

# TRAVIS MEDICAL

## PLAN OF SERVICE AND CUSTOMER INSTRUCTION FOR HOME MEDICAL EQUIPMENT AND/OR OXYGEN & RESPIRATORY EQUIPMENT

**PROBLEMS/NEEDS:** Client requires home medical equipment and/or home medical respiratory equipment and lacks knowledge of proper operation and usage of equipment.

**GOAL:** Patient will achieve understanding of operation of home medical equipment and/or respiratory medical equipment according to physician's order and will follow proper safety and infection control measures as applicable.

**PLAN:** Qualified personnel will instruct and assume patient's/caregiver's ability to use the following equipment as ordered by the physician.

- Standard Hospital Bed:** Use of manual bed cranks
  - Semi Electric/Full Electric Hospital Bed:** Use of push button controls, location of hand crank, and check for a grounded outlet
  - Side Rails:** How to place side rails in the up or down position.
  - Over-bed Trapeze Bar:** Review use of trapeze and check for trapeze position
  - Patient Lift:** Review with family proper sling assembly and lift mechanism
  - Wheelchair:** How to engage wheel locks, adjust foot rests, and how to fold wheelchair. Review other wheelchair features as needed: elevating legs, removable arms, and/or amputee adaptors.
  - Power Wheelchairs and Scooters:** Review hand controls, brakes, and battery maintenance
  - Walking Aids:** How to make adjustments and how to fold device.
  - Commode:** How to make height adjustments.
  - Seat-lift Chair:** Review with patient push button hand controls and check for a grounded outlet.
  - Nutritional Supplements:** Review proper storage including protecting product from extreme temperatures, not to store in direct sunlight, proper ventilation and low humidity area to prevent moisture, condensation, and/or mold growth.
  - Nutritional Pump:** Review operation of equipment, troubleshooting, battery operations, and check for a grounded outlet.
  - Cleaning:** Provide maintenance and cleaning instructions as applicable.
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- Oxygen Concentrator:** Review operation of equipment, alarms, prescription, trouble shooting, proper placement, safe use of contents, check for grounded outlet, and instruct on the use of home fill unit if applicable.
  - Compressed Gas:** Review proper storage, use, and duration of cylinder(s).
  - Conserving Device:** Review operation of device, changing regulator, and calculating duration of cylinder.
  - Back-up System:** Review proper use and when to contact company for replacement.
  - Nebulizers:** Review operation of equipment, changing of filters, assembly, and cleaning of nebulizer.
  - CPAP/BiPAP:** Review proper use, prescription, application of equipment, and check for a grounded outlet.
  - Cleaning/Maintenance:** Provide maintenance and cleaning instructions including changing of tubing, mask and nasal cannula as applicable. Instruct on cleaning humidifier.
  - Other:** \_\_\_\_\_

**RECOMMENDATIONS/COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
CAREGIVER (IF APPLICABLE)

\_\_\_\_\_  
TECHNICIAN SIGNATURE

\_\_\_\_\_  
DATE

*If mailed, please return by: \_\_\_\_\_ . Thank You.*

