

## “QUICK-CHECK 10” (BEFORE LEAVING PATIENT UNATTENDED)

**⚠ WARNING** Make sure you are familiar with the physician’s orders and the patient’s CARE PLAN and know how closely and how often to monitor the patient.

- 1. Canopy and Netting.** Make sure there are no tears, holes, or abrasions in the nylon panels or netting, that the canopy and frame are securely attached to the hospital bed, and that the metal canopy frame is completely padded by the foam canopy pads and they are in good condition.
- 2. Mattress.** The mattress must be fully zippered into the mattress compartment. **NEVER** put a mattress inside the patient area or the patient may climb under it and become ENTRAPPED.
- 3. Clutter and Cleanliness.** Make sure the bed is clean and free of clutter or foreign objects that may pose a risk of self-injury or suffocation.
- 4. Bed Height and Bed Control.** Make sure to lower the bed to the lowest acceptable height (13 or 14 inches from the floor to the deck of the bed) and that the mattress is fully supported. This will help reduce the risk of ENTRAPMENT or suffocation from excess canopy material in the patient compartment and reduce the risk of tipping the bed if the patient becomes agitated or aggressive. **NEVER** leave the Bed Control inside the patient area when the patient is unattended.
- 5. Head Elevation.** For at-risk patients, leave the mattress FLAT, with the head of the bed DOWN. If you need to raise the patient’s head or torso, use a Posey Torso Cushion (Cat. #8025) to help reduce the risk of ENTRAPMENT when an at-risk patient is unattended (See other side, Fig. 8). If the head of the bed is raised for patients at-risk of ENTRAPMENT, use Posey Filler Cushions (Cat. # 8021) to help reduce the risk (See Fig. 1). Monitor per facility policy or at least hourly to ensure that the Posey Filler Cushions stay in place.
- 6. Side Rails.** **ALWAYS** make sure all side rails are in the fully **DOWN** position. This will help reduce the risk of serious injury or death from ENTRAPMENT or patient injury from contact with side rails.
- 7. Locking Casters.** To help reduce the risk of unwanted bed movement, the casters of the hospital bed must be fully locked when the patient is in bed.
- 8. Zippers and Quick-Release Buckles.** Test that all zippers open easily and close securely and there are no gaps or openings when pressure is applied to the zippers (See other side, Fig. 7). Test the entire length of all zipper closures by pressing against the access panel or canopy material near each zipper to make sure they are securely closed. **ALWAYS** use the zipper pull-tabs and clip the Quick-Release Buckles (**WHITE to WHITE** or **BLACK to BLACK**) on the access panel (See Fig. 2).
- 9. Drainage and Tube Port.** Make sure the zipper is fully closed when port is not in use. If in use, check that the flow is not impeded.
- 10. Nurse Call Button.** If permitted by the patient’s CARE PLAN, make sure the Nurse Call Button is easily accessible to the patient.



Fig. 1. Filler Cushions with head of bed in the up position



Fig. 2. Quick-Release Buckle with zipper secured

## WARNINGS AND PRECAUTIONS

### ALWAYS CHECK THE ZIPPERS BEFORE LEAVING PATIENT UNATTENDED

Inspect zipper coils for any kinks or misalignment (See Fig. 3). Test that all zippers open easily and close securely and there are no gaps or openings when pressure is applied along the entire length of each zipper. **ALWAYS** use the zipper pull-tabs when opening or closing the zippers.

**NEVER** try to rip a panel open (See Fig. 4), as this may damage the access panel or the zipper slider by bending it open (See Fig. 6). If a zipper slider is damaged or if zipper teeth are broken or missing, the zipper may not close securely and the patient will be able to open the panel and fall.

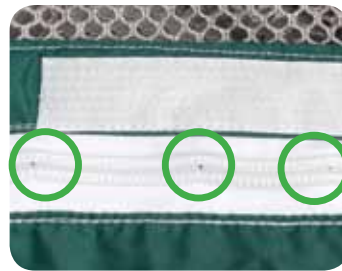


Fig. 3. Kinks in zipper



Fig. 4. DO NOT Rip Panels Open

- **NEVER** use the bed if a zipper slider is bent open or damaged (See Fig. 6), as this may prevent the zipper from closing securely.
- **NEVER** use the bed if a zipper slider is damaged or the pull-tab is missing or broken.

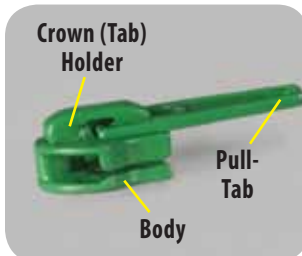


Fig. 5. Undamaged Zipper Slider

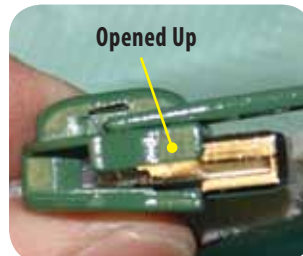


Fig. 6. Zipper Slider Damaged from ripping the access panel open



Fig. 7. ALWAYS test that the zipper is securely closed by pressing against the entire length of the closed zipper to make sure it will not open when pressure is applied

- **NEVER** leave the patient's bedside until the access panel zipper is securely closed. Test the entire length of each zipper by pressing against the panel near the zipper to make sure it is securely closed and the access panel will not open when pressure is applied (See Fig. 7). Quick-Release Buckles must be clipped to the access panel zippers before leaving the patient unattended.
- **NEVER** use the bed if a zipper coil is kinked, misaligned, has open gaps, or does not close securely.

Remove the patient from the bed if a zipper is damaged or the panel will not close securely. Call your Authorized Posey Bed Dealer or call Posey at 1.800.44.POSEY (1.800.447.6739) for information about repairs or replacement of the zipper, access panel or canopy.



Fig. 8. The Posey Torso Cushion is designed to be used with the bed in a flat position. If the head of the bed is elevated, the Torso Cushion may not stay in place.

### PATIENT POSITIONING:

A Posey Torso Cushion can be used to position the patient comfortably, and support the patient's head and torso when the head of the hospital bed is DOWN (See Figs. 8 and 9). The Torso Cushion is an alternative for certain at-risk patients who may be at risk of serious injury or death from ENTRAPMENT in the "gaps" or "pockets" created between the head of the hospital bed and the Posey Bed canopy when the head of the bed is raised. Posey recommends that you use the Torso Cushion if you need to elevate the head or torso of an at-risk patient (for example, for watching TV or if required by the physician's orders or the CARE PLAN).



Fig. 9. Example of a properly positioned Posey Torso Cushion



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