

# Care LONG TERM BEDS

Comfort | Safety | Flexibility



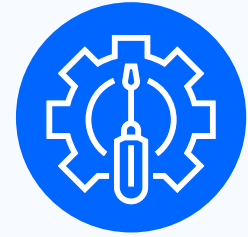
## Caregiver Ease-Of Use

- ✓ “Perfect” lift range
  - No linens touch the floor (infection control)
  - Virtually no bending required to lift/reposition/transfer (staff safety)
  - Reduce fall risk
  - Reduce fall injury severity
- ✓ Underbed nightlight – visual check without disturbing resident
- ✓ Rolls at any height
- ✓ Integrated, tool free width and length extensions
- ✓ Color coded pedal locking system
- ✓ Quiet, synchronized, sealed motors and bearings



## Peace of Mind

- ✓ 100% entrapment compliant-guaranteed
- ✓ Object obstruction protection
- ✓ Battery backup, IV pole, trapeze, bed transporter, wall bumpers
- ✓ Certified compliance with latest safety standards



## Clinically Designed

- ✓ Advanced Positioning
  - Trendelenburg/Reverse for gravity assisted repositioning
  - Auto-Contour\* for reduced sacral shear injuries
- ✓ Heel lift to help reduce lower extremity edema
- ✓ Cardiac Chair Positioning\*\*

\*Auto-Contour raises the head and foot of bed simultaneously to help prevent lower back and sacral shearing induced pressure injuries, eliminating an extra step for caregivers and residents without the need to remember FOB elevations before HOB.

\*\*Cardiac Chair Positioning helps LTC/SNFs meet their goals of improving and increasing resident mobility. Every LTC/SNF has resident mobility goals to achieve and meet high clinical ratings and other Medicare/ Medicaid regulatory requirements (increasingly important with PDPM commencement). Drive's P903's Cardiac Chair Positioning helps LTCN/SNFs obtain resident mobility goals and provides an optimal resting position as well.

### Drive's P903's cardiac chair positioning helps LTC/SNFs meet improving resident mobility goals and provides an optimal resting position.

- Residents typically have progressive mobility goals or a series of planned and sequential movements to assist and improve their mobility status. For many LTC/SNF residents, getting out of bed (OOB) is a graduated process and often begins once a resident's cardiovascular system tolerates a > 45° head of bed (HOB) elevation. After tolerating the elevation, the resident can progress to sitting on the side of bed, then bearing weight to stand and pivot, then march in place, then walk and safely allow getting OOB.
- Sitting upright in bed, without putting the lower extremities in a dependent or down position, ala cardiac chair positioning, can cause orthostatic hypotension when the resident gets out of bed. So, before getting OOB or beginning therapy, residents must often “dangle” or sit on the side of the bed for 10 minutes. This is done to help prevent orthostatic hypotension (drop in systolic blood pressure within minutes of standing up) which causes lightheadedness that can lead to falls.
- Drive's P903's Cardiac Chair Position (HOB 45° or > and foot of bed [FOB] down) can help residents maintain normo-tension and/or normo-fusion to organs preventing orthostatic hypotension and feelings of weakness, nausea, headache, neck ache, dizziness/vertigo, blurred vision, even impaired cognition. Drive's P903's Cardiac Chair Position allows therapy to be immediately, no side of bed dangling necessary.
- Drive's P903's Cardiac Chair Position can improve residents' pulmonary function (and their psyche), e.g., helps with secretion management, improves gas exchange, decreases atelectasis incident, etc.