliner while in motion with the wheel locks. Wheel locks are not brakes!

- Do NOT traverse, climb or go down ramps or slopes GREATER than 9 degrees.

Operation of recliner with missing or broken mechanism guards may result in bodily injury. Periodic inspection of the footrest guard and scissor mechanism guard must be made frequently by the attendant or caregiver. Torn, cracked or otherwise damaged guards must be replaced prior to use. Recliner MUST be removed from service until replacement guards are installed. Call Care Medical!

Warranty:

If you are renting the Geri chair your warranty is for the length of the rental. The warranty is not transferable if you have purchased the chair.



Glucometer

At-home blood sugar monitoring devices called glucometers provide you with instant feedback and let you know immediately what your blood sugar is. This can give you valuable information about whether your blood sugar is too low, too high or in a good range for you. Keeping a record of your results gives your doctor an accurate picture of how your treatment is working. It's small and easy to take with you. You can test virtually anywhere, anytime.



What You Need:

- Lancet
- Test strip
- Glucometer
- A notebook to record results

How to use a glucometer

1. First, set out your glucometer, a test strip, a lancet and an alcohol prep pad.
2. Wash your hands to prevent infection.
3. Decide where you are going to obtain the blood from, usually a finger. Some of the newer monitors let you use your forearm or another less sensitive place.
4. Sometimes it helps to warm your hands first to make the blood flow easier. You can rub your hands together briskly or run them under warm water.
5. Turn on the glucometer and place a test strip in the machine when the machine is ready. Watch the indicator for placing the blood to the strip.
6. Make sure your hand is dry and wipe the area you've selected with an alcohol prep pad and wait until the alcohol evaporates.
7. Pierce your finger tip on the soft, fleshy pad and obtain a drop of blood. The type of drop of blood is determined by the type of strip you are using (some use a "hanging drop" of blood versus a small drop for strips that draw blood in with a capillary action).
8. Place the drop of blood on or at the side of the strip.
9. The glucometer will take a few moments to calculate the blood sugar reading. Follow your doctor's orders for whatever blood sugar reading you get.
10. You may use the alcohol prep pad to blot the site where you drew the blood if it is still bleeding.
11. Write down your results. Keeping a record makes it easier for you and your doctor to establish a good treatment plan. Some glucometers can store your results in a memory, for easier record keeping.

Tips:

1. Make sure you keep batteries in stock that fit your glucometer.
2. Lancets come in different gauges. The higher the number, the finer the lancet. A 21 gauge lancet may not be as comfortable as a 30 gauge lancet.
3. Dispose of your lancets in a puncture-proof container, such as a laundry detergent bottle with a screw-on cap, to prevent needle-stick accidents. Many hospitals and pharmacies have a "sharps drop off" program where you can bring your container when it is full.
4. Keep your glucometer and test strips in a clean, dry place.
5. Discuss with your doctor how often and at what times of the day you should be testing.

Low Air Loss Mattress

A low-air-loss bed consists of a mattress with a series of connected air-filled pillows with microscopic holes that allow air to escape. The amount of pressure in each pillow is controlled and can be changed to provide maximum pressure reduction for the individual patient.

A low air loss mattress is used to reduce or relieve pressure that the weight of your body, and especially your bones, exert on your skin as it presses against the surface of a bed. By relieving or reducing this pressure, existing pressure ulcers can heal and the chance that new pressure ulcers will develop can be reduced.

Important to note: Even if a specialty bed is being used, the patient still needs to be repositioned at least every two hours.

Note about controlling moisture: if you have an incontinence issue. These types of beds help intact skin “dry,” which keeps the skin around the pressure ulcer from breaking down and prevents the development of additional pressure ulcers. When lying on these types of support surfaces, it’s important not to wear incontinence briefs (because they block the airflow to the skin). Instead, follow the manufacturer’s instructions for using linen and underpads.

Installation:

1. Remove existing mattress from hospital/ homecare bed frame and store.
2. Place the low air loss mattress replacement on the bed frame with the hose end at the foot section of the bed frame. Verify mattress anchor straps are attached to bed frame securely. Test all bed frame functions to verify no interference. Do not place anything on the power unit. Route power cord underneath bed frame and verify freedom from hazard. Connect the air hoses from the support surface to the power unit. Plug the power unit into a wall outlet.
3. After installation and initial inflation is complete, place patient onto the mattress. Center patient on mattress to avoid accidental falls, etc.
4. Turn power on by flipping switch on the control panel of the power unit. The Power LED will illuminate when power is on.
5. Set patient weight. Patient weight knob is a good reference, but sometimes caregivers will need to alter weight setting to get optimal comfort setting for patients. If patient feels bed is too firm/soft, lower or increase weight setting in small increments and allow system to stabilize before evaluating. Please note that the pressure setting may need to be increased for patients that are in the head up or articulated position.
6. Caregivers should always perform a “hand check” to ensure patients are not bottoming out. A “hand check” should be performed when the patient is on the support surface by placing a hand below the air cells beneath the pelvic area of the patient. Ensure that there is an adequate amount of air supporting the patient, so they are not bottoming out.

Patient Transfers In and Out of Bed

Always secure bed before patient transfer.

If available, engage locks on the bed casters before transferring patient. Turning up the comfort dial to the maximum setting to firm the system will also assist in making transfers easier.

Bed Linens:

This device incorporates a waterproof cover that is moisture vapor permeable; therefore it is recommended to limit bed linens to one sheet in order to maximize the system’s performance.

NOTE: Only “breathable” incontinent pads are recommended for use with this device. When using side rails and/or assist devices, use a mattress thick enough and wide enough so that the gap between the top of the mattress and the bottom of the side rails and the gap between the side of the mattress and the side rails is small enough to prevent a patient from getting his or her head or neck between the mattress and the side rail. Failure to do so could result in serious patient injury or death.



Routine Cleaning While in Use By Single Patient:

Mattress:

Routine cleaning of the air mattress can be done at bedside by cleaning with mild detergent or soap and water followed by drying with a clean dry cloth. Cover can be easily removed and laundered in warm water (113°F/45°C) with mild detergent. Tumble dry on lowest setting or hang dry when possible.

Patient Falls:

Failure to use bed rails in raised position could lead to accidental patient falls. Air mattresses have soft edges that may collapse when patients roll to that edge.

Risk of Electric Shock:

DO NOT open back cover. This device is NOT user serviceable. This device should only be opened by qualified personnel.

Refer all service to New Britain Medical Customer Service at **1-800-349-2990**

Electrical:

Do not insert items into any opening of the power unit. This could short internal components, which could cause fire or electrical shock. This product is **NOT AP/APG** protected.

REFER SERVICING TO QUALIFIED PERSONNEL ONLY.

Grounding Reliability:

Grounding reliability can only be achieved when plug is connected to an equivalent receptacle marked “Hospital Grade” or “Hospital Only”. In the event that a 3-prong wall receptacle is not available for the 3-prong plug on the power unit, it is the personal liability and obligation of the customer to contact a qualified electrician before using the system. Verify the 2-pronged wall receptacle is replaced with the properly grounded 3-prong wall receptacle in accordance with the National Electrical Code. If you must use an extension cord, ONLY use a 3-prong extension cord that has the same or higher electrical rating as the device being connected. Route the power cord away from traffic.

Warranty:

If you have purchased the mattress, your warranty is for one year beginning with the date of original set-up.

Nutritional Supplement Storage & Handling Guidelines

FORMULA

- Check the expiration date on the formula package or can to assure the product is in date.
- Formula lids should be cleaned and dried prior to opening. Although most ready to use enteral formulas are commercially sterile, their preparation and administration techniques greatly influence the potential for microbial contamination. Enteral feeding solutions have been reported to support appreciable bacterial growth. It is important to minimize the risk of their contamination.

The formula should be transferred directly, with minimal handling, to the feeding container. The container should be immediately capped and kept closed until the feeding is complete. Care must be taken not to touch the inside of the feeding container.

It is not necessary for unopened formula to be refrigerated, however, once opened, the formula should be refrigerated until the time of use. Opened and unused liquid products should be labeled with the time and date of opening and refrigerated.

Label opened formula containers with the date and time of formula preparation and discard unused portion after 24 hours or according to manufacturer's specifications.

HANDLING

Prior to handling equipment or formulas, you should thoroughly wash your hands with a bacteriostatic soap or use hand-sanitizer.

Special attention must be paid to the hang time of the formula as designated by the formula manufacturer, with a general recommendation for hang time of 4 hours at room temperature.

The feeding containers and administration set should be replaced at least every 24 hours or according to the manufacturer's recommendations.

STORAGE

Unopened formula containers should be stored in a dry area which is not exposed to temperature extremes. Do **NOT** expose to freezing temperatures (below 34 degrees) nor excessive heat (above 95 degrees).

Pelvic Traction Patient Guidelines

Thank you for giving us the opportunity to serve you in your time of need. We will make every effort to satisfy your needs for home medical equipment and services. As your medical needs change, please contact us so we can take appropriate action to satisfy any additional needs. Please call when you are ready to have the equipment picked up.

General:

Your physician has ordered pelvic traction for you. Make sure you do not exceed the weight the physician has prescribed. Make sure you understand how long each session should last and how many sessions you are required to do each day.

Instructions for use:

Assemble the bed clamp as illustrated below. Loosen the thumb screws on the upper clamp and place assembly around the edge of the mattress. Tighten the upper thumb screws so that assembly is snug and secure around mattress edge. Insert one end of rope in center of spreader bar. Secure by tying off one end. Place spreader bar on bed so that notches face the clamp assembly. Fill water bag to weight level prescribed by your physician. Pull the free end of rope through pulley on clamp assembly and insert through metal

loop at top of weight bag. Secure by tying off end. Fasten traction belt onto patient in a reclining position so that the Y-straps are directed toward the spreader bar. Adjust the apexes of the Y's to the level of the patient's knees. Place a bolster or pillow under the patient's knees to maintain them in a slight flex. Pull the spreader bar by its center with one hand and with the other attach the D-rings at the end of the Y-straps through appropriate notches at ends of bar. Do not let go of spreader bar until both D-rings are securely in Position around notches. (see illustration below). Carefully release spreader bar, thus applying weight. This unit is to be assembled and utilized only according to the instructions or direction of a physician or therapist.

Cleaning Instructions:

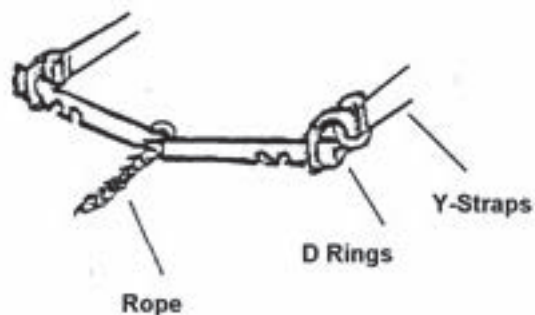
Hand or machine wash pelvic belt. Drip dry. Wash metal parts in warm soapy water.

Warranty:

If you purchased the traction unit the length of warranty is 90 days.



Spreader Bar Illustration



Raised Toilet Seat

Patient Guidelines

General:

Raised Toilet Seats allow a patient to more easily get up from and down to a regular home toilet. There are many different varieties. The least expensive are blown plastic and simply fit on the toilet bowl. This style has no clamps and therefore is inherently more unstable.

Other types come with clips, brackets, and locking brackets that clamp securely to the rim of the toilet. Splash guards are provided on the underside of the seat to prevent liquids from splashing onto the bathroom floor.

Always make sure to exert force only straight down when getting up and down or transferring to and from any toilet seat. This is especially critical if you have the kind of raised seat that does not lock down. Even seats with brackets and locks may be tipped out of the toilet bowl if care is not exercised. Serious injury may result.

Since all bathroom toilets are not uniform in size and shape, it may be necessary to equip your seat with optional oversized clips or locking brackets to achieve a safe installation.

If it is necessary for you to do lateral or sliding transfers to and



from the seat, you should select a model with locking brackets, front and rear. If you will be sitting for long periods of time consider a padded seat. If you have skin pressure problems you will need a heavily padded model.

When using the raised toilet seat, we recommend the use of toilet safety rails. The products are complementary and use of the two together greatly enhance patient safety and independence.

Read and follow carefully the manufacturer's installation instructions provided with your particular raised toilet seat.

Warranty:

Raised toilet seats are purchase-only items and the warranty is 6 months from the time of sale.

Toilet Safety Rails

General:

Toilet Safety Rails provide safety and assistance to individuals who have difficulty in standing up from a seated position or in lowering themselves to the toilet seat. The two types of toilet safety rails are those that attach to the toilet and those that are free standing. When using the toilet safety rails, we recommend the use of a raised toilet seat. The products are complementary and use of the two together greatly enhance patient safety and independence.

Installation

Use the mounting bracket to attach toilet mounted rails to the toilet. The mounting bracket is held in place by the toilet seat bolts.

1. Remove the 2 large nuts from the toilet seat bolts and lift off the toilet seat.
2. Align the holes in the mounting bracket with the holes in the toilet.
3. Replace the seat and tighten the nuts securely onto the toilet seat bolts.
4. The arms of the rails can now be inserted and locked into the bracket.
5. Adjust leg height for most functional level.

Free standing toilet frames are completely self supporting and do not attach to the toilet. Position the frame around the toilet and



adjust the height of the arms to the most functional level of the user by the adjusting leg extensions on each leg.

Precautions:

Always exert force only straight down on the rails when raising up or sitting down on the toilet. Any horizontal force may cause the rails to slide on the floor, or, in the case of free standing rails, to tip over. It is also wise to keep the force on each arm reasonably well balanced.

Warranty:

Toilet safety are purchase-only items and the warranty is 6 months from the time of sale.

Transcutaneous Electrical Nerve Stimulation TENS Machines

For various reasons, pain-killing medication is not always acceptable. Another option for pain relief is a Transcutaneous Electrical Nerve Stimulator (TENS machine).

How do TENS machines work?

Transcutaneous means 'through the skin'. TENS machines deliver small electrical pulses to the body via electrodes placed on the skin. TENS machines are thought to affect the way pain signals are sent to the brain. Pain signals reach the brain via nerves and the spinal cord. If pain signals can be blocked then the brain will receive fewer signals from the source of the pain. We may then feel less pain.

TENS machines are thought to work in two ways.

- When the machine is set on a high pulse rate (90-130 Hz) it triggers the 'pain gate' to close. This is thought to block a pain nerve pathway to the brain. This is the normal method of use.
- When the machine is set on a low pulse rate (2-5 Hz) it stimulates the body to make its own pain easing chemicals called endorphins. These act a bit like morphine to block pain signals.

Can TENS machines be used by everybody?

TENS machines tend to be mainly used to help reduce pain from problems in muscles, joints and nerves rather than abdominal, chest or head pains. Unlike a lot of medication there are virtually no side-effects when using a TENS machine. However, people with the following must not use a TENS machine:

- When the cause of the pain is not known or not diagnosed.
- Pregnancy (unless specifically medically advised).
- Pacemakers.
- Epilepsy or certain types of heart disease.

Never place the electrodes

- In the mouth
- On or near the eyes
- Transcerebrally (on each temple)
- On the front of the neck (due to the risk of acute hypotension through a **vasovagal reflex**)
- On areas of numb skin/decreased sensation
- On broken skin areas or wounds
- On or near the **Trigeminal nerve** if you have a history of **Herpes zoster** induced **Trigeminal neuralgia (Postherpetic neuralgia)**

How do you use a TENS machine?

It is best to use a TENS machine only on the advice of a doctor or other health professional. They are not suitable for all types of pain or all conditions. There are various types and brands of machine. Always follow the manufactures instructions supplied with the machine. You may also find the following general points helpful.

- TENS machines are designed so that you can move around with them working. You can tuck the machine in a pocket or clip it onto a belt.
- Before placing the electrode pads on the skin make sure the machine is switched off.
- Test the machine by holding the pads between the fingers and then carefully turn it on. You should feel a tingling sensation.
- Make sure the skin where the pads are applied is clean and dry and there are no cuts, grazes or areas of skin irritation.
- Place the pads either side of the pain. Use either self-adhesive

pads or flexible rubber pads which should be completely covered on the surface to be applied to the skin with a thin layer of conductive gel. The pads should not be put within an inch (2-3 cm) of each other. Your physiotherapist or doctor will show you where to put the pads.

- Fix the pads to the skin with tape if you intend moving around.
- Set the pulse rate to the required setting (about 100 Hz is about right to start with).
- Switch on the machine slowly and turn it up gradually until you feel a tingle sensation. The sensation needs to be quite strong but not uncomfortable. After a few minutes the sensation will start to drop away slightly. This is called 'accommodation'. When this happens, turn the machine up slightly and then leave it for the rest of the time in use. Do not turn it up too high as this can cause over-stimulation which may make pain worse. There should be no muscle contraction.
- At the end of the session turn the machine off and disconnect the electrodes from the machine. If you intend using TENS again later there is no need to remove the electrode pads from the skin. Simply tuck the wires out of the way and carry on as normal.
- Check that the pads or tape do not irritate the skin. If the skin is red you may need to use a different type of pad, contact gel or tape.
- The machine should be used for at least 45 minutes but can be used for up to 12 hours before the electrodes need to be cleaned and re-sited.
- When you have finished using the machine for the day carefully remove the pads from the skin and clean the skin with ordinary soap and water. Do not pull directly on the wires to remove the pads. If there is any redness or irritation from the pads or tape then the next time you use the machine use a different area of skin.
- If you use rubber pads, clean off the conducting gel with mild soap and water and rinse them well. Do not wash the self-adhesive type of pad.

Cautions when using a TENS machine

- Do not place electrode pads on broken or damaged skin.
- Do not place electrode pads over the front or side of the neck, close to eyes or in the mouth.
- Do not use over areas of reduced sensation.
- Do not use near water such as in the bath or shower.
- Do not use when driving or operating machinery.
- Do not turn TENS up too high as this can cause over-stimulation which may make pain worse. There should be no muscle contraction.

TENS units should only be used under the direction of a doctor or **physical therapist**. Electrodes are attached to the surface of the skin over or near the area where you are experiencing pain. It is important that you learn how to:

- correctly put on the electrodes (proper placement is important)
- operate the unit
- change the batteries
- vary the controls and settings (both the frequency and voltage)
- set the proper duration and intensity of the stimulation (which depends on the location and type of pain)

Transfer Tub Benches Patient Guidelines

General:

The transfer bench permits a sliding transfer from a wheelchair into a tub. The bench can perform in this manner because it extends out beyond the edge of the tub. It is also useful for patients who have difficulty in stepping over the side of the tub. It is best to bath with the use of a hand held shower when using this bench.

Installation:

Install the bench by placing the bench in the tub in the appropriate position, facing the faucet end with the 2 outer legs resting on the bathroom floor outside the tub. Adjust the outside legs so the seat tilts slightly toward the inside of the tub. This positioning will allow any water falling on the bench to drain into the tub rather than out on the floor.

Precautions:

The rubber or plastic footings on this bench are slip resistant, not slip proof. When sitting or raising yourself from the bench always be careful to only exert force straight down. A force in a horizontal direction may cause the bench to slip. Upon purchase always wash the footing with alcohol to remove any grease. Repeat this periodically. Make sure you keep the floor of the tub clean and free of soap film.

Warranty:

If you purchased the bench, the warranty is for 6 months. Transfer tub benches are not usually rented.



Trapeze Bar Patient Guidelines

General:

The trapeze bar allows a patient more independence by providing the patient with a means of self help to change position in bed, move onto and off of a bedpan, or transfer into or out of a bed. A representative from our company will install the trapeze bar for you, insuring for tightness of clamps and stability.

Note: If any part of the trapeze bar becomes loose or unstable discontinue use and call our office. Continued use of the trapeze bar may result in serious injury.

Check all clamps daily to ensure that they are securely tight. Adjust the trapeze bar height by hooking the chain on the “S” hook at the correct height. To get the bar out of the way simply loop it over the horizontal bar of the trapeze frame.

Cleaning instructions:

Clean bar and stand with a damp cloth to keep free from dust.

Warranty information:

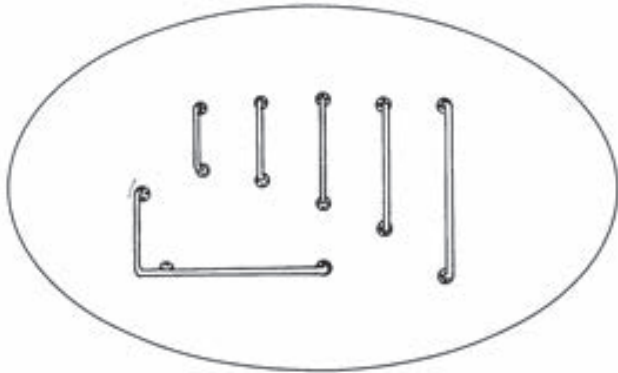
If you purchased your trapeze bar the warranty is for 1 year from initial set up.

If you are renting your trapeze bar the warranty is for the length of the rental period.



Wall Grab Bar

Wall grab bars are available in a variety of lengths, usually ranging from 12 to 32 inches. When placed properly they can greatly assist compromised patients in lowering and raising themselves from the toilet and in getting into and out of a tub. A quality grab bar can usually be installed through bath room tile and dry wall or into a stud. Obviously it would be better to anchor the grab bar in a stud.



Before attempting to drill a hole through bathroom tile be sure and use a sharp punch to break through the glaze on the tile. When the grab bar is to be anchored into dry wall use a 9/16 inch masonry bit to drill your holes making sure you drill a hole large enough to accommodate a 1/4 inch toggle bolt. Make sure any hole you drill will be covered by the flanges of the grab bar. If you are lucky enough to be able to anchor into a stud, use a 1/8 inch standard bit to drill into the stud once you have drilled through the tile with a 1/4 inch masonry bit. An electronic stud finder will be very helpful to determine if you will drill into a stud. If you do not have an electronic finder use the 1/4 inch masonry bit to begin with, and if you go into a stud instead of dry wall, re-drill with the 9/16 inch masonry bit.

Note:

The Home Medical Equipment Provider assumes no responsibility for installation of this bar. The directions above are intended to provide information to someone who feels comfortable doing self installation projects. If you do not feel comfortable hire someone you trust to do the installation for you. Care Medical will assume no responsibility for incorrect installation or for damage that occurs during any installation.

Warranty:

Safety bars are purchase-only items and the warranty is 6 months from the time of sale.



Repair and Warranty

Rental equipment is repaired at no cost to the patient/client unless the patient/client damaged the equipment through misuse or abuse. However, equipment owned by the patient/client is repaired according to a set fee. The patient/client is aware of all charges for repairs for which they are responsible. Repairs on company-owned equipment is completed in a timely manner, or in a manner that meets any payer requirements, unless there are extenuating circumstances such as a part on order.

All manufacturer warranties expressed and implied under applicable state laws are honored for products provided to the patient/client. Charges will not be incurred to patients/clients or third-party payers for repair or replacement of items covered under warranty. This applies to all purchased and rented items, including capped rental items. Warranty information on delivered items will be provided to the patients/clients during the delivery process.



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PR510-SME shown in Calypso

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LC-580 shown in Durasoft Oat

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