

# Scenic City Medical Equipment

## 423-847-1202

### **Hospital Bed Instructions**

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 cannot 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 and from the commode or chair 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 that the castor lock (if applicable) on the bed are set to the "ON" position to lock in place. 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**

Semi-electric bed:

The pendant has 4 buttons. The left button controls the head, the right button controls the foot of the bed. The upper button elevates the head or foot and the lower button lowers the head or foot of the bed.

Turning the crank at the foot board clockwise raises the whole bed and turning the crank counterclockwise lowers the whole bed.

The crank will also raise or lower the head and foot of the bed in case of power outage. Place the crank in the socket on the left-hand side of the bed to adjust the head of the bed and put the crank in the right-hand socket to adjust the foot of the bed. The center socket elevates the whole bed.

**MOST INSURANCES WILL NOT PAY FOR A FULL ELECTRIC BED. IF YOU WOULD LIKE TO UPGRADE TO A FULL ELECTRIC BED CALL OUR OFFICE FOR PRICING.**

### **SIDE RAIL OPERATION**

To drop the rail to the down position, pull out both knobs and allow the rail to slide down. To raise the rail up, pull out both knobs, lift the rail up, and release the knobs at the desired height, or remove completely. Pull knobs out to re-insert rail.

**DO NOT ATTEMPT TO MOVE THE BED WITH CASTERS LOCKED.**

### **CLEANING**

Clean the bed, pendant and frame with any mild household cleaner.

Patients and caregivers should be familiar with all aspects of the bed and should be alert to any unusual noises or difficulties in operating the bed that may indicate a mechanical problem. Anything unusual should be reported during normal business hours.

## **THE BENEFITS AND RISKS OF BED RAILS**

- Aid in turning and repositioning in the bed.
- Provide a hand hold for getting into or out of the bed.
- Provide a feel of comfort and security.
- Reduce the risk of patient falling out of the bed.
- Provides easy access to bed controls and personal care items.

## **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 patients' 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 restraints.
- Feeling isolated or unnecessarily restricted.
- Preventing patients, who can get out of bed, from performing routine activities such as going to the bathroom or retrieving something from the 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, if 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 being used, perform an on-going assessment of the patients physical and mental status, closely monitor high risk patients. Consider:

- 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 mattress and rail.
- Reduce the gaps between the mattress and side rails.

# Hoyer lift (Patient Lift) Patient Instructions

## SAFETY NOTICE

- A Patient lift is not to be used as a transport device.
- When using the lift, keep the patient centered between the legs of the base lift facing the attendant.
- Spread the base legs to the widest position before lifting.
- Use caution
- Read and understand these instructions.

## INSTRUCTIONS

- Have the lift, sling and wheelchair or other seat in ready position.
- With patient in bed, roll on side away from the attendant.
- Place sling half-way under patient with lower edge just beneath the knees.
- Roll patient to side toward attendant and center patient on sling.
- Roll the lifter base as far under the bed as possible.
- Attach sling to 4 point hanger arm, matching color of loops left to right.

**Before lifting patient be sure the lifter arm is centered over the patient. Caster lock should not be used.**

- To raise lifter, tighten clockwise the knob at the base of the pump arm. Spread the lifter to its widest position for stability. Pump in long strokes.
- Raise the patient until the buttocks are just above the mattress.
- Turn patient by the legs so that the legs are off the bed, keeping patient facing the attendant.
- Grasp steering handles and move lifter away from bed. Move patient into position over seat or wheelchair.
- To lower lift, turn knob slowly counterclockwise, not more than one full turn for gradual lowering of the patient. While lowering, assist patient to correct sitting posture.
- To transfer to bed, raise lifter until patient buttocks are slightly above the height of the bed.
- Move lifter so that open end base is as far under the bed as possible.
- After patient has been centered on bed, rotate patient to face foot of bed.
- Carefully lower patient onto bed.