



# Patient Education and Instruction Booklet

**[www.VantageHME.com](http://www.VantageHME.com) • (877) 593-6328**  
*Providing Solutions to Health Needs*



Dear Valued Patient:

We would like to welcome you to Vantage Home Medical Equipment & Services. As your home medical equipment provider, we provide you with 24-hour emergency service. This service includes problems during power outages, set up of new equipment, questions, and any possible equipment malfunctions.

Our policy for following up with oxygen problems/complaints is to verbally follow up as soon as possible, but no later than 72 hours from receipt of notification. We will produce written documentation of the outcome within five (5) working days.

We welcome all comments and concerns, positive and negative, regarding safety issues and/or the care you or a loved one received from us. Should you wish to speak to someone about your service, please call (814) 337-0000. If you call outside of normal business hours (Monday through Friday 8:00 a.m. to 5:00 p.m.), please leave a message and we will return your call the next business day. Other options for you to call are the Joint Commission of Accreditation of Healthcare Organizations at (800)994-6610 or the Medicare Beneficiary Support Line at (800)633-4227.

For patients living in Ohio, in the event of an unresolved complaint, you may call the Ohio Respiratory Care Board by writing to: Ohio Respiratory Care Board, 77 South High Street, 16th Floor, Columbus, OH 43215, or by telephone at (614) 752-9218.

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# Apnea Monitor & Phototherapy Education



Oxygen & Medical Equipment for Your Home Comfort!  
(877) 593-6328



**PATIENT'S NAME**

[illegible]

# Apnea Monitor and Phototherapy Checklist

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- Heart Rate Light
- Loose Connection
- Respiration Light
- Apnea On/Off Power
- Low Heart
- Reset
- High Heart Charger
- Patient Cable Low Battery
- Power Cord
- Full Memory
- Proper Electrode Placement Care and cleaning of electrodes
- Explain importance of grounded electrical outlets
- Call when last set of wires and electrodes are used
- Caregiver CPR certified Yes\_\_\_ No\_\_\_; Where\_\_\_\_\_ When\_\_\_\_\_
- Provide caregiver with Vantage phone numbers for routine and emergency problems
- Call 911- Initiate EMS

## Phototherapy

- Keep infants eyes covered
- Place Bili-Light flat panel under infants clothing
- Keep unit plugged in at all times
- Explain the importance of grounded electrical outlets

## HOW TO ANSWER THE APNEA MONITOR ALARM

1. Look at BABY.
2. If you observe:
  - a. Color Change  
Stimulate baby IMMEDIATELY
  - b. Apnea with no color change  
Observe baby. Stimulate baby when needed. Document if you observed a color change.
  - c. Low Heart Rate  
Stimulate baby if needed by rubbing his/her chest, flicking bottom of his/her feet, and/or picking baby up. Changing baby position can open airway and stimulate breathing.  
Document if color change was noticed.
3. If No Response Start CPR.
4. Call 911-Initiate EMS.

## DO NOT SHAKE BABY!

*Certification in Infant/Child CPR can be found at*

- American Heart Association- [www.heart.org](http://www.heart.org), 1-800-242-8721
- American Red Cross- [www.redcross.org](http://www.redcross.org), 1-800-733-2767



## INSTRUCTION FOR BATHING BABY ON APNEA MONITOR

### Always disconnect the baby from leads BEFORE bathing!

1. Turn monitor "OFF"- (Hold the RESET button in for duration of shut off time.) While continuously pressing the reset button, press the ON/OFF button and release it.
2. Disconnect electrodes from the baby.
3. Bathe the baby. (Electrodes may be washed with the washcloth from bath.)
4. Dry the baby and electrodes thoroughly.
5. Place a drop of water on each electrode.
6. Connect and place leads/electrodes/belt on baby using the correct lead placement shown by the Vantage Clinician at time of setup.

## Apnea Monitor Helpful Hints

### Correct Power Off Procedure

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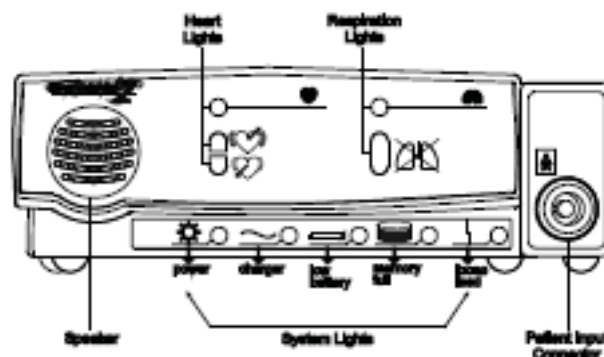
1. Press and HOLD the blue RESET button
2. While continuing to hold the RESET button, press and release the OFF/ON button.
3. Continue holding the RESET button for two seconds, then release.
4. If monitor starts to alarm:
  - Press the OFF/ON button only.
  - Be sure that the power on light is illuminated.
  - Now, attempt, again, to shut off the monitor as listed above.

### Apnea Monitor Functional Self Test

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The Apnea Monitor Functional Self Test is the best way to determine if the monitor and the accessories (electrode lead wires and patient wire) are operating properly.

1. When the equipment is first set up.
2. When the patient cable or lead wires are changed.
3. On a regular basis (we recommend approximately once per week).
  - See form left by the Vantage Healthcare Clinician.
  - For more information, call a Healthcare Clinician at 1-877-593-6328



## APNEA MONITOR FUNCTIONAL SELF TEST

The apnea monitor that your physician has prescribed for your baby has a special feature called the Functional Self Test. This test is the best way to determine if the monitor and the accessories (electrode lead wires and patient wire) are operating properly. This test should be performed:

1. When the equipment is first set up.
2. When the patient cable or lead wires are changed.
3. On a regular basis (we recommend approximately once per week).

## TO PERFORM THE FUNCTIONAL SELF TEST:

1. Connect the patient cable to the front of the monitor. (See Step #1 below.)
2. connect the lead wires to the patient cable. (See Step #2 below.)
3. Connect the other end of the lead wires to the monitor's back panel's "Functional Self Test" output. The white wire goes into the receptacle labeled "RA." Insert the black wire into the receptacle labeled "LA." (See Step #1 below.)
4. Press the POWER OFF/ON button to turn the monitor on. The monitor will turn on as it always does, however, the green HEART and RESPIRATION lights should be blinking.
  - A built in ECG/Respiration simulator with preset rates and amplitudes provides the signals during the Functional Self Test.
5. After approx. 30 seconds, the green HEART and RESPIRATION lights should stop blinking. The red LOW light should illuminate with an audible alarm. This alarm should beep once every second.
6. The next light to illuminate should be the APNEA light. Both the LOW HEART and the APNEA lights should be on. (There should be no green HEART or RESPIRATION light flashed at this time.)
7. Remove one lead wire from the FUNCTIONAL SELF TEST output. The LOOSE CONNECTION light will illuminate and remain on. The sound will change from beeping to continuous. This step concludes verification that the monitor, patient cable, and lead wires are working as they should.
8. Turn the monitor off using the correct Power-Off Procedure.



# Patient Instructions for Phototherapy Unit

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## **INTRODUCTION:**

Your physician has ordered phototherapy for your baby to help the baby break down bilirubin from red blood cells. This is a common therapy for newborn babies and the average amount of time the baby will wear the bili-light will be about 2-4 days. You will be instructed to have the baby wear the light as much as possible, as the results are related to length of wear. Your physician will also order follow-up blood work which will determine when to stop the therapy.

You will be encouraged to give the baby plenty of liquids and monitor for wet diapers. Although the light does not give off heat, it can be drying to a newborn, and the baby needs to be adequately hydrated.

## **SAFETY:**

1. Keep the unit away from water, heat and the outdoors.
2. Use a grounded outlet and keep the air vents exposed.
3. Allow the unit to cool before moving.
4. Turn the unit off when wrapping the baby with the wand, so as to keep the light away from the baby's eyes.
5. Use the padded cover over the wand to protect the baby's skin.
6. Do not allow other children in the home to play with the unit or step on the wand.

## **INFECTION CONTROL:**

1. Keep the padded covers clean (if reusable) or use a clean cover when current one gets soiled or wet.





# Bed, Bath & Mobility Education Booklet



Oxygen & Medical Equipment for Your Home Comfort!  
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# Patient Mobility Equipment Checklist & Instructions

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## Straight Cane, Quad Cane, Crutches, Walker and Rollator

- Make sure the cane is adjusted so that your arm is slightly bent when standing with the cane at your side
- Use the cane to assist you with sitting down and standing up
- Hold the cane so that it feels comfortable in your hands
- When going up steps, use the hand rail and the cane.
- Properly adjusted crutch and arm attachments.
- Reviewed replacement information for crutch tips, arm and hand grips.
- Explained/demonstrated proper technique for ambulating with crutches.
- Review safety precautions, including elimination of throw rugs in home, avoiding slippery surfaces, and avoid wearing heeled shoes.
- Demonstrated and instructed patient/caregiver on the following:
  - Folding and unfolding walker.
  - Proper adjustment to patient's need.
  - Proper use on stairs, inclines, uneven surfaces.
  - Use of walker with wheels, brakes, and seat.
  - Instruct patient/caregiver cleaning, general maintenance.
- Instructed patient/caregiver on replacement parts/accessories.

### Safety

- Avoid throw rugs and slippery surfaces
- Avoid wearing heeled shoes
- Replace rubber tip when worn down

### Cleaning

- Wipe down mobility device with damp cloth as needed

## KNEE CRUISER - PATIENT INSTRUCTIONS

**PURPOSE:** The usual purpose of a knee cruiser is to aid the user in walking and mobility while relieving weight from an injured foot/leg. The knee cruiser is a patient-powered knee scooter that works great when you can't bear weight on your foot or ankle.

**USE:** An alternative to crutches to support your foot/leg as the result of an injury. The knee cruiser is patient-powered. This knee cruiser steers like a bike and has a smooth glide to it. The knee cruiser even has a hand break. The knee cruiser leg caddy allows you to return to normal activity, avoid injury to wrist, arm, and shoulders from crutches, use your hands freely when in a parked position, protect your injured foot/ankle, and have maximum mobility. Never attempt to operate cruiser at an accelerated pace; this can cause you to fall off the cruiser.

**SAFETY:** Always use the knee cruiser for its intended purpose. Never allow someone to use your walker for non-medical use.

**MAINTENANCE:** Easy to fold steering column is convenient for transport and compact storage. The kneepad should be replaced when it becomes worn, split or uncomfortable.



# WHEELCHAIR Checklist and Instruction

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Reviewed necessary safety instructions for wheelchair.

Instructed the patient/caregiver regarding the operation of the wheelchair.

- ☒ Requested patient/caregiver demonstrate the use of the wheelchair:
  - Unfold chair, ready to use.
  - Fold chair up for transporting in vehicle or for storage.
  - Adjust footrests to fit patient properly.
  - Apply braking system to both rear tires, when transferring from chair.
- ☒ Informed the patient about his therapy, rights and responsibilities.
  - Explain that patient has right to make decisions.
  - Give patient rights and responsibilities handbook.
  - Describe cleaning instructions for equipment.

## Operation of Wheelchair and/or Transport Chair:

- ☒ Always get in and out of chair on a level surface. Make sure both brakes are applied to the rear wheels when getting in and out of chair
- ☒ To open chair, tilt chair to one side and push down on seat rails.
- ☒ To fold up chair, make sure both footplates are up, lift upward on the upholstery next to seat radials.
- ☒ If chair has two seat straps fold chair by lifting up on both straps.
- ☒ When removing footrest or leg rest, release the lock, swing out-ward and rearward. Simply lift up and off the position pins to remove.
- ☒ To adjust the footrest or leg rest, the length is adjusted by loosening the bolt on the telescope tube shaft. Adjust accordingly, and tighten securely after the adjustment is made.
- ☒ Make note that the footrest should not be less than two and one-half (2 ½) inches from the ground for proper clearance.

## Safety:

- ☒ Always use wheel locks before transferring from chair. Engage the locks against the tires on both large wheels.
- ☒ Do not move forward on the seat while leaning out of the chair. This may cause the chair to tip forward while the patient is still in the chair.
- ☒ Do not step on the footplates as this could also cause the chair to tip. Depending on the style of front rigging, either fold up the footplates or detach them to the side.
- ☒ Always ask for assistance when attempting to climb ramps. Make sure the ramp's surface is properly covered to avoid slipping, and have your attendant close by when climbing.
- ☒ Keep you wheelchair under control at all times.

## Cleaning and Maintenance:

- ☒ Wipe off chrome frequently to avoid rusting. Use a clean soft cloth. If chair is exposed to moisture, dry immediately.
- ☒ The upholstery may be cleaned with a mild soap solution, rinse and immediately dry.
- ☒ Check all tires from time to time to ensure proper tread and lubrication.
- ☒ Warranty information on wheelchairs is per manufacturer specifications literature to be provided at the time of set up/delivery.

# LIFT CHAIR INSTRUCTIONS

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## **IMPORTANT!**

### **READ THIS MANUAL FIRST BEFORE INSTALLING OR OPERATING YOUR POWER LIFT AND RECLINE CHAIR.**

Your power lift and recline chair has been engineered from the leg levelers up to provide the ultimate in strength and reliability.

Great care has been taken to provide you with total comfort and safety. GoldenTechnologies thoroughly inspects and tests each unit prior to shipment.

Your Golden power lift chair is a medical device. Therefore, you are required to exercise caution when operating it to ensure your personal safety and that of others around you. The following are rules for the safe operation of your Goldenpower lift chair.

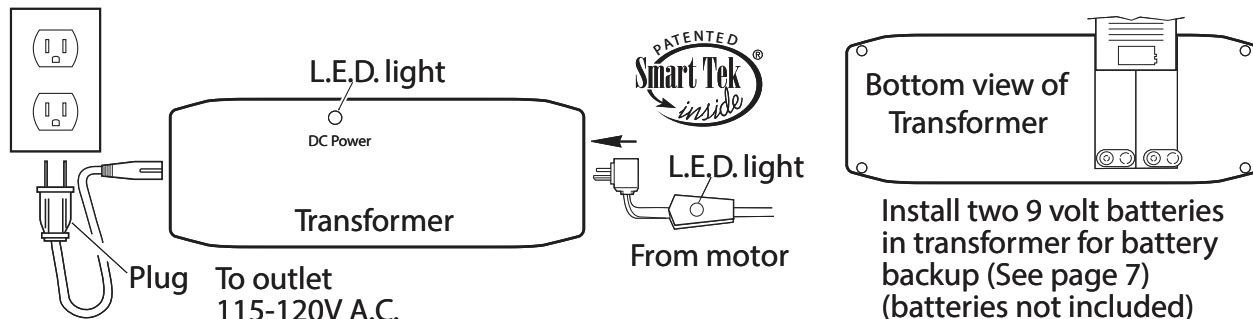
## **WARNING**

- ☒ Care should be taken in the unpacking of this unit, so as not to cause injury to persons or damage to the unit.
- ☒ Dispose of all plastic bags and covers, as they can be a smothering hazard to small children.
- ☒ Do not allow children or pets near the chair while the chair is operating.
- ☒ Do not allow children to play with or operate the chair at any time.
- ☒ Hand control should be unplugged and placed out of reach of children when the chair is not in use.
- ☒ Do not flop down into the chair when getting into it, or while it is in its lift position. Flopping down into the chair will damage it and could cause personal injury.
- ☒ Do not allow anyone to sit on your lap, or on the arm of the chair, or on the footrest while operating the chair, as it may cause tipping and could result in personal injury.
- ☒ Do not place fingers or hands between the seat cushion and the inside arm of the chair while sitting in the chair or when the chair is in operation or plugged into a power source.
- ☒ Do not retrieve fallen objects from inside or under the chair while the chair is plugged into a power source.
- ☒ Do not operate chair if there are any persons, pets or other obstructions under or in front of the footrest, under the chair or behind the chair.
- ☒ Do not smoke while operating, sitting or resting in the chair.
- ☒ To reduce risk of electrical shock, do not immerse any of the electrical components into a liquid, or spill any liquids onto electrical components.
- ☒ Do not open any of the electrical components. There are no serviceable parts.
- ☒ Warranty will be void if any of the electrical components are opened by other than a qualified service person.
- ☒ Make sure the chair is placed at the specified distance from a wall/corner (page 4). Failure to do so can damage the chair and will void the warranty.
- ☒ Do not use any type of electrical extension cord to plug your chair into an electrical outlet.

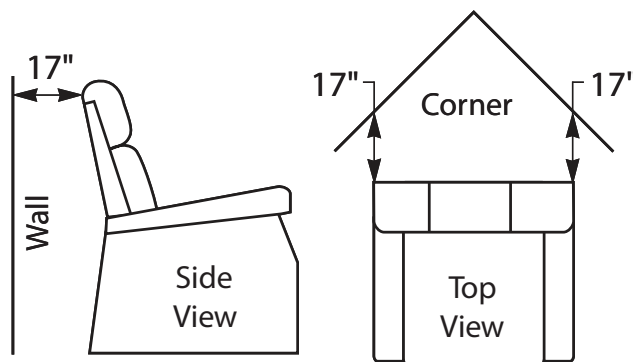
# Installation Of Your Golden Power Lift Chair

Models: PR-200, PR-355M, PR-355L, PR-359M, PR-359L, PR-401, PR-410, PR-501JP, PR-501S, PR-501S-23, PR-501M, PR-501L, PR-501T, PR-643, PR-747, PR-751TY, PR-752, PR-906

1. Remove the transformer from the transformer box (located behind the lower outside back).
2. Plug the transformer into a 115-120V 60Hz A.C. outlet and connect the power cable from the chair into the transformer as shown. Power cable is located under the chair attached to the motor with white zip tie. Remove zip tie, extend the cable under and out behind the chair.



3. Place the chair in the desired position in the room, keeping it 17" away from the wall. If placing the chair into a corner, keep it 17" from the wall as shown. See distance chart below for your model.



## Distance Required From Wall When Reclined

Model Number	Wall	Corner
PR-200	11 in.	11 in.
PR-355M	17 in.	17 in.
PR-355L	18 in.	18 in.
PR-359M	17 in.	17 in.
PR-359L	18 in.	18 in.
PR-401	17 in.	17 in.
PR-410	19 in.	19 in.
PR-501JP	17 in.	17 in.
PR-501S	17 in.	17 in.
PR-501S-23	17 in.	17 in.
PR-501M	17 in.	17 in.

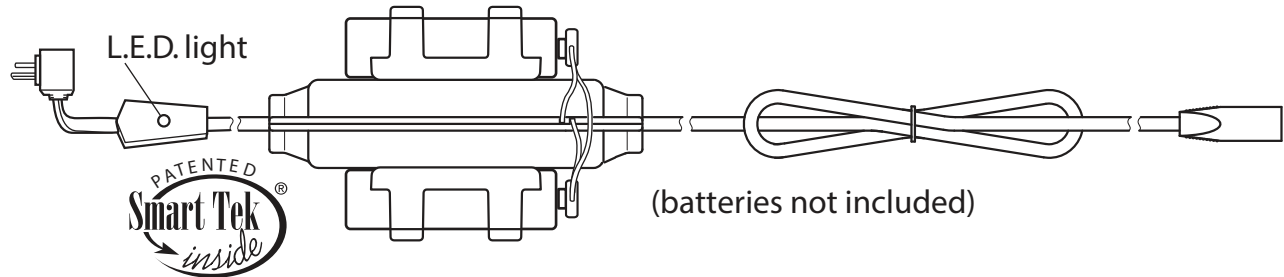
Model Number	Wall	Corner
PR-501L	18 in.	18 in.
PR-501T	19 in.	19 in.
PR-501M-26D	17 in.	17 in.
PR-501L-26D	18 in.	18 in.
PR-501T-28D	19 in.	19 in.
PR-643	18 in.	18 in.
PR-747	18 in.	18 in.
PR-751	18 in.	18 in.
PR-752	19 in.	19 in.
PR-906	6 in.	6 in.

4. Adjust the leg levelers on the bottom of the chair if necessary to level the chair. Some high pile carpets can obstruct the footrest operation by rubbing against it. Adjust the levelers to a height above the pile.
5. Slide the hand control from between the back and arm out toward the back of the chair. Secure the cord into the quick release cable clamp located above the magazine pocket on the arm of the chair.

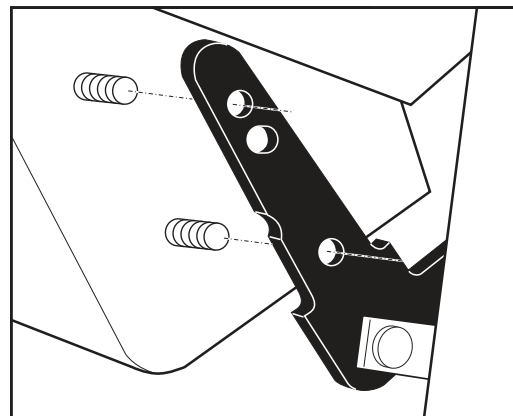
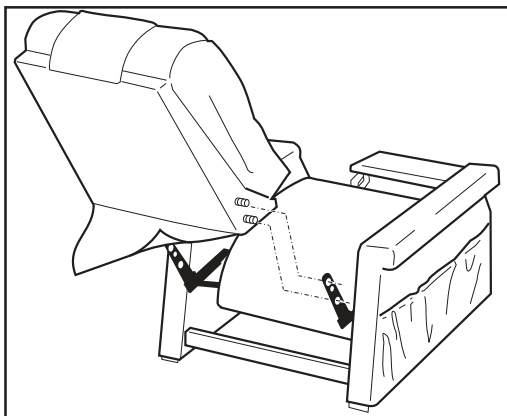
# Installation Of Your Golden Power Lift Chair

Models: PR-501M26, PR-501L26, PR-501T28

1. Install two 9 volt alkaline batteries in the inline battery holder as shown. The battery holder is zip tied (white) to the rear of the metal frame. Remove zip tie, extend the cable under and out behind the chair.



2. Remove the transformer from the transformer box, install two 9 volt batteries and plug the chair into a 115-120V 60Hz A.C. as shown in steps 1 and 2 on page 4.
3. Pull the hand control out of the magazine pocket and secure the cord into the quick release cable clamp located above the pocket on the arm of the chair.
4. Back installation: Press the down arrow on the hand control until the footrest is about parallel to the floor. This will expose the back brackets at the rear of the chair.
5. Slide the back down between the brackets until the threaded studs on the back slip thru the holes in the brackets as shown.
6. Thread the flange lock nuts onto the studs and tighten securely using the supplied wrench or a 7/16" box wrench. Return the chair to the seated upright position by pressing the up arrow on the hand control.
7. Attach the bottom of the outside back to the Velcro on the arm cross rail.

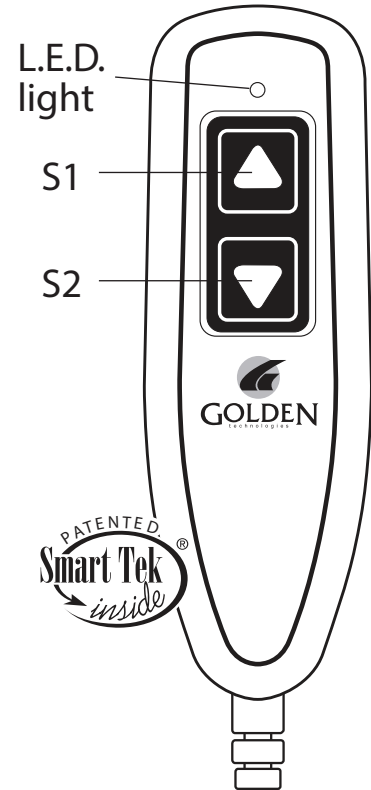


8. Place the chair in the desired position in the room, leaving the chair a safe distance from the wall. See distance chart on page 4 for the proper distance from the wall and corners.
9. Adjust the leg levelers on the bottom of the chair if necessary. Some high pile carpets can obstruct the footrest operation by rubbing against it. Adjust the levelers to a height above the pile.



## Power Lift Chair Operation All Models

1. To recline your chair, press the down button (S2) and hold until you reach your desired position. Then release the button.
2. To return to a seated position from recline, press the up button (S1) and hold until the chair returns to a closed seated position. Then release the button.
3. To lift your chair press the up button (S1) and hold until you reach your desired height. Then release the button.
4. To return to a seated position from lift, press the down button (S2) and hold until the chair returns to the floor seated position. Then release the button.
5. To lift your chair from a reclined position, press the up button (S1) and hold. The chair will keep going past the seated position and start to lift. Release the button when the chair reaches the desired height.
6. To recline your chair from the lift position, press the down button (S2) and hold. The chair will keep going past the seated position and start to recline. Release the button when the chair reaches the desired reclined position.
7. Getting into your lift chair. While standing next to your chair, press the chair up button (S1) and raise the chair to a height you can sit against. This height will vary from person to person depending on the individual's needs. Raise the chair high enough so you do not have to flop down into the chair. Flopping down into the chair will damage it and could cause personal injury. Press the chair down button (S2). As the chair continues downward, adjust yourself into a position that is comfortable to you. Continue pressing the button until chair is in the seated position (chair firmly on the floor), then release the button.
8. Getting out of your chair, press the chair up button (S1) and raise the chair to a height that enables you to easily stand. Release the button. Return the chair to the seated position (chair firmly on the floor) after getting out of the chair so children, pets or obstructions do not get under the chair.



**Note: Your Golden power lift chair can be stopped at any time during lift or recline by releasing the selected button, offering you a wide range of comfortable positions. Select the position that best suits your needs. The motor is set to shut off when it reaches its fully extended or fully retracted position if the selected button is not released. If you should go past your desired position, select the button to bring you back to your position. You can repeat the process as often as you like.**

## Battery Back Up System

Your Golden power lift chair comes with a battery back up system so the chair can return to the seated position in the event of a household power failure. The batteries have enough energy to bring the chair to a seated position from either recline or lift. The batteries do not have enough energy nor are they intended to operate the chair for a prolonged period of time in the absence of standard household voltage (120 volt, 60 Hz). Batteries should be replaced after one use. Batteries should be changed yearly. (See installation page 4 and 5.)

## Smart Tek™ (Power Indication)

Regular servicing is not necessary on your Golden power lift chair. Your power lift chair is equipped with an indicator light on the hand control. This light illuminates green when any button on the hand control is pressed, indicating power to the hand control.

Your power lift chair also comes with a power indicator light on the transformer and on the power cord connecting the motor to the transformer. The lights illuminate green constantly, indicating power from the outlet to the transformer and the motor. The lights have been provided to help you identify electrical disconnects, should they occur, and to help your dealer to diagnose electrical problems, should they occur.

Should the chair not operate and the lights are out, check all electrical connections to the chair. Make sure everything is plugged in properly and there is power to the outlet into which the chair is plugged (see installation on page 4 and 5 for electrical connections). Should you ever encounter a problem with the operation of your power lift chair and the lights are on, such as mechanical problems or one light is out, discontinue all use of the product upon discovery of the problem. Contact the dealer from whom you purchased your chair. They will be able to resolve problems and take care of proper factory service if needed. You will need to be prepared to answer some basic questions about your power lift chair, such as model and serial number. The model and serial number are located on the back of the hand control and the rear of the lift frame. Your dealer will ask you questions about your power indicator lights, such as which one is out. Prior to calling your dealer, check all the electrical connections to the chair. Make sure everything is plugged in properly and there is power to the outlet into which the chair is plugged (see installation on page 4 and 5 for electrical connections).



# Bed and Bath Accessories Checklist

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## APP/Alternating Pressure Pad – Mattress Overlay

- ☒ Adjusting the APP
- ☒ Correct fill pressure
- ☒ Adjusting fill pressure
- ☒ What to do when there is a leak

## Bedside Commode

- ☒ Commode used as a bedside commode.
- ☒ Commode used as a toilet safety frame.
- ☒ Commode used as an elevated toilet seat for patients who cannot use standard height toilet.



## Patient Lift

- ☒ Lifter assembly – sling attachment
- ☒ Appropriate patient transferring lifting methods that best meets Patient/caregiver's needs
- ☒ Proper procedure for checking hardware attachments

## Reviewed safety precautions for all devices

- ☒ Maximum weight capacity of lift device.
- ☒ Do not use incontinence pads or seating cushions with sling/lifter
- ☒ Do not use lifter as a transport device.
- ☒ Never push or pull on lifter boom.

## Safety

- ☒ Inflate the mattress to a point that when the patient is laying on the surface, but there is still a cushion of air that separates the lowest point from the bed pillow.
- ☒ Use an appropriately grounded outlet for the plug, which is free of moisture.
- ☒ Place the pump on a stable surface that is free of moisture.
- ☒ Make sure the connecting tubing is secured to the mattress and in the least obtrusive side of the bed.
- ☒ In the event of a power failure, the mattress will not deflate completely, but will maintain minimal inflation.

## Cleaning

- ☒ Wipe down motor mount, and Pad with a damp cloth
- ☒ Return Demonstration from patient and/or family member for APP, or Bedside Commode or Patient Lift

## HOSPITAL BED - ELECTRIC CHECKLIST & INSTRUCTIONS

- ☒ Reviewed necessary safety instructions for hospital bed.
- ☒ Instructed the patient/caregiver regarding the operation of the bed.
- ☒ Reviewed safety and electrical precautions for hospital bed.
- ☒ Explained procedure for manual cranking in the event of a power failure.
- ☒ Had patient/caregiver return demonstration of hospital bed operation:
  - \* Raise and lower head of bed
  - \* Raise and lower foot of bed
  - \* Raise and lower bed
  - \* Adjust, raise, lower side rails
  - \* Manual crank available in event of power failure
  - \* Lock wheels on head and foot boards
  - \* Instructed patient regarding cleaning/care of equipment.



### Operation

- ☒ Vantage has semi-electric and full electric hospital beds. The difference is that the full electric bed has a patient electric control lever which adjusts the total height of the complete hospital bed.
- ☒ A Hospital bed comes with a hand control which raises and lowers the head spring, foot spring, and total height (when applicable) of the bed.
- ☒ The hand control is near the middle of the bed and is connected to a cable underneath the bed.  
Practice using the controls.
- ☒ The bed comes with side rails which can be adjusted in length and height. The height is adjusted by pull pins on both ends of the side rail. The length of the side rail can be adjusted by positioning the crossbars.
- ☒ Make sure the bed is plugged into a grounded outlet.
- ☒ The bed comes with a mattress, which should be covered with a plastic mattress cover and cleaned regularly.
- ☒ If the electric should go out, a manual crank can be used to adjust the bed.
- ☒ The shaft of the bed is under the bed which enables the adjustment for the total height of the bed. If the total bed will not raise or lower, it is usually because the shaft has been knocked out of place.

### Safety

- ☒ It is important that you use the side rails to avoid falling out of bed, and that the side rails are locked into place, to prevent falling out of bed.
- ☒ Make sure the wheels of the bed are locked into place.
- ☒ Keep a bell or a phone near the bed to alert someone if you are having a problem with the bed.
- ☒ DO NOT store anything underneath the bed. Keep area under the bed free from any objects.

### Cleaning

- ☒ Clean bed with a damp cloth as needed.
- ☒ Mattress protector should be wiped down after any accidents or spills.

### Other equipment that generally accompanies a Hospital Bed

- ☒ Trapeze Bar
- ☒ Alternating Pump and Pad
- ☒ Patient Hydraulic Lift
- ☒ Bedside

# PACKAGE CONTENT

Check inside the package. If any of the following items should be missing or damaged, please contact your local dealer or service center for replacement immediately.

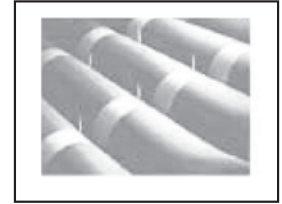
## PUMP

Make sure the type of pump is identical to which you purchased.  
Functionalities vary from model to model.



## MATTRESS

Cell type: The mattress comes with a zippered base.  
The air cells are 8" in height.



## COVER SHEET

Mattress cover is quilted and zippered so that it can be zippered to the base.



## MANUAL

Always read this manual before using this product.

# INSTALLATION

## Step 1

Place the mattress flatly on the bed frame. The inflation tube should be towards the foot end so that it can be connected to the inflation nozzles on the pump.

## Step 2

You may place a thin cotton sheet over the quilted mattress top cover.

## Step 3

Hang the pump over the frame or board at the foot end of the bed using the “hangers” on the back of the pump. Make sure the pump is secured.

## Step 4

Connect the inflation tubes from the mattress to the pump’s inflating nozzles.  
Make sure they are properly attached.

**NOTE!** Make sure the air hoses are not kinked or tucked under the mattress. Also check to ensure the CPR valve is properly attached.

## Step 5

Plug the power cord into an electrical outlet with grounded AC power. This product should be grounded! The power cord has a grounding wire with a grounding pin. This three-wire plug must be plugged properly into an outlet and grounded as shown in the figure in the Grounding Instructions section.

**NOTE!** Before inserting the plug into the outlet, make sure the voltage is compatible. Also make sure this product is well grounded.

## Step 6

Turn on the power by pressing the power switch at the right side of the pump. Proceed to the Operation section.

## Step 7

Make sure to disconnect the pump by unplugging the power cord when it is not in use.

# Low Air Loss Instructions - IMPORTANT SAFETGUARDS

When using electrical products, especially when children are present, basic safety precautions should always be followed, including the following

## READ ALL INSTRUCTIONS BEFORE USING

### DANGER

To reduce the risk of electrocution:

- Always unplug this product immediately after use.
- Do not use while bathing.
- Do not place or store product where it can fall or be pulled into a tub or sink.
- Do not place or drop into water or other liquids.
- Do not reach for a product that has fallen into water. Unplug immediately.

### WARNING

To reduce the risk of burns, electrocution, fire or injury to persons:

- A product should never be left unattended when plugged in.
- Close supervision is necessary when this product is used by, on, or near children or invalids.
- Use this product only for it intended use as described in this manual.  
Do not use attachments not recommended by the manufacturer.
- Never operate this product if it has a damaged cord or plug, if it is not working properly, if it has been dropped or damaged, or dropped into water. Return the product to a service center for examination and repair.
- Keep the cord away from heated surfaces.
- Never block the air openings of the product or place it on a soft surface, such as a bed or couch, where the air openings may be blocked. Keep the air openings free of lint, hair and the like.
- Never drop or insert any object into any opening or hose.
- Do not use outdoors or operate where aerosol (spray) products are being used.
- Connect this product to a properly grounded outlet only. See Grounding Instructions.

### GROUNDING

Before any connection is made, make certain that this product is connected to a protective earth conductor via the three-wire power cord; the three-blade plug should be inserted only into a socket outlet that provides a protective earth contact. Please refer to page 8 for more information.

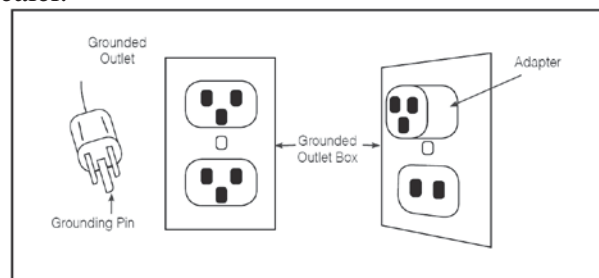
## GROUNDING INSTRUCTIONS

This product should be grounded. In the event of an electrical short circuit, grounding reduces the risk of electric shock by providing an escape wire for the electric current. This product is equipped with a cord that contains a grounding wire with a grounding plug.

**DANGER** – Improper use of the grounding plug can result in a risk of electric shock.

If repair or replacement of the cord or plug is necessary, do not connect the grounding to either flat blade terminal. The wire with insulation having an outer surface that is green with or without yellow stripe is the grounding wire. Before attempting any repair or replacement, contact your authorized Drive dealer.

Check with a qualified electrician or serviceman if the grounding instructions are not completely understood, or if in doubt as to whether the product is properly grounded.





## GROUNDING INSTRUCTIONS *Continued*

This product has a grounding plug that looks like the plug illustrated in figure A below. A temporary adapter, which looks like the adapter illustrated in figure B and C, may be used to connect this plug to a 2-pole receptacle as shown in figure B if a properly grounded outlet is not available. The temporary adapter should be used only until properly grounded outlet (figure A) can be installed by a qualified electrician. The green colored rigid ear, lug, tab or the like extending from the adapter must be connected to a permanent ground such as properly grounded outlet box cover. Whenever the adapter is used, it must be held in place by the screw.

If it is necessary to use an extension cord, use only a 3-wire extension cord that has a three-blade grounding plug and a 3-slot receptacle that will accept the plug on the product. Replace or repair if damaged.

## OPERATION

### GENERAL

This product is designed to provide maximum comfort to patients. Make sure that you operate this product in a proper way to optimizing its value. Here we provide some general information you should be aware of.

### For Products

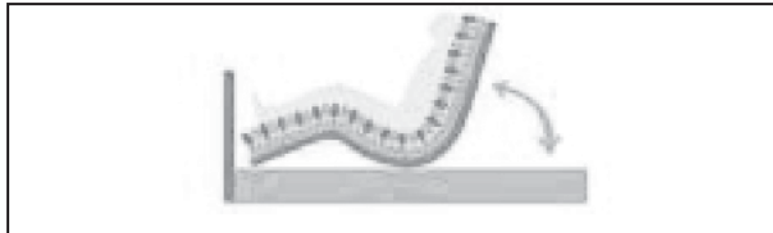
DO NOT use another pump with different specifications unless instructed to do so by your authorized Drive dealer. It is dangerous to use a pump with pressure capacity greater than 120 mmHg. This may result in cell damage.

DO NOT change any component by yourself. If there is need for replacement or repair, always contact your authorized Drive dealer.

### For Patients

When the Normal Pressure indicator (green) comes on to indicate that the pressure has been adjusted to a desired level of firmness, the patient can then lie on the mattress.

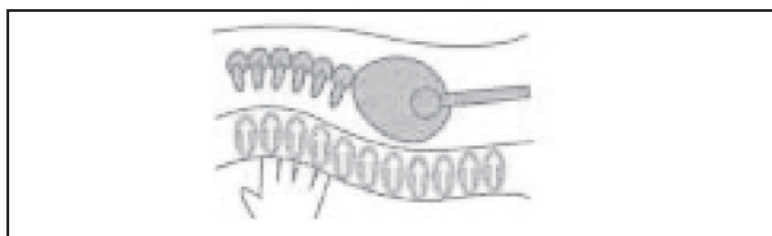
A firm surface will make it easier for the patient to transfer or reposition. Make use of the static mode function. To sit a patient up in bed, use the pressure knob. Increase the pressure so that the patient is properly supported.



### Hand check:

Check if the pressure is properly adjusted by sliding one hand between the air mattress and the foam base (or bed frame if there is no foam base) to feel the patient's buttock.

Users should be able to feel the space in between, and the acceptable range is approximately 25 to 40 mm (1" to 1-1/2"). This hand check procedure is issued by AHCPR.



# OPERATION *CONTINUED*

## Step 1

Turn on the power. The indicator light on the power switch will come on. The pump starts to pump air into the mattress. The Low Pressure indicator (yellow or red) will come on as inflation undergoes.

The audible alarm is activated, accompanying with the Low Pressure indicator, to alert that pressure is low. Press the Alarm Reset button to mute the audible alarm, and its indicator will flash.

## NOTE!

For first inflation, we recommend that you press both the Alarm Reset and Static buttons to enter a quick and silent operation.

## Step 2

When the pressure reaches the preset level by factory default within approximately 30~45 minutes, the Normal Pressure indicator will come on, and the Low Pressure indicator (and the audible/visible alarm) will turn off.

**NOTE!** If the Low Pressure indicator (and the audible/visible alarm) won't go off, please refer to page 15 for troubleshooting.

## Step 3

Turn the pressure-adjust knob to set a comfortable pressure level from soft to firm. (Pressure range: 30~60 mmHg for Q2-02).

**NOTE!** For suitable pressure, please refer to page 9 for the hand check procedure.

## Step 4

The pump is preset in alternating mode and its cycle time is set at 10 min/60Hz or 12 min/50Hz.

Press the Static button to set it in static mode, and the Static indicator will come on. The static mode will be started within approximately 6 minutes. Press the Static button again to switch back to alternating mode.

**NOTE!** In static mode, the mattress provides a firm surface that makes it easier for the patient to transfer or reposition. The static mode prevents the patient from bottoming out when in a sitting position.

## Step 5

During normal operation, the pump will monitor pressure changes. If the pressure is below a user-defined pressure level, the pump will automatically start to inflate the mattress. Accompanying with the Low Pressure indicator, the audible alarm will beep and its indicator will come on to bring attention to a low pressure condition. The pump will stop when the user-defined pressure level is reached.

Press the Alarm Reset button to mute the alarm; its indicator will flash.

Press the Alarm Reset button again to have the audible alarm and its indicator on.

# CLEANING

In this section, we describe the procedures to clean and decontaminate the pump. It is important to follow these procedures before using the system again.

The cleaning task is required at least once a week to maintain personal hygiene.

## PUMP

- DO NOT immerse or soak the pump.
- Check for external damage and move the pump to the cleaning area.
- Place the pump on a work surface and spray or wipe the outside of the case with quaternary ammonium solution.
- DO NOT spray any cleaning solution directly on the surface of the pump.
- DO NOT use a Hypocarbonate or Phenolic based cleaning solution as this may cause damage to the case. Allow the solution to incubate for 10 minutes or accordingly as stated by the cleaning product used.
- Wipe case with a clean cloth. Make sure all areas are clean (top and bottom, both sides).
- Spray cloth with cleaning solution and clean faceplate. DO NOT allow excess cleaning solution on faceplate or Control panel. (If solution gets inside, damage will occur.) Allow surface to thoroughly dry after cleaning.
- After the pump is thoroughly cleaned and dried, proceed to plug in the pump and test to see if it runs normally.
- Unplug the pump and store with proper identification tag.
- Avoid long exposure to sunlight.

## MATTRESS

- Brush off or wipe down all surfaces of the cover sheet with soap and water before wetting with any liquid disinfectant.
- Any obvious blood spots should be wet thoroughly with 1:9 Hypochlorite solution (1 part bleach to 9 parts water) and allow drying for at least 10 minutes. Then blot with a clean, damp cloth.
- Unzip the top cover from the mattress.
- Brush or wipe down all surfaces with soap and water before applying any liquid.
- Covers are immersed and soaked in disinfectant for the required incubation time.
- After pre-soaking, the cover is rinsed through a regular cycle in a washer with no soap then laundered with mild detergent (wash temperature 93°F, rinse temperature 78°F or on the coldest setting).
- Covers are aerated until they are fully dry. (Drying temperature range 90-120°F or on the coldest setting.)
- The air cells are unsnapped from one side and are sprayed on all sides with a disinfectant.  
Let it sit for the required incubation time and wipe down with a clean cloth. (Make sure to disconnect all the air cells, one by one, and spray the disinfectant on all sides, including all the connecting tubes and hoses. Let it sit for least 10 minutes. )
- If there is a base after you remove all the air cells, the base has to be sprayed down with the disinfectant, inside and outside. Let it sit for the required incubation time and wipe down with a cloth.
- Repeat the process with the tubing set: spray, incubate, and then wipe clean.
- The carrying bag should be turned inside out and completely wiped down using the disinfectant solution. Allow it to thoroughly air dry. Once the inside is dry, turn it back: wipe down the outside of the bag with disinfectant.
- Dry the mattress on a SUNLESS area after cleaning.
- Avoid long exposure to sunlight.

## PATIENT LIFTS

### PURPOSE

Patient lifts are designed for caregivers to lift and/or transfer an individual by maximizing lifting potential and minimizing user effort. A Vantage employee will instruct you on lifting and transferring techniques. Always follow their instructions explicitly.

### TYPES

There are many different models and types of patient lifts. They vary in their level of automation, weight capacities, and portability. The basic and most commonly used type is the manual hydraulic lifter.

### USE

The Vantage employee will instruct the user(s) on safe attachment of the prescribed sling and on the safe operation of the lift. The Vantage employee will also instruct you in a transferring and/or lifting method that best meets your needs. If your unit has a built-in scale, always calibrate the scale before the individual is placed in the sling.



## SAFETY PRECAUTIONS / PROPER USE OF LIFT

- Never exceed the weight capacity of the patient lifter.
- Incontinence Pads and Cushions - Never allow incontinence pads or seating cushions to be placed between the patient and sling material; this may cause the patient to slide out of the sling during transfer.
- Use of lift Base - Spread the base to its widest position and lock open, this provides a more stable base of support. Place the lifter base directly under the patient.
- Sling - Attach the sling to the individual.
- Inspect all Sling Hardware – Slightly raise the patient off the stationary surface to check sling hardware. All sling hardware should be inspected for secure attachment BEFORE patient transfer. This includes the following: swivel bar, straps, S-hooks, and D- or O-rings. If any attachment is not correct, lower the patient and correct the problem, then raise the patient and check again.
- Patient Transfer - Make sure the object the patient is being transferred to is stationary. The patient should be facing the lift user. Keep the wheels unlocked while lifting the patient.
- Patient lifts are not transport devices and are intended to transfer a patient from one resting position to another.
- Hydraulic Valve - Always close the hydraulic valve before attaching to the individual.
- Never push or pull on the lifter boom; pushing or pulling on the lifter boom can cause the patient to tip over.
- Move patient to designated place, making sure it is secure and will not move or shift when placing individuals.
- Lower the patient slowly by opening the control valve.

**MAINTENANCE:** Your patient lifter must be kept clean and free from dirt, oil and grease.

If you notice any leakage with the hydraulic chamber, contact Vantage Home Medical Equipment Services immediately and discontinue use. The hydraulic chamber must always be intact. Most slings can be machine-washed. It is best to place them inside a pillowcase or laundry bag when washing. If you notice a tear or any fraying parts of the sling, immediately discontinue use and notify your medical equipment company. Vantage® Home Respiratory Services may make regular visits to check the condition of the patient lifter. Warranty information on VHME Equipment is per manufacturer specifications. Warranty literature to be provided at the time of set up/delivery.



# Oxygen & Nebulizer Therapy Education



Oxygen & Medical Equipment for Your Home Comfort!  
(877) 593-6328



# Oxygen System Checklist and Safety Information

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The patient/caregiver(s) were instructed on the following, and performed satisfactory return demonstration:

- ☒ Setting the Flow Rate
- ☒ Reading all the gauges
- ☒ How to fill a portable (Liquid Oxygen)
- ☒ What to do for collecting for condensation
- ☒ Attaching a Humidifier (if needed for liter flows greater than 4 LPM)
- ☒ Cleaning a humidifier
- ☒ Oxygen safety.
- ☒ Estimation of oxygen supply duration, or how long it will last, based on ordered liter flow
- ☒ Importance of posting “No Smoking” signs.
- ☒ When to call your local branch for pick-up of portable oxygen cylinder refills
- ☒ The importance of adequate ventilation – for liquid oxygen
- ☒ Safety of your Oxygen System: Liquid Oxygen, Concentrator System, or Cylinder System
- ☒ How to turn cylinders off and on
- ☒ How to change a regulator
- ☒ The patient/caregiver(s) were provided telephone numbers for routine and emergency contact

**OXYGEN SAFETY** - Materials which burn in air will burn much more vigorously, and at a higher temperature in the presence of oxygen. Gaseous oxygen resulting from the vaporization of liquid oxygen has the potential, if trapped in a closed circuit and exposed to increased temperatures (or flame), to generate pressures high enough to cause rupture of containers – explosion.

- Install at least one smoke alarm on each level of the house.
- Test smoke alarms monthly – be sure they are working properly.
- Design a fire safety/drill plan for evacuation.
- Have fire extinguishers visible and easily accessible.

## Oxygen Patient Acknowledgement of Smoking Hazards & Open Flame

1. There will be no open flames within 15 feet of the oxygen and oxygen equipment.
2. No one will smoke in the same room where the oxygen and oxygen equipment is located in.
3. All smokers will be required to go to a room where there is no oxygen equipment while they smoke.  
(This especially pertains to the patient).

I have been fully informed of the potential hazardous consequences that can result from smoking in a room containing liquid oxygen and oxygen delivery devices. I also realize not only am I placing myself at great risk, but I am placing anyone located in the same building at great risk when I smoke, or allow someone else to smoke, in a room containing liquid oxygen and/or oxygen delivery devices.

If I/we do not comply with the above listed safety rules, VHRS may withdraw all oxygen equipment, we will also contact your ordering physician and inform them of non-compliance and safety hazard.



## OXYGEN CONCENTRATOR ~ PATIENT INSTRUCTIONS

Your doctor has ordered oxygen for you. Oxygen will help you do more in your daily life and allow you to do some things you were unable to do before. The amount of oxygen has been prescribed by your physician and will be reviewed with you by our home care representative.

### SAFETY

Oxygen is not explosive, but it does accelerate combustion. That means that items that won't readily burn in air may burn rapidly in the presence of an increased oxygen environment. It is therefore important that you use some caution. The list of cautions below are intended to make your use of oxygen safe. Please follow these guidelines that are recommended by the National Fire Prevention Association (NFPA):

1. Remove anything that will burn easily from the area of oxygen administration.
2. All sources of ignition must be removed from the area. No candles, open flames or electrical appliances which generate heat are to be allowed.
3. All electrical appliances should be approved for use with oxygen and have a three pronged plug unless it is kept at least five feet away.
4. NO SMOKING is allowed in the room. Make certain that your "No Smoking" sign is posted in the room that you occupy and inform all guests of the NO SMOKING rule. It is not a bad idea to post a "No Smoking, Oxygen in Use" sign on the outside doors of your home and outside doors of the room where oxygen is being used.
5. You should keep an ABC type dry chemical fire extinguisher handy in case a fire were to occur.
6. In the event of a fire, follow the NFPA recommended steps:
  - a. If the patient is directly involved, it is most important to extinguish the flames, especially if the patient's hair or clothing is burning.
  - b. Move the patient to safety.
  - c. Turn off the oxygen supply if this can be done without personal danger. Move the oxygen cylinder with the patient, if possible.
  - d. Close the doors to the room.
  - e. Notify the fire department.
  - f. Notify other occupants of the building.
  - g. If the fire is small and there is not a great amount of smoke, an attempt can be made to extinguish or contain the fire. However, if the fire is large or there is a significant degree of smoke, leave the building and wait for fire fighters to arrive. Oxygen enriched atmospheres produce intensely hot fires.
  - h. Remain calm, think clearly and act decisively.
7. Your concentrator is an electrical device and should be properly grounded at all times.
8. Your cylinder back-up system will be covered by our home care representative.

### Control of Infection

You will probably be placed on a cannula without a humidifier. If that is the case, there is no cleaning required. If you do have a humidifier in use, it must be cleaned every three days. Cleaning instructions are provided with the humidifier and will be explained by our home care representative.

# Oxygen Humidifier Instructions

## For Oxygen FLOW RATES GREATER THAN 4 LPM ONLY

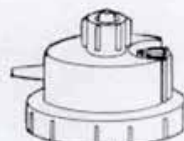
An oxygen humidifier is not typically needed for most patients receiving oxygen therapy. A humidifier is generally added to the patient's regimen if (s)he experiences excessive nasal dryness and/or a sore throat.



(D) Concentrator outlet stem



(A) Humidifier outlet Stem



(B) Humidifier Lid



(C) Humidifier Jar

### When using a humidifier bottle, be sure that:

- ▶ You remove the nipple nut adapter. You should tape the nipple nut adapter to your concentrator, to prevent losing it.
- ▶ The humidifier bottle lid (B) is snugly connected to the machine outlet stem (D).
- ▶ The cannula is connected tightly to the humidifier outlet stem (A).
- ▶ The oxygen tubing does not have water in it.
- ▶ If the oxygen tubing does have water in it drain water out of tubing.
- ▶ Once a day, refill the jar (C) to the maximum line with bottled water.
- ▶ You are careful not to cross-thread the jar and lid of the humidifier bottle.
- ▶ The oxygen humidifier bottle is cleaned as per instructed by your Vantage® Home Medical Equipment & Services Technician.

**Nipple Nut Adapter** from the concentrator outlet stem.

Be sure to **TAPE THIS TO YOUR CONCENTRATOR**

if you replace it with the humidifier bottle. You may need to use the nipple nut adapter again.

## Oxygen Cylinder Operating Instructions

### “A” Cylinder

1. To turn cylinder on, turn the cylinder valve counterclockwise all the way.
2. The contents gauge will register the amount of oxygen in the cylinder. (A full cylinder registers approximately 2,000 psi.)
3. Adjust the flow control knob until the flow indicator is at the prescribed flow rate.
4. When not using oxygen, turn cylinder valve off by turning the valve clockwise.
5. The flow will cease when both gauges read zero.
6. Turn the flow control knob off.

### “E” or “D” Cylinder

1. Open the cylinder by turning the key counterclockwise all the way open.
2. The contents gauge will register the amount of oxygen in the cylinder. (A full tank registers approximately 2,000 psi.)
3. Adjust the flow control knob until flow indicator is at the prescribed flow rate.
4. When not using the oxygen, turn the cylinder valve off by turning the key clockwise.
5. The flow of gas will cease when all the pressure is released.
6. Turn the flow control knob off.

### Safety Measures

1. Do not leave tanks free-standing.
2. Do not travel with tanks loose in trunk. Tie down with safety belts or bungee cords.
3. Avoid extreme temperatures. Never store in temperatures that are freezing or exceed a temperature of 125° F.
4. Always place cylinder in a cool, dry and well-ventilated area.
5. Always use shoulder bags or carts.

### Replacing an Empty Cylinder

1. Close the cylinder by turning the cylinder valve clockwise as far as it will go.
2. Loosen the regulator at the tie screw. If necessary, use the key to loosen the screw.
3. Remove the regulator by lifting it up over the cylinder valve.
4. Remove the tape from the valve of the new cylinder.
5. If green gasket from regulator is missing, replace it with a new gasket from under the tape.
6. Use the key to open cylinder valve briefly and close it immediately.
7. Slip the regulator over the valve of the new cylinder. Line up the pins on the regulator with the hole in the cylinder valve.
8. Hand-tighten the tie screw. Use the key to firmly tighten the screw.
9. Turn the cylinder valve on by turning counterclockwise. Listen for leaks, if there is a leak use the wrench to tighten the connection. If the leak persists, the gasket may be damaged and should be replaced.
10. The oxygen cylinder is ready to use.

## Oxygen Cylinder Operating Instructions

An E cylinder is provided as a backup for the concentrator in case there is a system or power failure. Advantages are they last longer than the B or C tanks and can be used for trips away from home. A disadvantage of the E tank is that they are a little heavier in comparison to the B or C tanks. C Cylinders: These tanks are about 1.5 feet tall and weigh about 7 pounds when full. The cylinders come with a carrying case that can be worn over the shoulder and are for short trips outside of the house. (i.e. grocery store, doctor appointments, etc.)

**Regulators and Conserving Devices** A REGULATOR (or a conserving device) is needed for operation of your oxygen cylinder. A regulator reduces the pressure coming out of an oxygen cylinder to obtain a specific flow rate. A regulator consists of a flow gauge and pressure gauge. The pressure gauge indicates the pressure of oxygen in the cylinder. A full cylinder should read approximately 1800 psi (the needle should be in the green area). As you use the oxygen in your cylinder, the pressure will drop; how quickly the pressure drops depends on the flow rate. When the pressure gauge reads low, approximately 500 psi (the needle in the red area), it is time to change your tank for a full one. The regulator provides oxygen at a continuous flow and does not require any batteries for use. Oxygen CONSERVING DEVICES are very popular. Conservers are similar to regulators except instead of running continuously they pulse when you breathe in through your nose. The major advantage with these is the tanks will last much longer than with a regulator. Most of these devices require batteries to operate.



## Oxygen Cylinder/Tank Regulator Instructions

Cylinders or tanks are designed for portability and for backup emergencies. There are three sizes that are currently available: A ; D ; and E, depending upon the individual's needs. Each tank size will vary on length of time, according to LPM flow. See chart below.

This chart is intended to be used as a guide. Cylinders may vary in capacity times, depending on manufacturer, temperature and humidity. Times are an ESTIMATION. The time quotes below are stated with intentions of a continuous liter flow

**TIME OF DURATION IN HOURS**

LPM	(A Tank)	(D Tank)	(E Tank)	Portable Liquid
.05	5.5	13.8	22.7	N/A
1.	2.7	6.9	11.4	10.5
1.5	1.8	4.6	7.6	N/A
2.	1.4	3.5	5.7	5.5
3.	.9	2.3	3.8	3.5
4.	.7	1.7	2.8	2.5
5.	.6	1.4	2.3	2.0
6.	.4	1.2	1.9	1.5

Regulators are used on cylinders/tanks to allow you to regulate the pressure and liter flow of oxygen to the patient.

Oxygen cylinders or tanks are color coded green to indicate medical grade oxygen. Even though many of our tanks are made of aluminum or light weight steel, there is a green colored steel section on top of tanks. Do not attempt to use any tank that is a different color.

If you have any questions, please feel free to call Vantage at 877-593-6328

## Oxygen Cylinder Operating Instructions

### “A” Cylinder

1. To turn cylinder on, turn the cylinder valve counterclockwise all the way.
2. The contents gauge will register the amount of oxygen in the cylinder. (A full cylinder registers approximately 2,000 psi.)
3. Adjust the flow control knob until the flow indicator is at the prescribed flow rate.
4. When not using oxygen, turn cylinder valve off by turning the valve clockwise.
5. The flow will cease when both gauges read zero.
6. Turn the flow control knob off.



## Oxygen Cylinder Operating Instructions *Continued*

### **“E” or “D” Cylinder**

---

1. Open the cylinder by turning the key counterclockwise all the way open.
2. The contents gauge will register the amount of oxygen in the cylinder. (A full tank registers approximately 2,000 psi.)
3. Adjust the flow control knob until flow indicator is at the prescribed flow rate.
4. When not using the oxygen, turn the cylinder valve off by turning the key clockwise.
5. The flow of gas will cease when all the pressure is released.
6. Turn the flow control knob off.

### **Safety Measures**

---

1. Do not leave tanks free-standing.
2. Do not travel with tanks loose in trunk. Tie down with safety belts or bungee cords.
3. Avoid extreme temperatures. Never store in temperatures that are freezing or exceed a temperature of 125° F.
4. Always place cylinder in a cool, dry and well-ventilated area.
5. Always use shoulder bags or carts.

### **Replacing an Empty Cylinder**

---

1. Close the cylinder by turning the cylinder valve clockwise as far as it will go.
2. Loosen the regulator at the tie screw. If necessary, use the key to loosen the screw.
3. Remove the regulator by lifting it up over the cylinder valve.
4. Remove the tape from the valve of the new cylinder.
5. If green gasket from regulator is missing, replace it with a new gasket from under the tape.
6. Use the key to open cylinder valve briefly and close it immediately.
7. Slip the regulator over the valve of the new cylinder. Line up the pins on the regulator with the hole in the cylinder valve.
8. Hand-tighten the tie screw. Use the key to firmly tighten the screw.
9. Turn the cylinder valve on by turning counterclockwise. Listen for leaks, if there is a leak use the wrench to tighten the connection. If the leak persists, the gasket may be damaged and should be replaced.
10. The oxygen cylinder is ready to use.

## Humifier and Nasal Cannula Cleaning Instructions

Cleaning and disinfecting of respiratory therapy equipment in the home is a priority. To prevent equipment contamination, a simple but effective cleaning procedure must be carried out on a routine basis. Do all cleaning and disinfecting in a clean environment. Avoid doing it after vacuuming, under an open window or in a dusty, dirty or smoky area.

## Humidifier and Nasal Cannula Cleaning Instructions *Continued*

**Supplies Needed:** Liquid detergent (mild), white vinegar, basins

Supplies used in cleaning and disinfecting equipment should only be used for that purpose.

### **DAILY:**

1. Wash hands
2. Remove humidifier, empty water from humidifier and disassemble port.
3. Flush all parts under a strong stream of hot tap water.
4. Refill and reassemble the humidifier and place back on oxygen unit.
5. Daily wipe off nasal prongs with a damp clean cloth

### **ONCE A WEEK:**

1. Wash hands.
2. Remove humidifier, empty water and disassemble parts.
3. Wash disassembled parts in mild liquid detergent and warm water.
4. Rinse thoroughly and shake off excess water.
5. Soak equipment in vinegar solution of one part vinegar to three parts warm water for 20 minutes.
6. Remove from vinegar solution. Rinse thoroughly in hot water.
7. If equipment is not going to be used immediately, air dry. When thoroughly dry, store in a plastic bag until ready for use.
8. If humidifier is to be used after cleaning, refill humidifier with distilled water.
9. Reassemble the humidifier and place back on oxygen unit.
10. Change nasal cannula to a new/clean cannula
11. Clean used nasal cannula by emersion in  $\frac{1}{2}$  white vinegar and  $\frac{1}{2}$  hot water
12. Allow to soak for 30 minutes
13. Remove cannula and rinse with hot water
14. Allow to air dry before placing in bag

**IF THESE SIGNS OCCUR, YOU SHOULD NOTIFY YOUR PHYSICIAN.**



Nasal Cannulas and Oxygen Tubing: Patients should receive 5 of each item. All cannulas are to be cleaned as above and rotated through-out the following weeks. If you become ill please throw away your nasal cannula and replace with a new one, and request a replacement from your Vantage Branch. Replacements can be picked up at your local branch.

- Do not use oil lubricants with oxygen.
- Do not use aerosols near oxygen.
- Turn your oxygen off when not in use.
- No smoking sign must be placed in a visible location.



# Liquid Oxygen Patient Information

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Your doctor has ordered liquid oxygen for you. Liquid oxygen is used primarily for people who are mobile. There are two main units that come with a liquid oxygen system:

1. **Stationary Unit.** The stationery unit is large. It stays in your home and is filled by Vantage Home Medical & Equipment & Services on a regular basis.
2. **Portable Unit.** The portable unit is what you will use when you are mobile.
  - a. You will fill the portable unit from the stationery unit.

## Operation of Liquid Oxygen:

1. Keep the equipment in a well-ventilated area.
2. Keep all units upright at all times. In the event of an accidental tip-over, place the equipment back into an upright position as soon as possible.
3. Do not carry equipment under a coat or any form of clothing.
4. Turn off oxygen supply when not in use.
5. **Protective Cap.** This cap is designed to keep oxygen clean and dry when the unit is not being used to fill a liquid portable. It should remain on the fill coupler at all times, except when filling a portable or filling the reservoir.
6. **Fill Coupler.** This connector, when coupled to the fill coupler on a liquid portable, allows liquid oxygen to be transferred from the stationery unit to the portable unit.
7. **Contents Gauge.** This gauge indicates the approximate amount of oxygen remaining in the stationery or portable unit. The scale uses colors and/or numbers to designate the content level.
8. **Condensation Drain Tube.** This tube connects to the condensation drain for collecting moisture.
9. **Flow Meter Connection Fitting.** Used to connect the flow control system to the stationery oxygen source.
10. Operating Instructions:
  - a. Connect the condensation collection container to the condensation drive tube.
  - b. Periodically monitor oxygen content level on the content gauge. The gauge uses colors and numbers to designate content level.
    - Green** – sufficient oxygen contents for normal use.
    - Yellow** – diminishing oxygen contents; approximately 25% remaining
    - Red** – reservoir should be refilled (Call Vantage® immediately).
  - c. Attach the oxygen tubing/cannula to the flow meter or humidifier bottle outlet, pushing firmly.
  - d. Set the flow to the prescribed flow rate.
  - e. Ensure that oxygen is flowing through the tubing/cannula.
  - f. Adjust the cannula so that it is postponed comfortably on nose and face, breathing normally.
11. Warranty Information:
  - a. Equipment warranty / manual should be left with patient/caregiver at the time of set up.

## The Oxygen System



← **HomeFill Compressor** - Used to fill tanks off of the oxygen concentrator

← **HomeFill Compressor** - Used to hold the HomeFill Compressor

← **HomeFill Compressor** - Utilizes 2 lap to fill the oxygen tank. the oxygen concentrator can, (at the same time), administer up to 3 lpm to the patient

The HomeFill II provides you with an unlimited ambulatory oxygen supply. You may fill the provided oxygen tanks according to your need, giving you additional freedom and independence.

### HomeFill Compressor

- Should be at least 3 inches away from walls, curtains, or furniture.
- Avoid placing around heaters of any kind.
- The HomeFill compressor should be placed on a hard, flat stable surface.
- Connecting the compressor to the oxygen concentrator:
  1. Insert one end of the interconnect hose into the inlet fitting on the bottom back of the oxygen c concentrator. (You should hear an audible “click” when the end of the hose is properly installed.)
  2. Next, insert the opposite end of the interconnect hose into the inlet fitting on the side of the compressor. (You should hear an audible “click” when the end of the hose is properly installed.)
  3. Loop any excess interconnect hose and secure it to the back of the concentrator.

### Turning the Compressor ON

- Make sure the oxygen concentrator has been turned on for at least 20 minutes. THE CONCENTRATOR
- FLOW RATE TO THE PATIENT MUST AT 3 LPM OR LESS. IF NOT, THE OXYGEN PURITY
- WILL BE AFFECTED.
- Set the concentrator flow rate to the patient at 3 lpm or less.
- 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.
  - In the first 0-3 minutes – The WAIT (yellow) light will be lit while the compressor warms up.
  - After the first 3 minutes – The filling (green) light will be on while the tank is filling. The FULL (green) light will be on when the tank is finished filling.

\*\*\*The (yellow) O2 BELOW NORMAL light may come on if the oxygen level from the concentrator has not yet reached (or dropped below) 90%. The compressor will begin (or resume) filling when the oxygen level reaches 90%.

\*\*\*The (red) ATTENTION light and audible alarm are on, the unit should be shut off and turned back on for filling to occur.

# Portable Oxygen Concentrator Travel Information

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Vantage Home Medical Equipment and Services is providing a portable oxygen concentrator to you FREE of Charge while you travel, however, a few exceptions must be mentioned

- The oxygen patient must be a current oxygen patient of Vantage Home Medical Equipment
- The portable oxygen concentrator must be returned by the date originally set by customer and Vantage
- The portable oxygen concentrator must be returned undamaged
- If the portable oxygen concentrator is damaged the customer will assume all responsibility for repairs.
- If the portable oxygen concentrator is not returned on the date specified by the customer a monthly rate of \$425.00 will be charged to the customer monthly until portable oxygen concentrator is returned

## For customers traveling outside of the Vantage Delivery area

- If a portable oxygen concentrator ceases to work properly while traveling the customer will call: FREEDOM LINK: 1-800-642-6065
- Patients are fully responsible for any oxygen concentrator that malfunctions due to negligence, lost or stolen
- If portable concentrator malfunctions for normal daily use – please call Vantage toll free number at 1-877-593-6328 or your local branch that currently services your therapy
- A Vantage employee will arrange on your behalf replacement oxygen

## TIPS!

- All patients are encouraged to take a few extra oxygen cylinders if traveling by car, or train (anywhere on-land)
- Always carry a current copy of your oxygen prescription
- If you are traveling by air, call your airline to alert the airline you will be traveling with an FAA approved device
- **HAVE A GREAT TIME!**





# Aerosol Nebulizer Checklist and Patient Instruction

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The patient was instructed on & performed return demonstration on the following:

- How to prepare medication.
- How to take treatment.
- How to set up and operate compressor.
- How to assemble and disassemble nebulizer.
- How to clean and disinfect nebulizer.
- How to change inlet filter if applicable
- ☒ Have patient demonstrate all of the above.

## **Patient Instruction for Nebulizer Treatment**

*(For Both Disposable and Non-Disposable Nebulizers)*

### **Preparation**

1. Wash hands before starting.
2. Deposit medication into nebulizer cup (If using a unit dose, use 1 vial per treatment, unless otherwise prescribed by physician.). If not using a unit dose, measure medication with a clean measuring device (ie : an eyedropper or syringe)
3. You will need to add sterile saline only if you are not using a unit dose.
4. Assemble nebulizer and be sure the tubing is plugged into the nebulizer machine and the nebulizer cup.
5. You are now ready to begin your treatment.

### **Taking Your Treatment**

1. Position yourself in a comfortable sitting position that will allow you to take a deep breath.
2. Turn the compressor on.
3. Check for mist.
4. Place mouthpiece between teeth.
5. Breathe normally through mouth, taking a deep breath every 5-6 breaths, hold breath for approximately 4 seconds then resume normal breathing.
6. If you should experience any of the following symptoms stop treatment, wait 5-10 minutes and continue treatment. If symptoms re-occur or if they do not stop after 10 minutes, consult your physician:  
*Nausea, dizziness, palpitations, chest pain, uncontrollable coughing, excessively increased heart rate.*

### **Cleaning Your Nebulizer**

1. Disconnect the tubing from the nebulizer cup.
2. Disassemble the nebulizer cup and wash with warm water and liquid dish soap.  
DO NOT WASH THE TUBING.
3. Rinse thoroughly and allow to air dry.
4. Reassemble the nebulizer when parts are dry and store.

### **Disinfecting Your Nebulizer**

1. Clean the nebulizer as described above.
2. EVERY OTHER TREATMENT DAY, SOAK THE NEBULIZER IN A SOLUTION OF 1 PART WHITE VINEGAR AND 3 PARTS HOT TAP WATER FOR 1 HOUR.
3. Rinse thoroughly with tap water. Allow Nebulizer parts to air dry.
4. ~NON-DISPOSABLE NEBS ONLY~ Nebulizer may be sterilized by boiling in water for a full 10 minutes.



# Positive Airway Pressure (PAP) Therapy and Supplies Education



Oxygen & Medical Equipment for Your Home Comfort!  
**(877) 593-6328**

# PAP Device Checklist & Introduction

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- ☒ Instruction on the operation of the equipment.
- ☒ Define OSA ; Discuss consequences of untreated OSA.
- ☒ Discuss the importance of consistent, nightly usage
- ☒ Assembling and disassembling of mask, headgear, tubing, and humidifier (if applicable)
- ☒ Instruction on proper cleaning and disinfecting equipment.
- ☒ Instruction on how to turn the equipment on and off.
- ☒ Discuss on the importance of using grounded outlets.
- ☒ Review of oxygen safety ( if the patient is using oxygen with machine).
- ☒ Explanation of the company's follow-up procedure, including PAP re-supply, compliance PAP hours and physician follow-up before the first 90 days
- ☒ Patient was supplied with Instruction Manuals including all machine manufacturer warranty information and educational literature regarding OSA and the equipment left with the patient.

## Introduction

Your physician has ordered CPAP or BI-LEVEL for you. CPAP / BI-LEVEL works to prevent the structures in the throat from blocking air movement in and out of the lungs (otherwise known as an apnea). This is accomplished with small amounts of pressure applied through the nose. The pressure works to keep the airways open, which allows air to move from your nose to the top of your windpipe.

## Travel

If you are going to be traveling via airlines, we suggest taking your CPAP or BI-LEVEL as a carryon luggage. We will provide you, upon your request, with a letter of medical necessity. This letter of medical necessity will contain information about your machine and we will have your physician authorize it. We only ask for you to give approximately a 2 week notice for us to obtain the appropriate signatures for this letter.

## Safety

If you are using oxygen, please refer to the safety guideline presented to you at the time your oxygen system was installed.

The machine should be used in compliance with manufacturer's recommendations for electrical safety. The Home Care Practitioner will review these points with you.

***Please note that your CPAP / BI-LEVEL machine is not a life sustaining piece of equipment. If you should experience shortness of breath or should become unable to breathe, you need to contact your physician or go to the nearest emergency room as soon as possible.***

## CLEANING / DISINFECTING INSTRUCTIONS

### For Positive Airway Pressure (PAP) Device

Cleaning and Disinfecting of respiratory equipment in the home is of major concern. To prevent equipment contamination, a simple, but effective cleaning procedure must be carried out on a routine basis. Do all cleaning and disinfecting in a clean environment. Avoid doing it after vacuuming, under an open window, or in any dusty, dirty or smoky areas.

**Supplies Needed:** Liquid Detergent (example: Ivory or Joy. Do not use anti-bacterial soaps or Dawn detergent), shampoo and warm water.

*Wash hands prior to cleaning!*



#### Every Week

Mark headgear strap position (if applicable), remove from mask and set aside.

1. Disassemble: tubing(s), humidifier chamber and mask/nasal pillow components.
2. Wash the above disassembled items in warm soapy water. **DON'T USE ANY ALCOHOL BASED SOLUTION TO CLEAN ACCESSORIES.** Wash mask or nasal cushions until facial oils are removed.
3. Rinse all items **THOROUGHLY** with warm water.
4. Allow to air dry.

#### Headgear:

Wash headgear by hand in cool water with shampoo.

#### Foam Filter:

Rinse foam filter under warm water to remove dust (Do not use Soap). Dry completely before placing back into unit.

#### White Disposable Filter:

Examine weekly and replace monthly (or sooner if visibly dirty).

#### **\*\*Important Notes\*\***

1. Always use distilled water in your humidifier chamber.
2. See manufacturer's guidelines for specific cleaning instructions for your mask.

# Reordering Positive Airway Pressure (PAP) Supplies

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You will be eligible for new supplies within the next three to six months, according to your insurance guide lines.

Vantage will contact you via an automated phone call program when it is time to order new supplies. This call lasts approximately 2-3 minutes. You will be given instructions throughout the phone call to reorder your supplies. Options are answered by pressing (1) for yes, and (2) for no on your phone.

Positive Airway Pressure (PAP) Device supplies include: Mask ☐ Headgear ☐ Tubing ☐ White Disposable Filters ☐ Grey Filter ☐. At the end of the call, the automated voice will confirm your order and you will be given a chance to change your order.

You will receive this Supply Reorder phone call every 3-6 months dependant upon your insurance guidelines.

## **COMPLIANCE NOTICE: Non-Payment due to lack of Positive Airway Pressure (PAP) Device Use and/or Physician Office Follow up Visit.**

We are required by your insurance company to ensure and document the compliance/usage of your CPAP/Bi-LEVEL machine.

Most insurance companies require their patients to use their prescribed machine an average minimum of 4 hours per night on 70% of nights during a consecutive 30 day period anytime during the first three months of initial usage. If your compliance is less than the average minimum, your insurance MAY NOT PAY for your machine.

You are required to provide Vantage Home Medical & Equipment Services with the required hour meter reading by phone, use of modem and/or SD Card. Within the first 3 months from the set up date (or earlier if specified). This data will then be submitted to your insurance company for continued claim authorization of payment. If the data demonstrates compliance less than required by your insurance company; your insurance will not continue coverage and therefore you will be responsible for payment or return of the equipment.

In addition to the above, you also need to have an in person office visit with your physician between 31-90 days after you are set up with your Positive Airway Pressure (PAP) Device. If you fail to meet with your physician your insurance will not continue coverage and therefore you will be responsible for payment or return of the equipment.

If you have questions on face to face visits, and/or compliance hours for your PAP devices, please call 1-877-593-6328.



## Positive Airway Pressure (PAP) Tips for Success!

1. Make sure your face and mask are clean before use.
2. When removing mask, pull up and over your head or, if applicable, use the quick release.
3. Mark the headgear straps with a permanent marker, or a stitch of thread.
4. A tight fitting mask is not necessary; the mask may be loose as long as a seal is maintained.
  - A “snug” mask fit is optimal.
  - Red marks on face for more than 30 minutes after mask removal may mean your mask fit is too tight.
5. Straps can be adjusted to prevent air leaks.
6. Small leaks are acceptable.
7. All leaks into the eyes should be eliminated.
8. Do not over tighten the headgear.
9. Always check for proper sizing of your mask and headgear.
  - It may breakdown or stretch out over time.
10. Place mask on your face before turning the machine on.
11. Never block the openings of the exhalation port/device.
12. If you have a large increase or decrease in your weight, you may need a different size mask, and/or to be re-evaluated by your physician.
13. If you feel the air from the machine is too cold, try running the tubing under your blankets.
  - Also check placement of the machine- is it under a window or over a cold air duct?
  - Try increasing the room temperature.
14. If you experience an uncontrollable runny nose; long-lasting, recurrent nasal bleeding; and/or severe mouth dryness, call Vantage® or your physician.
15. Over-the-counter nasal SALINE SPRAY is sometimes helpful for nasal dryness, irritation, congestion, and/or pain.
  - If this does not relieve the above-mentioned symptoms, be sure to call VHMES or your doctor.
16. Making adjustments in the room temperature may help control the amount of water accumulation (condensation) in your tubing.
17. If the air from the exhalation port is bothersome to you or your spouse, readjust the tubing and aim the exhaled air in a different direction.
18. It has taken you many years to develop the sleep pattern you now have, it may take time for you to adjust to this new change in sleeping – Be patient, and keep trying.
19. It is important for you to wear the mask and machine as prescribed for you by your physician.
  - Most physicians request their patients to wear the mask and machine continuously throughout the night. (A minimum of 4 hours is recommended)
  - Your Sleep Apnea symptoms will not be relieved if you do not wear the mask and machine more than 4 hours nightly.
21. Be sure to wash the equipment as you were instructed to avoid infections.
20. If, at anytime, you suspect that you may have a sinus or chest infection, be sure to notify your physician.



# Specialty Equipment Education Booklet



Oxygen & Medical Equipment for Your Home Comfort!  
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# CPM - CONTINUOUS PASSIVE MOTION MACHINE

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## Checklist and Instructions

- ☒ Properly introduced himself/herself to patient/caregiver and explained the set up procedure.
- ☒ Technician set machine up for proper extremity (leg) application.
- ☒ Verified/instructed re: electrical safety, and grounded outlet use.
- ☒ Demonstrated how to turn machine ON/OFF and machine operation.
- ☒ Demonstrated special STOP and REVERSE switch for use if patient experiences discomfort.
- ☒ Demonstrated speed selection switch for knee flexion rate/

Discussed the following safety issues:

- ☒ Avoid water filled devices around CPM –waterbed, warm water bottle, drinking liquids, etc.
- ☒ Be sure bed attachment straps are secured prior to CPM operation.
- ☒ Beware of urinary incontinence around CPM due to possible shock.
- ☒ Use CPM with caution – keep other leg free of the moving mechanisms.
- ☒ Patient provides return demonstration of CPM

### **A CPM machine is often used after knee surgery.**

The continuous passive motion or CPM machine is used to provide constant motion of a particular body part that is stiff or in danger of losing range of motion. Your doctor may prescribe a CPM machine for you to use after surgery because swelling and pain will make it difficult to move your body part. It is frequently used after knee, shoulder and elbow surgeries. The machine is used within one to two days after surgery and is usually discontinued within three weeks. It will be set up by a healthcare professional using the parameters prescribed by your doctor before you have to use it on your own.

## HOW TO USE A CPM MACHINE

- Plug the machine in and lie down on your bed or couch with the machine positioned next to your injured body part. A shoulder or elbow CPM machine may be equipped to use in a sitting position. Use pillows to support the machine on either side if needed to make sure it is stable.
- Line up your joint with the axis of rotation on the machine and place your arm or leg into the machine. Connect the Velcro straps so that your body part is secured in place.
- Turn on the machine. Your range of motion will be limited by the parameters set up by your healthcare professional. Use the up and down buttons to find the speed you can comfortably tolerate.
- Continue the use of your CPM machine for the amount of time prescribed by your healthcare professional. This can range from one hour to 23 hours per day. At the end of the session, stop your machine when your body part is in a pain-free position. Unstrap the Velcro and take your arm or leg out of the CPM. Keep track of the frequency and amount of time you use your CPM based on your doctor's instructions.
- Place the machine on your bed or on a couch and plug the unit into a power outlet. Place the leg with the recovering knee into the machine, with the machine running lengthwise from the top to the bottom of your leg. Connect the Velcro straps across the top of your leg to secure
- Turn the machine on and allow your relaxed leg to move passively with the machine. Do not exert pressure or use your muscles to move the leg. Press the "Up" and "Down" buttons to select a comfortable leg movement speed.
- Use the machine for three, one-hour sessions each day or as instructed by your health care provider, adjusting the range of motion if directed.
- Unstrap the Velcro and remove your leg from the unit, then turn the machine off after each session.
- DO NOT operate unit on top of water filled devices because the possibility of electric shock.
- The bed attachment straps should be secured tightly prior to operation of the unit.
- DO NOT use with other electrical equipment.
- If patient has urinary incontinence extreme care must be taken to avoid any possibility of severe electrical shock should the urine come in contact with electrical parts.
- Make sure the patient's other leg does not come into contact with any of the other movable parts of the continuous
- Use mild soap and water and a diluted concentration of disinfectant. Patient kits are single use only and should be discarded after completing therapy.

## What do I need to know about a TENS Unit?

A transcutaneous electrical nerve stimulation (TENS) unit is a treatment for pain. A TENS unit is a small, portable, battery-powered device. The TENS unit uses mild, safe electrical signals to help control pain. Electrodes (sticky patches) are placed on your skin. The TENS unit sends painless electrical signals through the electrodes to the nerves under your skin. Electrode placement depends on the type and location of your pain. Your healthcare provider will show you where to place the electrodes and what settings are best for you.

### How do I use a TENS unit?

- Test the battery pack of the TENS unit to make sure it is fully charged. The TENS unit has 2 control knobs.
- One control knob makes the electrical signals strong or weak. The other control knob makes the electrical signals fast or slow. Turn the control knobs to the off position before you start.
- Use rubbing alcohol to clean the skin where the electrodes will be placed. Let your skin dry.
- Put a thin coat of gel on the bottom of each electrode. This gel helps the electrical signal get to the nerves under your skin. (If your physician has ordered GEL)
- Put the electrodes on your skin and use medical tape or a sticky patch to cover the electrode. This keeps the electrode firmly stuck to the skin. Ask for help if you cannot reach the area where the electrodes should go.
- Hook the pin connectors on the end of the electrode wires to the electrodes. Then plug the electrode wires into the TENS unit.
- Turn the control knobs slowly to the correct setting. You should feel a tingling feeling.
- Hook the TENS unit to your belt or place it in a pocket

### What should I do after the TENS Treatment

- Turn the control knobs to the off position. Unplug the electrode wires from the TENS unit.
- The electrodes may be left on your skin if you have another TENS treatment soon. If not, remove the electrodes. Wash the skin where the electrodes were placed. Clean the electrodes with soap and water to remove the gel. Do not use alcohol because this can damage the rubber on the electrode. Get new electrodes if the electrodes become damaged or will not stay stuck to the skin.
- Remove the battery from the TENS and replace it with a charged battery. Charge the battery so that it will be ready for another treatment..

### What else do I need to know about a TENS unit?

- Tell your healthcare provider if your muscles start to twitch during treatment. The TENS signals may be too strong or too fast. Also tell him if you cannot feel any tingling at all. The signal may be too weak or too slow.
- The electrodes should be removed at least once a day if the TENS treatment is used around the clock. Check your skin under the electrodes for redness or tenderness. Clean your skin when the electrodes are off and use lotion. Move the electrodes slightly for each treatment. This will help prevent the skin from becoming red or sore. Put new gel on the bottom of the electrodes each time you place them on your skin.
- Do not sleep or get near water with the electrodes on your skin and the TENS unit turned on.



## Vantage Negative Pressure Wound Therapy

### BACKGROUND

The CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump is designed to apply localized negative pressure (suction) to the wound site.

The purpose of this document is to outline the suggested implementation and management of a NPWT program using Vantage's CorkU Nisus wound vacuum system.

### BENEFITS

Potential benefits to using the Vantage Wound System:

- Removes excess fluid-edema
- Decreases wound bioburden
- Assists in wound contraction
- Protects from outside contaminants
- Maintains a moist wound healing environment
- Remodels connective tissue matrix
- Stimulates granulation tissue
- Encourages maturation of epithelial cells
- Increases vascular perfusion

### RESPONSIBILITIES

The Treating Physician is responsible for determining the indication and ordering for placement of the CorkU Nisus wound pump.

The Authorized Caregiver (PT, RN, LPN/LVN, WOCN, ET, MD or DO) is responsible for application of the wound dressing/sealing kit, monitoring wound progress, canister placement, and informing the treating physician of the progress of wound healing

### PRECAUTIONS

Precautions should be taken for patients who are or may be:

- Receiving Anticoagulant Therapy
- Active Bleeding
- Suffering From Difficult Hemostasis
- Untreated Malnutrition
- Non-Compliant or Combative
- Having Difficult Wound Hemostasis
- Having Close Proximity of Blood Vessels
- Wound Displays Exposed Organs, Muscle, Fascia
- Wound Displays Exposed Irradiated vessels and Tissue
- Wound Displays Exposed Bony Fragments

**\*\* Carefully assess wounds that are necrotic with eschar present!!**

## Vantage Negative Pressure Wound Therapy

### CONSIDERATIONS

Certain wounds with particular attributes may be ideal candidates for NPWT. Examples would include:

- Wounds that are refractive to traditional wound care (4-6 weeks of treatment).
- Wounds that are expected to take months to resolve.
- Wounds with significant depth and drainage.

Successful NPWT depends on conditions which are essential to wound resolution:

- The wound must have sufficient blood flow
- The patient must be receiving adequate nutrition.

### PATIENT PREPARATION

- Explain the procedure to the patient.
- Assess the patient for pain relating to the dressing application or change, pre-medicate as ordered/indicated.
- Provide privacy.
- Position the patient.

### APPLICATION OF WOUND DRESSING / SEALING KIT

- Ensure the CorkU Nisus is turned off.
- Don clean gloves.
- Remove the dressing currently on patient.
- Replace soiled gloves with a new pair.
- Apply the desired wound dressing / sealing kit, as per the included instructions as indicated later in this policy.
- Replace canister as necessary.
- As required, document wound dimensions and appearance and record the time and date of dressing change on the patient's chart.

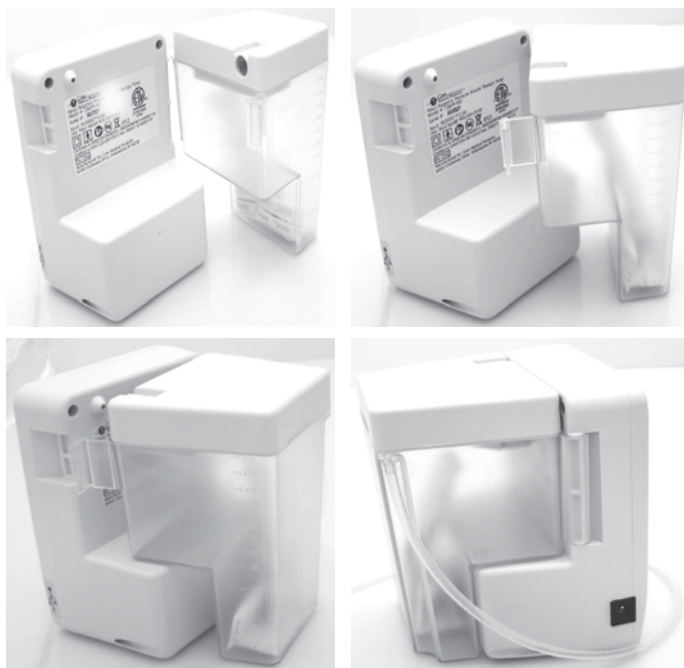
**\*\* Note: If the wound dressing / sealing kit is accidentally removed (i.e. during transport, rehab, etc.) and the wound care staff is unavailable to reapply the wound dressing / sealing kit, instruct the patient/caregiver to reapply the wound dressing / sealing kit and notify the wound care staff for reapplication.**

## CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump



- Canisters are available in two sizes: 250 ml or 500 ml
  - 250 ml (Cork Medical Products part # CPC-250)
  - 500 ml (Cork Medical Products part # CPC-500)
- Use only Cork Medical Products canisters
- Canisters are changed once a week or when full

- Attach the canister to the back of the Nisus NPWT pump by hooking the canister onto the pump hinge post, then rotating in place until you hear a ‘click’ - locking the canister in place.
- The drainage canister is snapped into place and will be secure once properly attached by the user.
- Gently tug on the canister to ensure it is secured. The canister includes drainage tubing with a luer lock fitting.
- The luer lock connector is connected to the port pad tubing.



### Dam Design:

- Helps prevent false canister full alarms
- Protects the hydrophobic membrane
- Maze design under the dam goes one step further of protecting the membrane from false fluid egress

# CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump



## Powering On/Off of the Pump:

Power on the Nisus NPWT pump by pressing the “Power” button on the keypad.

Note: When powered on, the pump shall run according to the previous pump mode and pressure settings. If pump is being powered on for the first time, the default setting is Continuous Mode at a set pressure of 125 mmHg.

In the event the pump needs to be powered down, press and hold the “Power” button for 3 seconds.

Power Button



## Lock/Unlock of the Pump:

The settings of the pump can be locked by pressing and holding the “Up” and “Down” arrow keys simultaneously

The pump unlocks by pressing and holding the “Up” and “Down” arrows simultaneously

When the pump is locked the closed lock icon will appear

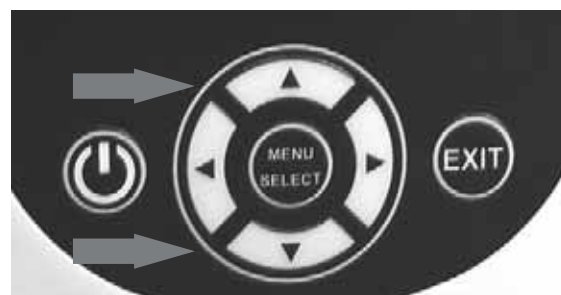
When the pump is unlocked the open lock icon will appear

End user is able to access the troubleshooting menu

Power Up

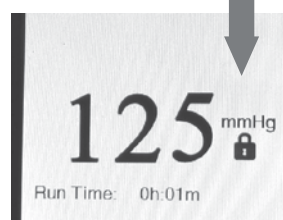


Power Down



Locked

Unlocked



# CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump

## Sleep Mode:

The pump can be put into Sleep Mode by holding down the Left and Right arrow keys simultaneously

When the pump goes into Sleep Mode, an 'S' will appear in the footer of the screen and the screen will shut down after a few minutes

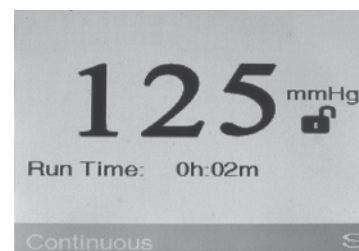
The pump will continue to run

The Sleep Mode will be awakened if any alarms occur, or if any buttons on the keypad are pressed

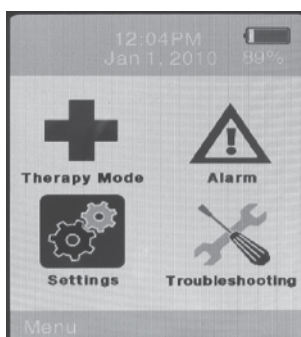
Left Arrow



Right Arrow



Sleep Mode

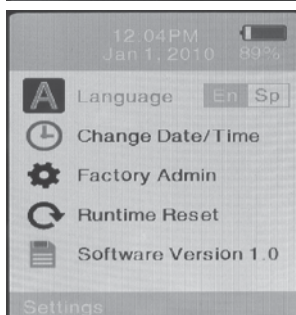


## General Settings:

- To adjust general settings, press the "Menu/Select" button on the keypad
- The menu screen displays

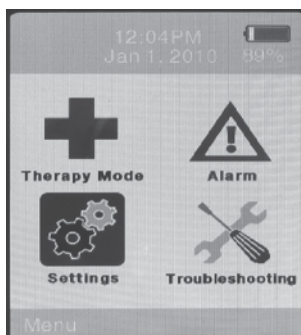
## Settings Menu:

- Use the Left and Right arrow keys on the keypad to highlight 'Settings'
- Press the "Menu/Select" button on the keypad to select
- Date, Time, and Runtime Reset can be changed in this menu setting



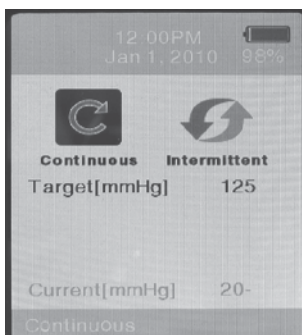
## Adjust Therapy Mode and pressure settings,

- Press the "Menu/Select" button on the keypad
- The menu screen displays
- Use the Left and Right arrow keys on the keypad to highlight 'Therapy Mode'
- Press "Menu/Select" button on keypad to select prescribed therapy mode
- The selected therapy mode screen will display



## Continuous Mode:

- In the Continuous Mode settings screen, only the target pressure can be adjusted  
Use the Left and Right arrow keys on the keypad to adjust the pressure up or down to desired pressure
- Pressure options are available in increments of 5 mmHg
- The range of pressure settings can be adjusted from 40 mmHg to 200 mmHg
- The current mmHg show real time pressure
- Press the "Exit" button on the keypad to return to main screen
- Once exit is pressed a pop menu will ask to accept change 'Yes' or 'No'
- The pressure setting chosen is displayed on the middle of the screen  
'Continuous' is displayed in the footer of the screen





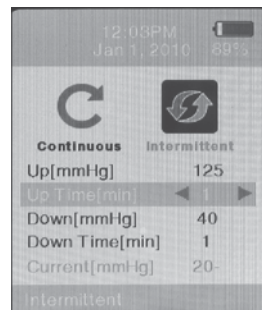
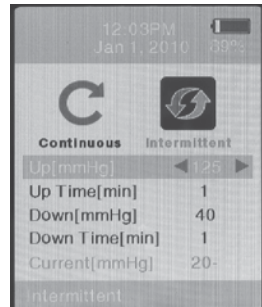
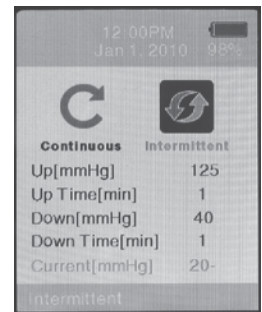
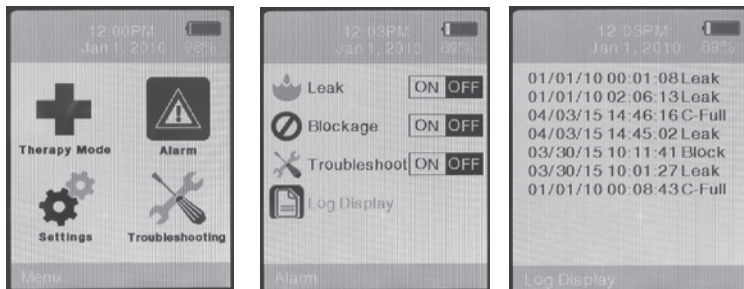
# CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump

## Variable Intermittent Mode:

- The setting options are 'Up pressure', 'Up time', 'Down pressure', and 'Down time'
- Use the Up and Down arrows on the keypad to adjust the Variable Intermittent options
- Use Left and Right arrow keys on keypad to adjust desired pressure and time settings
- Pressure options are available in increments of 5 mmHg
- The range of pressure settings can be adjusted from 40 mmHg to 200 mmHg
- Time settings are available in increments of 1 minute and can be adjusted from 1 minute to 60 minutes
- Once desired pressure and times have been selected, press the "Menu/Select" button
- Press the "Exit" button on the keypad to return to the main screen. All settings will be displayed on main screen
- 'Variable Intermittent' will be displayed in the footer of the screen

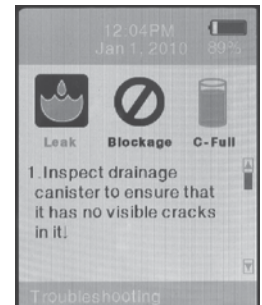
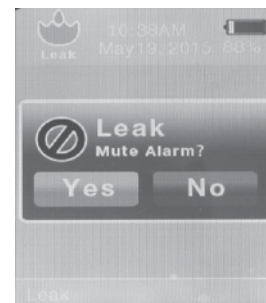
## Alarm Settings:

- To access the alarm, press the "Menu/Select" button on the keypad
- The Menu screen will display
- Use the Left and Right arrow keys on the keypad to highlight 'Alarm'
- Press the "Menu/Select" button on keypad to select
- Alarm log display
- This shows the alarm log data indicating the date and time alarm occurred
- This is reset under the factory administration menu



## Alarm Settings Continued

- What happens when the device alarms?
- The pump provides audible and visual alarms to patients regarding Low Battery, Critical Low Power, Blockage, Leak, and Canister Full
- The following alarms may be muted: Low Battery, Blockage and Leak
- Mute 'Yes' or 'No' is selected by using Left and Right arrow keys on the keypad, followed by pressing "Menu/Select" button
- Troubleshooting for the particular alarm will be displayed on the screen



- There are two battery alarms
- Neither one can be turned off
- Between 11%-20% remaining battery life, it will alarm low battery and beep every 5 minutes
- When the battery life drops below 11%, the pump alarms continuously and must be plugged into AC power immediately

# CorkU Nisus Negative Pressure Wound Therapy (NPWT) Pump

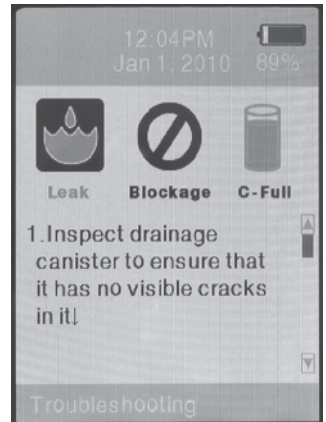


## Canister Full Alarm:

- The Canister Full alarm cannot be muted
- A display will pop up for instructions on the screen
- The pump must be powered down and the full canister removed and replaced with a new canister
- Power pump back on and resume treatment

## Troubleshooting Menu:

- To review the troubleshooting menu, press the “Menu/Select” button on keypad
- The menu screen will display
- Use Left and Right arrow keys on the keypad to highlight ‘Troubleshooting’
- Press “Menu/Select” to access troubleshooting menu
- Use Left and Right arrow keys on the keypad to highlight troubleshooting for Leak, Blockage, and Canister Full
- Use Up and Down arrow keys on the keypad to review troubleshooting for each item
- Press “Exit” button to return to the main screen



## Pressurization of the Wound:

- The pump has an internal pressure sensor to monitor the system’s pressure
- Factory default setting for pressure tolerance is 10 mm/hg
- The pump will pressurize the system, once the pressure sensor detects 10 mm/hg drop from set point
- The pump will pressurize the system back to 2-3 mm/hg of set point
- If the pump over shoots target pressure, an internal bleed off valve opens and bleeds systems back to 2-3 mm/hg of set point
- Ex: If the pump is set at 125 mm/hg, when the pressure of the system falls below 115 mm/hg, the pump pressurizes the system back to 125 mm/hg (+/-3 mm/hg)

## Block Alarm:

- The factory default is set at 5 minutes
- This alarm can be muted and turned off
- The pump detects a block alarm, when the pump does not pressurize the wound for the determined amount of time
- Ex: The pump does not pressurize the wound for 5 minutes, this means the pump does not kick on, a blockage alarm will occur
- This means that the system did not bleed down 10 mm/hg, remember the pump pressurization the system when the pressure falls 10 mm/hg of set point
- On most cases all dressings will bleed 10 mm/hg through the semi-permeable drape

## Leak Alarm:

- The factory default is 20
- This alarm can be muted and turned off
- This alarm occurs when the pressure does not reach within 20 mm/hg of set point within 1 minute
- Ex. If pressure setting is set at 125 mm/hg and within one minute, the pump does not achieve a pressure of least 105, the leak alarm will occur

## Saunders Cervical Traction Device

Remove earrings and any other jewelry or neckwear. Articles of clothing such as ties, scarves, hats and bulky shirt collars or sweaters should be removed since they may interfere with treatment. If you have long hair it should not be gathered on the back of your head, as in a braid or bun, since this will not allow your head to rest in the proper position.

### BEFORE YOU BEGIN

Review the guidelines you received from your health care provider regarding the:

- Amount of traction recommended (never so much that it hurts)
- Duration (amount of time) of each treatment
- Hold and relax times if intermittent traction is recommended
- Number of treatments recommended per week or per day
- Angle of pull – T – TOP, M – MIDDLE, B - BOTTOM



### APPLYING TRACTION

You are now ready to use the Saunders Cervical Traction device.

1. Place the Saunders Cervical Traction device on a carpeted floor or other firm surface. Check to make sure that the air hose is not being pinched by the bottom of the unit. Make sure you have enough room to lie down in a comfortable position.
2. Separate the neck wedges by rotating either of the black adjustment knobs so that your neck fits easily between the wedges. You can make additional adjustments after you lie down in the Saunders Cervical Traction device. **NOTE:** Do not over-rotate the adjustment knobs. This will result in stripping the internal gear.

## Saunders Cervical Traction Device

3. Loosen the adjustable head strap.
4. Ensure the device is in the starting position - neck carriage should be touching the base. If not, rotate the gauge housing to the "RELEASE" position.
5. Set the traction angle prescribed by your health care provider by squeezing and sliding the tabs on both sides of the Angle Adjuster until it locks into place.

Angle Adjuster Positions: Top = 15 degrees, Middle = 20  
Degrees, Bottom = 25 degrees

NOTE: If your health care provider did not specify the angle of pull, leave the Angle Adjuster in the top position as shown in picture below.

6. Place the pump in a position so that you can reach it during treatment.
7. Set a timer for the length of treatment (not included with your SANDERS Cervical Traction Device).

You are now ready to use device.



### WARNING

THE USE OF THIS DEVICE IS BY PRESCRIPTION ONLY TO INDIVIDUALS ON THE ORDER OF A PHYSICIAN. INSTRUCTIONS PROVIDED A HEALTH CARE PROVIDER. PATIENTS NEED TO BE FOLLOWED BY PRESCRIBING PHYSICIAN.

Exceeding these recommendations may aggravate an existing condition or cause additional injury. Traction should never cause pain. A stretching sensation or some slight discomfort may be felt during treatment. If pain is increased in the neck, back, arms or legs, or if you experience dizziness.



## Saunders Cervical Traction Device

### *Applying Traction*

1. Lie on your back, positioning your body so the neck wedges cradle the middle or narrowest part of your neck and your head rests comfortably on the head pad (See Figure 2.) The neck wedges should contact your neck midway between the tips of your earlobes and the top of your shoulders.
2. Turn either of the adjustment knobs until the wedges have moved firmly against both sides of the neck.
3. As you settle into the Saunders Cervical Traction device, the neck wedges may slightly rotate and self-adjust to the contour of your head and neck, or you can rotate the wedges manually as needed for the most comfortable fit.
4. Secure the head strap over your forehead, just above the brow line. This strap should fit snugly.
5. Apply traction using the pump as described in the next section.

### *Hand Pump Operation*

1. Once you are secure and comfortable in your Saunders Cervical Traction device, you will apply traction by pumping air into Device, you will apply traction by pumping air into a cylinder using a hand pump (Figure 3.)
2. Rotate the gauge housing of the hand pump to the rotation PUMP position.
3. BEGIN SLOWLY – pumping air into the cylinder. By stroking the pump handle – all the way out and all the way in
4. Observe the gauge to make sure you staying within the guidelines provider by prescribing physician.
5. When you have reached the desired amount of stretch, rotate the gauge housing to the HOLD position.

**CAUTION: DO NOT Exceed level of traction prescribed by your physician. The stretch provided by traction should never cause pain. Relax . . . let your traction device do the work.**

6. When the treatment is complete, release the traction by rotating the gauge housing to the "RELEASE" position.
7. Keep fingers away from the gap between the neck carriage and base.
8. Undo the head strap. You should rest and relax for a few moments; then move your head slightly up and down and side to side a few times before getting out of the traction device.

**NOTE:** In the course of your treatment it is normal for a small loss of pressure by 10% due to the relaxation of your spine. As this occurs, add additional air to return to the prescribed force. If you give too much traction, rotate the gauge housing to the "RELEASE" position to let some air out of the system.

### **REVIEW OF HAND PUMP OPERATION**

**"HOLD"** - holds traction force at the desired level.

**"PUMP"** - fills the cylinder with air, increasing the traction force.

**"RELEASE"** - empties air from the cylinder during or after treatment and prior to use



## Enteral Pump Checklist

Vantage Representative has demonstrated, and the patient/caregiver has by return demonstration, shown that he/she understands the following:

- \_\_\_\_\_ Proper use of equipment
- \_\_\_\_\_ Proper adjust of equipment
- \_\_\_\_\_ Alarms function

EntraFlo Nutrition Delivery System is easy to use.

**Versatility:** Rate adjustable in 1 mL/hr increments from 1 to 295. Dose adjustable in 5 mL increments from 0 - 9995

### **Lightweight and Portable:**

An internal backup battery can provide power for short-term use. While the pump should normally be operated on AC outlet power, the internal backup battery can provide operation for up to 8 hours at 100 mL/hr if necessary

### **Ease of Maintenance:**

The fire resistant plastic case and sealed control panel helps prevent fluid leakage and allow cleaning with any mild soap

### **Alarms:**

Low Battery, Battery On, Dose Complete, and Occlusion/Empty for detecting empty container or occluded line

- i. 2 ½ minute Pause Alarm
- ii. 15 PSI occlusion allows for safe use with any enteral feeding tube
- iii. Built-in Pole Clamp
- iv. Total Volume Delivered Display
- v. Accumulated Volume Display
- vi. Adjustable Alarm Volume
- vii. Dose Limit for Intermittent Feedings
- viii. With 3 selectable alarm modes
- ix. Memory Retention of Infusion Rate, Dose Limit, Volume Delivered and accumulated Volume even after unit is turned off
- x. Settings are automatically recalled when the pump is turned back on
- xi. Self-diagnostic mode allows for complete circuitry check with the push of two buttons

### **Indications For Use:**

It is intended for the delivery of enteral nutrition and hydration at controlled rates to patient's gastrointestinal system

### **Steps to Set up EnteraFlo Nutrition Delivery System**

- Step 1: Activate pump and set desired flow rate
- Step 2: Insert drip chamber into drip chamber bracket
- Step 3: Stretch silicone tubing counter-clockwise around pump rotor
- Step 4: Insert retainer disk in bracket
- Step 5: Thread tubing through tubing guide

## SUCTION MACHINE Checklist and Instructions

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- ☒ Proper equipment set up/connect Yankuer, catheter, tubing, machine and canisters.
- ☒ Disassembling of canisters for cleaning.
- ☒ How to turn machine ON/OFF
- ☒ Troubleshooting techniques for machine problems.
- ☒ To always use grounded outlets.
- ☒ Discuss the importance of cleaning/disinfecting equipment.
- ☒ Discuss the proper disposing procedure of contaminated material.
- ☒ Inform patient of their rights and responsibilities.
- ☒ Follow physician prescription for suction strength
- ☒ Explain negative pressure and effects

**Suction Machines** All persons should receive proper training before attempting to use a suction machine on themselves or other individuals. Suctioning is a procedure that removes excess secretions from the mouth and throat (oropharynx), from the nose and throat (nasopharynx), and from the windpipe (trachea) using a mechanical aspiration device (Suction machine). Indications for Suctioning: The primary indication for suctioning the patient at home is the patient's inability to adequately clear the airway by coughing.

The need for clearing the airway is evidenced by: More frequent or congested-sounding cough, Visible secretions, Audible gurgling noise while breathing, Suspected aspirations of gastric or upper airway secretions

**Operating the Suction Machine:**

1. Plug the suction machine into a grounded outlet.
  2. Check that the tubing from the machine to the collection jar is on and snug.
  3. Check that the lid to the collection jar is closed tightly.
  4. Attach the extension tubing to the collection jar.
  5. Turn the machine on and kink the extension tubing to block the flow of air. a. If the pressure gauge did not move when kinking the tubing, recheck all of your connections. Look for leaks in the system. The lid may not be closed tightly; a tub may not be on properly or the tube is punctured.
  6. Look at the pressure gauge. Using the control dial, set the gauge pressure between 15" and 20" of Hg. (for an adult) a. An infant or a child will use less pressure. Consult with your doctor or call our therapist.
  7. After the pressure is set, connect the oral suction device (Yankuer Suction Tip) or suction catheter to the suction extension tubing.
- Equipment and Supplies Needed:**
- Suction catheters (sized appropriately)
  - Electric or battery powered aspirator with pressure gauge and collection jar with overflow protection
  - Tap water that has been boiled and stored in a closed, clean container. Water needs to be used within 24 hours of boiling to flush the catheter. Water from the tap that is not boiled will increase the risk of contamination and infection.
  - Clean or sterile disposable gloves
  - A manual resuscitator bag (for hyperinflation of the lungs if medically indicated)
  - An oxygen source (when pre-oxygenation is medically indicated)
  - Sterile normal saline (for instillation when medically indicated)
  - Oral suction device (Yankuer Tonsil Tip)
  - Sterile distilled water, and/or recently boiled water and cleaning solution (alcohol or hydrogen peroxide)
- (Continued on reverse side) **Preparing the Patient for Suctioning:** Whenever possible, the patient should be encouraged to clear the airway by directed cough or other airway clearance techniques.

The patient's response to suctioning during their stay in the acute care or long-term care facility should be made a part of the discharge summary and the health care professional establishing the patient in the home should request this information.

8. Caregiver Training: The caregivers or family members that will be taking care of the patient should be taught the proper suction techniques by qualified hospital personnel.
  - The caregivers or family members should be trained to understand:
  - When it is necessary to suction
  - What type of suctioning is needed (oral vs. nasal tracheal) they should be trained as to when it's necessary to pre-oxygenate, perform normal saline instillations, use of the resuscitator bag to hyper inflate the lungs and then to deep suction.
9. Suctioning the Patient: It is common and perfectly acceptable to use clean versus sterile technique during suctioning in the home environment.
10. Clean, non-sterile disposable gloves should be used when performing nasal tracheal deep suctioning. Gloves may not be necessary when using the tonsil tip suction device. (Yankuer Suction).
11. When deep suctioning and using a catheter, do not keep the suction engaged for longer than 5 seconds at a time. When using a tonsil tip suction device, do not suction longer than 10 seconds.
12. At the conclusion of the suctioning event, flush the catheter or tonsil tip by suctioning recently boiled water or distilled water to rinse away mucus, followed by suctioning of air through the device to dry the internal surface and discourage microbial growth. The outer surface of the device may be wiped with alcohol or hydrogen peroxide. The suction catheter or tonsil tip should be allowed to air dry and then stored in a clean, dry area.
  - Tonsil tips can be boiled, and reused indefinitely. Store the cleaned catheter or tonsil tip so that they are not directly exposed to the air. (Cover with clean, lint-free, paper towels, or store in a clean container). Before, during and after the suction procedure you need to be monitoring the patient.
  - Don't suction needlessly. Only suction the patient if they are in distress, or you see or hear 'wet' breath sounds. When suctioning, look at the patient. Don't become so engrossed with the procedure that you become unaware of the patient's reactions and responses.
  - Remember; don't actively keep the suction on for more than 5 seconds if using a catheter and performing deep suctioning or for 10 seconds if using the tonsil tip.
  - Let the patient regain their breath. Observe the patient after the suctioning procedure. Are the visible secretions gone?
  - Has the gurgling wet breath sounds stopped or at least greatly diminished? Does the patient appear more comfortable and less distressed?
  - Observe the skin color. (Including the presence or absences of cyanosis). Get into the habit of monitoring their pulse rate before and after you suction.
  - Take their blood pressure and Oximetry if you have the equipment. Look at the color of the sputum.
  - Are there any changes in the color?
  - Keep your doctor's office informed of the color changes. Is there an odor to the sputum?
  - Again, keep the doctor's office informed.
13. Cleaning: The suction canister should be emptied daily and washed, along with the connecting tubing, in hot water and mild dishwashing detergent. Rinse with clean, hot tap water. It is recommended that these items be disinfected daily with a solution of one part white vinegar and 3 parts water.
  - Allow the items to soak for 30 minutes and then rinse with clean, hot tap water.
  - All caregivers should practice reasonable infection control procedure in the home setting.
  - Patients should be protected from visitors and caregivers with active viral and bacterial infections.
  - Or the opposite is true if the patient has yet to be diagnosed with the organism they are carrying which could be spread to others by droplet infection.

## CLIENT CONSENT/BILL OF RIGHTS/RESPONSIBILITIES

### CONSENT FOR CARE REQUEST FOR PROVISION OF SERVICES

I understand that by signing this agreement, I indicate my wish to purchase health care products and/or services from Vantage Home Medical Equipment & Services (Vantage) and acknowledge receipt of written notice of my rights prior to receiving products or services from Vantage.

### INDICATIONS FOR MEDICAL RESPONSIBILITY

I understand that I am under the supervision and control of my attending physician. I understand that services provided by Vantage do not include diagnostic, prescriptive or other functions typically performed by a licensed physician, and that my physician is solely responsible for diagnosing and prescribing drugs, equipment and therapy for my condition and otherwise supervising my medical care.

### MEDICAL INFORMATION AUTHORIZATION

I hereby authorize my physician/hospital or other Health care provider to furnish to an agent of Vantage any and all records pertaining to my medical history, services rendered or treatment.

### RELEASE OF MEDICAL RECORDS

I hereby authorize that medical information related to products provided and services rendered by Vantage be furnished to my insurance carrier(s), its agent(s), authorized representative of Medicare/Medicaid or any other health care provider involved in my care in determining health care needs. I further authorize Vantage and other accrediting organizations to periodically examine my records for the purpose of quality assurance. I authorize Vantage to make photographic copies of said records for the purpose of benefit determination and/or quality assurance. I understand that I have the legal right to refuse the release of my personal medical records and I am waiving this right by signing consent.

### ASSIGNMENT OF BENEFITS

I assign outright and transfer to Vantage any and all rights to receive any health care benefits otherwise payable to me for products or services provided by Vantage. I understand that, by assigning these benefits, I am not retaining any interest in these benefits for myself. I authorize my insurance company(ies) or other third-party payor to furnish to any agent of Vantage any and all information pertaining to my health care benefits and status of claims submitted by Vantage. (Vantage cannot assume responsibility for guaranteeing payment. If we do not receive reimbursement from your insurance carrier within 60 days, you will be responsible for payment of the account, including any deductible, co-payment or noncovered service.

Please notify our office of any changes in your insurance coverage immediately. Not notifying us of these changes could mean increased payment billed to you.

I request that payment of authorized Medicare benefits be made to Vantage for any service or equipment furnished to me by Vantage. I authorize any holder of medical information about me to release to the Health Care Financing Administration (HCFA), its agents and Vantage any information required to determine benefits for related services.

In the event that my insurance carrier or third-party payor does not accept assignments of benefits, I understand that all correspondence and payment for Vantage service may be sent directly to me. I agree that when such payments are received, I will hold them in trust for Vantage for payment of my bill. I understand that I can make payment for services by either personal check or by endorsing the insurance payment by writing "Pay to the order of Vantage", and my signature. In the event the health benefit payment is less than the outstanding bill, I understand that I will be personally responsible for the difference. If asked by Vantage, I will instruct my insurance carrier to mail all payments directly to Vantage and authorize, and appoint as my attorney in fact, Vantage to so notify my insurance carrier or other third-party payor and do endorse any such payment it receives to be applied to my outstanding bill.

### STATEMENT OF FINANCIAL RESPONSIBILITY

Insurance Carrier _____	Deductible _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Undetermined	% of Coverage _____
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Insurance Carrier _____	Deductible _____ <input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Undetermined	% of Coverage _____
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☐ We were unable to verify your insurance at this time, I agree to pay for all medications, supplies, equipment and nursing services provided until such coverage can be verified, and at which time I will continue to pay all applicable charges not paid by my insurance.

☐ A claim for workers' compensation benefits has been filed by my employer and approved by the insurance carrier. In the event workers' compensation denies my claim, I will assume all responsibility for all charges.

The undersigned certifies that he/she has read the front and back of this form and has received a copy of this document. The undersigned also certifies that he/she is the client, or duly authorized by the client as the client's general agent to execute the above.

I have executed a Living Will {Advanced Directive} ☐ YES ☐ NO ☐ N/A  
I have executed a Durable Power of Attorney ☐ YES ☐ NO ☐ N/A

A Vantage professional is always available 24 hours a day by calling 1-877-593-6328. I understand that I must use 911 for all emergencies.

Client Name (print) \_\_\_\_\_

Signature of Client \_\_\_\_\_

Signature of Representative \_\_\_\_\_

Relationship \_\_\_\_\_

Physically unable to sign due to \_\_\_\_\_

I authorize this provider to share/release my protected health information to the individuals listed below (for example, spouse, child, or parent's name) who are involved in my medical care and the payment for that medical care. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action and as bound by law.

Authorized Individual(s):

_____	_____
	(Relationship to Patient)

_____	_____
	(Relationship to Patient)

## CLIENT BILL OF RIGHTS

1. Be given information about your rights and responsibilities for receiving home care products and services.
2. Receive a timely response from the home care company regarding physician's request for home care services.
3. Choose your home health care providers.
4. Receive services without discrimination against your race, creed, color, religion, national origin, sexual preference, payment source, handicap/disability or age.
5. Be treated with courtesy, dignity, and respect.
6. Be given proper identification by name/title of everyone who provides home care services to you and when those services will be given.
7. Be given complete information concerning your diagnosis, treatment, alternatives, risk and prognosis as required by your physician's legal duty to disclose, in terms you can reasonably be expected to understand.
8. Be informed in advance about the care to be furnished. Vantage has a registered pharmacist available 24 hours a day, 7 days a week to answer your questions by calling 1-877-593-6328.
9. Participate in the development of your home care plan and in any changes to your care plan.
10. Receive copies of Vantage's policies on advance directives for medical care (such as a Living Will or Durable Power of Attorney), including a description of the state law, and formulate advance directives when Vantage is providing the nursing care. You will not be discriminated against based on your decision.
11. Accept or decline participation in research, experimentation or educational training without punitive action being taken against you.
12. Be given privacy and confidentiality of your clinical records and be informed of Vantage's policies concerning disclosure of clinical records.
13. Have your property treated with respect.
14. Be given information regarding anticipated discharge from home health care services and/or transfer to a health care organization.
15. Voice grievance with and/or suggest change in home care services without punitive or discrimination action taken against you by calling Vantage at 1-877-593-6328. You may also request a written Client Concerns Form from Vantage.
16. Have your grievance investigated by Vantage which, along with the resolution, will be documented by Vantage.
17. Be informed orally or in writing, prior to receiving care or services from Vantage of:
  - a. The amount of payment that may be expected from Medicare, Medicaid or any other Federally supported program;
  - b. The appropriate services that will not be covered by Medicare;
  - c. The charges that you will be required to pay; and
  - d. Any changes to such payment within 30 days from the date Vantage learns of the change.

## SCOPE OF SERVICE

Vantage is a home health care company. I have been informed, and acknowledge that this home care service(s) will be in a home setting rather than a hospital or other medical institution, that any complications, injury or adverse results cannot be given immediate emergency medical attention. I understand that at any time I may go to the hospital if I feel it is necessary. I will contact my physician whenever I feel it is appropriate, regardless of any feedback given by the home health services organization.

## LESSEE/PURCHASER RESPONSIBILITY

Vantage uses great care to have all equipment in good order and repair, gives no warranty expressed or implied, as to condition, quality or any other matter of any equipment sent out and will in no way be responsible for damages resulting while in User's possession. Lessee/Purchaser, (hereinafter the "User") acknowledges that the merchandise and/or equipment has been inspected and received in good condition and accepted as is, and further agrees to save and hold harmless Vantage for any damages from same while in User's possession. User is responsible for said equipment and agrees to protect same from all loss or damage. User further agrees not to release or redeliver said equipment to any other person, firm or corporation without the written consent of Vantage, unless otherwise required by law. Where equipment is leased/rented to user, title to said equipment shall at all times be in Vantage and this transaction is a bailment only. User agrees to operate said equipment only in the manner for which it is intended and not to attempt to make any repairs of any nature, kind or description, and in the event said equipment becomes inoperative, Vantage is to be notified at once. User has been provided with thorough verbal instructions on safe operation of equipment and understands its use. User agrees to return said equipment to Vantage upon demand. User acknowledges having read the foregoing terms and conditions and agrees to be bound thereby and further agrees to pay the rental rate and/or purchase price set forth on the foregoing invoice. In the event Vantage is called upon to pay any expenses or attorney's fees to enforce this agreement, the same shall be paid by User.

## CLIENT'S FAMILY OR GUARDIAN

If the client has been judged incompetent, the client's family or guardian may exercise the client's rights.

## CLIENT RESPONSIBILITIES

As home care client, you have the responsibility to:

1. Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, and other pertinent items.
2. Assist in developing and maintaining a safe environment.
3. Inform Vantage when you will not be home for a scheduled visit.
4. Adhere to your plan of care.
5. Request further information concerning anything you do not understand.
6. Give information regarding your concerns and problems to a Vantage staff member.
7. Inform Vantage immediately when admitted to a hospital or nursing home and equipment is no longer needed.
8. Notify Vantage of change in insurance coverage.
9. Provide updated copy of Advanced Directive, Durable Power of Attorney, as appropriate.

## EQUIPMENT WARRANTY INFORMATION FORM

Every product sold or rented by Vantage Home Medical Equipment carries a 1-year company warranty, and manufacturer warranty. Vantage Home Medical Equipment & Services will notify all Medicare beneficiaries and all other insurance third party payors of the warranty coverage and honor all warranties under applicable law.

Vantage Home Medical Equipment & Services will repair or replace Medicare and all other insurances covered equipment that is under warranty. Vantage will bill your insurance company for repairs and loaner equipment if applicable. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment where this manual is available.

**24 hour a day emergency equipment availability • 1-877-593-6328  
DIAL 911 or local emergency medical service for EMERGENCIES**



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY.

Vantage uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Vantage.

### How Vantage May Use or Disclose Your Health Information

**For Treatment:** Vantage may use your health information to provide you with medical treatment or services. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

**For Payment:** Vantage may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

**For Health Care Operations:** Vantage may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide

**Appointments/Treatments/Treatment Alternatives:** Vantage may use your information to provide appointment reminders. Vantage may leave you messages on your answering machine about deliveries. Vantage may contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. If you do not wish to be contacted about appointments, deliveries or for treatment alternatives, advise us in writing to the attention of the Corporate Compliance Officer and/or Privacy Officer and we will not disclose your information for these purposes.

**Persons Involved in Your Care:** Vantage® may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also use or disclose medical information about you to a relative, another person involved in your care or possibly a disaster relief organization (such as the Red Cross) if we need to notify someone about your location or condition.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

**Fund Raising:** If Vantage conducts fund raising and we use communications like the U.S. Postal Service or electronic email for fundraising, the patient has the right to opt-out of receiving such communications. Patients must contact our Corporate Compliance Office and/or Privacy Officer to opt-out of fundraising communications if they choose to do so.

**Required by Law:** Vantage may use and disclose information about you as required by law. For example, Vantage® may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties

**Public Health:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

**Health oversight Activities:** Vantage may disclose medical information about you to a health oversight agency-which is basically an agency responsible for overseeing the healthcare system or certain government programs.

**Decedents:** Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

**Organ/Tissue Donation:** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** Vantage may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

**Health and Safety:** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

**Business Associates:** Vantage will disclose your health information to our business associates who we have contracted to provide services for Vantage. We require business associates to protect your health information and notify Vantage immediately if a breach is detected.

**Lawsuits and Dispute:** We may disclose health information about you in response to a court or administrative order.

**Long Term Care, Personal Care and Miscellaneous Institutional Facilities:** If you are a resident of a facility, we may disclose to the institution or agents there of health information necessary for your health and safety.

**Government Functions:** Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

**Workers Compensation:** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

#### Authorizations

Other than the uses and disclosures described above, Vantage will not use or disclose medical information about you without the "authorization" - or signed permission - of you or your personal representative. In some instances, Vantage may wish to use or disclose medical information about you and we may contact you to ask you to sign an authorization form. In other instances, you may contact us to ask us to disclose medical information and we will ask you to sign an authorization form. You may later revoke your authorization in writing (except in very limited circumstances related to obtaining insurance coverage).

The following uses and disclosures of medical information about you will only be made with your authorization (signed permission):

- Uses and disclosure for marketing purpose
- Uses and disclosure that constitute the sale of medical information about you
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes
- Any other uses and disclosures not described in this notice

#### Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your health information for treatment, payment and healthcare operations as provided by 45 CFR §164.522. Vantage must agree to your request and comply with requested restriction(s) if:
  - Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare Operations
  - The medical information pertains solely to a healthcare item or service for which the healthcare provided has been paid out-of-pocket in full
- Obtain a paper copy of the notice of information practices upon request or contact our Corporate Compliance Officer and/or Privacy Officer 814-337-0000
- Inspect and obtain a copy of your health record as provided for in 45 CFR §164.524 for the previous six (6) years - if we maintain your health records in an electronic health record (HER) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your health record to a third party. Vantage may deny your request in certain circumstances, which we will inform with a written explanation. Vantage may charge you a fee to cover the costs of the copy or labor if electronic

- Amend your health record as provided in 45 CFR §164.526
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Receive an accounting of disclosures made of your health information as provided by 45 CFR §164.528
- notification of an event of a breach of your health information. If a breach of our health information occurs, and if that information is unsecured, we will notify you promptly with the following information:
  - o A brief description of what happened
  - o A description of the health information that was involved
  - o Recommended steps you can take to protect yourself from harm
  - o What steps we are taking in response to the breach
  - o Contact procedure so you can obtain further information
- Opt-out of receiving any fundraising communications from Vantage
- Prohibition on the sale of PHI without the express written authorization of the individual

#### Complaints

We welcome all comments and concerns, regarding your safety issues, privacy rights, or the care you or a loved one received from us. Should you wish to speak to someone about your service please call us at 814-337-0000. Other options for you to call are The Joint Commission on Accreditation of Healthcare Organizations at 800-944-6610 or the Medicare Beneficiary Support Line at 800-633-4227.

If you have any questions or complaints, please contact:

Ray Morin, Corporate Compliance Officer  
1305 S. Main Street, Meadville, PA 16335  
814-337-0000 Ext. 2136

To file a written complaint with the federal government, please use the following contact information:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave, S.W. Room 509F, HHH Building  
Washington, D.C. 20201

#### Obligations of Vantage

Vantage is required to:

- Maintain the privacy of protected health information
- Provide you with this notice of its legal duties and privacy practices with respect to your health information abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law

Vantage reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you on the Vantage® Website. You are entitled to a copy of the notice currently in effect. Vantage will abide by the terms of the current notice.

This Notice applies to the following Vantage companies: Vantage Home Medical Equipment & Services, Vantage Mobile Services and Vantage Care Apothecary.

## ADVANCE MEDICAL DIRECTIVES

You have the right to make your own medical treatment decisions. The Patient Self-Discrimination Act makes sure we tell you about these rights.

Your doctor will give you information, which will help you decide about treatment. Your doctor may also tell you what you should do. But you have the right to:

- ✓ Say "Yes" to the treatment you want which may help you.
- ✓ Say "No" to any treatment you do not want, even if it might keep you alive longer.

Your doctor can tell you what treatments may help you. Sometimes more than one treatment might help. People have different ideas about which is best.

Many treatments have side effects. Your doctor must tell you about serious problems your medical treatment may cause. Your doctor can also tell you how treatment can help you. However, your doctor cannot tell you which treatment you want or whether you want any treatment. That depends on you and your values.

People who are sick may not feel about these things. Sometimes people are so sick or hurt that they can't talk or decide what they want. You may be able to fill out a form which names a person you trust to make medical decisions for you when you can't make them for yourself. This is called an Advance Medical Directive.

## DURABLE POWER OF ATTORNEY

Any adult can fill out this form. See references provided on the back of this document, if you want to make sure that someone you trust will be able to speak for you when you're too sick or hurt to make your own decisions.

Write down on the Durable Power of Attorney form what you would or would not want for medical treatment. This depends on your values and what is important to you; things like how important it is for you to be independent, or free of pain, or to live as long as possible, or be able to talk with your family and friends.

Advance Directives can also limit life-prolonging measures when there is little or no chance for recovery. You should also talk to your doctor about what you want. That way you can be sure ahead of time that everyone understands each other.

If you are too sick or hurt to make medical treatment decisions, your family members or close friends may decide with your doctors and nurses what is best for you. However, sometimes not everyone agrees about what to do. Sometimes treatment decisions are hard to make and it truly helps your family, friends, and your doctor if they know what you want. You can make your wishes known by writing them on a form provided by resources list on the back of this document.

## **ADVANCE MEDICAL DIRECTIVES - *continued***

### **LIVING WILLS**

If you do not have anyone to make medical treatment decisions for you, let your doctor know what you want in a Living Will.

In a Living Will, you can write down the treatments you would and would not want, and when you would or would not want them. Your doctor could use the information to help make medical treatment decisions for you. There is no special form for a Living Will. You just write down the way you want to be treated.

### **RESOURCES**

You can get more information about Advance Medical Directives from your doctor or nurse. Forms can sometimes be obtained from:

- Your attorney
- The State Department of Health
- Choice in Dying, 250 West 57th Street, New York, NY 10107, 212-366-5540
- The State Medical Association
- Stationery stores

You need to sign and date your Advance Directive and have it witnessed and notarized if needed in your state. Keep a card in your wallet or purse stating you have an Advance Directive and where to find it. Give a copy of your Advance Directive to your doctor and any other health care providers. Discuss your Advance Directives with your family and friends. Give copies to relatives or friends who are likely to be called in an emergency. Review your Advance Directives regularly and make changes as needed. Tell your doctor, family and friends of any changes.

This discussion on Advance Directives is not to be construed as legal advice. You should contact an attorney to explain the law and your rights and to obtain help in completing the forms that are needed to take advantage of these rights.

We, at Vantage Home Medical Equipment & Services, want our patients to understand their right to make medical treatment decisions. If you have any questions, talk with your doctor, nurse or pharmacist.



## **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 licensure 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 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 solicitations 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 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 to whom 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, just 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.

## Handwashing and Sanitizer

**Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.**

### How Germs Spread

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

### Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

### During the COVID-19 pandemic, you should also clean hands:

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

### Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

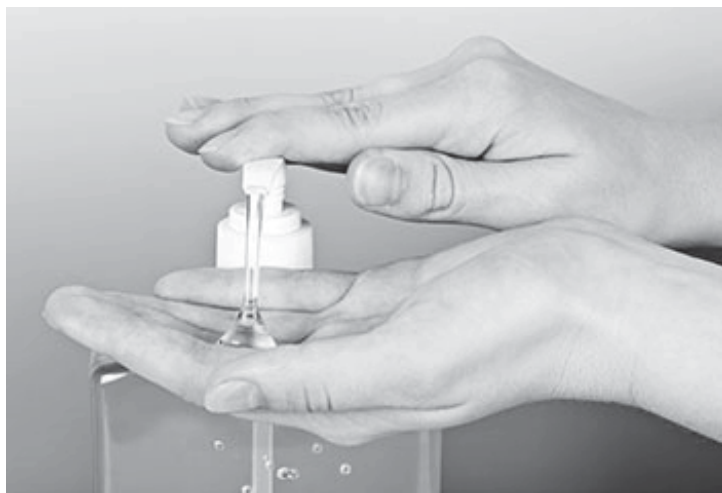
Follow these five steps every time.

1. **Wet your hands** with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather your hands** by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. **Scrub your hands** for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse your hands** well under clean, running water.
5. **Dry your hands** using a clean towel or air dry them.

### **Why? Read the science behind the recommendations.**

#### Use Hand Sanitizer When You Can’t Use Soap and Water



You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

#### **Sanitizers can quickly reduce the number of germs on hands in many situations. However,**

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

**Caution!** Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

#### How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.



## CDC's Handwashing Campaign: *Life is Better with Clean Hands*

CDC's *Life is Better with Clean Hands* campaign encourages adults to make handwashing part of their everyday life and encourages parents to wash their hands to set a good example for their kids. Visit the *Life is Better with Clean Hands* campaign page to download resources to help promote handwashing in your community.

For more information on handwashing, visit CDC's [Handwashing website](http://www.cdc.gov/handwashing) or call 1-800-CDC-INFO.

## BE PREPARED

Are you prepared for an emergency? Power outages may be caused by snowstorms, tornadoes, wind storms, floods, or other severe weather conditions. An outage may affect the use of electrically operated equipment.

### Things you should do in an Emergency:

In the event of an emergency, call the Vantage office at (877) 593-6328. There is a representative available after hours to help you!

- If you have an electric oxygen concentrator, switch to your back up supply of oxygen tanks. Call the above number to notify Vantage that you will need additional oxygen tanks. Be sure to give at least a 3 hour notice.
- If you can arrange to stay with someone not affected by the power outage, relocate and notify us at the above number.
- Tune in to local radio and television stations for instructions.
- Use battery backup if it is an option.
- (If your equipment has a backup battery), Keep your equipment plugged in as much as possible to ensure that the back up battery is fully charged.
- Go to the nearest hospital if you feel that you are at significant risk for a health-related complication.
- In case of unexpected Respiratory or Cardiac Arrest:
  - Call 911 or “O” for Operator
  - Begin CPR if you have been trained
- In case of Poisoning:
  - Call the Emergency Poison Hotline - (800) 222-1222, or (888) 222-4516

Vantage Home Medical Equipment & Services will implement our Emergency Preparedness Plan in the event of a natural/catastrophic disaster. We will make every effort to ensure that there is no interruption of our service to you.



## WATCH YOUR STEP!

### Be Proactive in Your Safety at Home

- Do you have a history of falls?
- Do you have hearing or vision impairment?
- Do you have general weakness?
- Are you taking medications that may affect your balance?
- Does your home have poor lighting?
- Is your home cluttered?
- Do you have throw rugs?
- Are you using excessive lengths of oxygen tubing?

### Tips to Help Prevent Falls

- Avoid the use of throw rugs.
- Keep wires and cords out of walking areas.
- Create a furniture layout for easiest access to other rooms.
- Keep floors uncluttered.
- Use a night light.
- Install handrails in the shower, tub and around commode
- Wear shoes or slippers with non-skid soles.
- Use non-skid tips on walkers, canes or crutches.
- Always use wheel locks on wheelchairs for transfers.





# Emergency preparedness



## A guide for home care patients and their families

### EVERYONE SHOULD HAVE A PLAN

As a home care patient – or a family member caring for a loved one at home – planning is important because you have to make sure you and your family members have the supplies you need to stay healthy and safe in times of emergency.

You must have the supplies, tools and plans in place to make it on your own, at least for a period of time, no matter where you are when disaster strikes.

### GENERAL PREPAREDNESS CHECKLIST

#### Create an emergency kit for your home and vehicle

- ☐ Have enough food, water, medicine and medical supplies to last 3 to 5 days without aid from others. Store your supplies in a waterproof container that is easy for you to open. Include things like can opener and eating utensils.
- ☐ Have extra incontinence briefs for adults (if needed).
- ☐ Label all your equipment and supplies with your name and phone number.
- ☐ For those on oxygen, have backup oxygen cylinders in case of power outage. Call your home care agency when you lose power and start using backup oxygen, to allow time for the DME company to provide more when needed.
- ☐ Have a charged cell phone, battery powered radio, and flashlight with fresh batteries.
- ☐ Have a list of important contacts and numbers (i.e., your physician, your family members, your neighbors, etc.) to take with you wherever you go.
- ☐ Keep a current list of the medications you are taking, pharmacy number, physician name and phone numbers and phone number of emergency contact.
- ☐ Keep important documents, both personal and financial, in a waterproof portable container. This should include your CMN or prescription form for your life saving equipment or medications and/or advance directives.
- ☐ Make a communication plan with family and friends in case you are separated. Have a family contact who lives outside of your area.
- ☐ Keep food, water and medicines on hand for pets and make plans to ensure their safe shelter and care.

### PREPARE AHEAD OF TIME

- ☐ During storms and outages, stay aware of alerts, warnings and local emergency services. Know the emergency plan for your area including evacuation routes, shelters and emergency numbers.
- ☐ If you require electric powered medical equipment and/or oxygen notify your power company before an emergency and let them know you are at high risk during power outages.
- ☐ Keep your car full of fuel with directions to the nearest shelter or evacuation route.
- ☐ If you need to evacuate – call your home care provider/agency right away. Inform the agency of your evacuation plan/shelter site. Bring your Medicare, Medicaid, and/or insurance card.

**Who to Call**  
Keep your DME  
agency's number  
close by the phone  
in case you need  
assistance or call  
9-1-1.

# Emergency preparedness

A guide for home care patients and their families

## EMERGENCY SUPPLY KIT

Keep these items on hand in your Emergency Supply Kit:



**Water** – one gallon of water per person per day for at least three days



**Food** – at least a three-day supply of nonperishable food



**Battery powered radio** – and extra batteries



**Flashlight** – and extra batteries



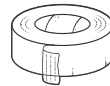
**First aid kit** – be sure to check expiration dates of the contents and keep them up to date



**Whistle** – to signal for help



**dust Mask** – or cotton T-shirt, to help filter contaminated air



**plastic sheeting and duct tape** – to shelter-in-place



**Wrench or pliers** – to turn off utilities when necessary



**Can opener** – to open canned food



**infant Formula and diapers** – if you have an infant



**local Maps**– including a map of your area and a map for where you plan to go if you are evacuated

## Special Needs

Many people with special needs and disabilities have additional challenges preparing for and coping with emergencies. Meet with family, friends and neighbors to discuss your needs during an emergency, and make sure to plan ahead for the support you will need.

If you are living at home and have special needs, be sure to register with your county emergency management agency, local fire department and utility company.

## For More information & resources

For more information and resources, you can visit these websites.

<https://www.health.pa.gov/topics/prep/Pages/Preparedness.aspx>

<https://www.pema.pa.gov/planningandpreparedness>



# Emergency Guide



A guide for **home care** patients using power-dependent equipment

## EVERYONE SHOULD HAVE A PLAN

As a home care patient on power-dependent equipment – or a family member providing care – planning is critically important because during a power outage you won't have access to everyday resources.

## PREPARE AHEAD OF TIME

During storms and outages, stay aware of alerts, warnings and updates from local emergency services. In addition:

- ☐ Record your county's police and fire nonemergency phone number and the numbers of any other organization or service that you use or will need.
- ☐ Assemble an emergency preparedness kit for your home and vehicle. You can use the kit suggestions provided on the next page of this plan to guide you.
- ☐ In the event of a power outage, do not assume your device will work properly – review the checklist below to ensure you know how your device will function during a power outage.

### Who to Call

Keep your medical equipment company's number close by the phone in case you need assistance and call 9-1-1.

## HAVE IMPORTANT MEDICAL AND DEVICE INFORMATION READILY AVAILABLE

**Keep these names and phone numbers handy** (you can keep them here):

- ☐ Your medical equipment company \_\_\_\_\_
- ☐ Your device manufacturer \_\_\_\_\_
- ☐ Your home health agency (if applicable) \_\_\_\_\_
- ☐ Your doctor \_\_\_\_\_

**Talk to your medical equipment company to find out what will happen to your equipment during a power outage:**

- ☐ Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?
- ☐ Does my device have a back-up system? If so, how long will it operate and where is it located?
- ☐ Can my device operate on another power source? If yes, what type?
- ☐ How long will my device work if it does not have power?
- ☐ How is my device affected by changes in temperature?
- ☐ How do I switch my device from electric power to battery power?



## Return Policy

The Return Policy below is for “In store” & “Online” returns.

- All returns must be accompanied by an original receipt within 7 days of sale & in sellable condition.
- A 10% restocking fee will be applied for all returns.
- Sales receipts must be the original; no copy or reprints will be accepted.
- All bath safety, bedding, and special order items are non-returnable.
- Personal care and any items in packaging that had been opened are non-returnable.
- Wound dressing and related wound items are non-returnable per FDA guidelines.
- Lift chairs are non-returnable.
- For online orders, buyers pay S&H on returns.
- All returns are refunded in the same way the order was paid for, i.e., Credit and Debit cards are put back on the card, cash by cash, & check by check.
- There is a 7-10 day waiting period for any refund on purchases made with a check.  
A Fifty dollar (\$50.00) service charge may be implemented on returned check(s)
- Management reserves the right to limit or refuse to accept the return of merchandise at any time for any reason.
- For all patient owned products of durable medical nature please refer to the manufacturer warranty guidelines, or call the toll free # included with equipment. Most manufacturers have a 1 year warranty.



## Vantage® Home Medical Equipment & Services

Medical Equipment and Services at Home

5702 Peach Street  
Erie, PA 16509  
Phone: 814-835-6662  
Fax: 866-956-8375

19049 Park Ave. Plaza  
Meadville, PA 16335  
Phone: 814-724-7191  
Fax: 866-956-8375

497 S. Hermitage Rd.  
Hermitage, PA 16148  
Phone: 724-346-4640  
Fax: 866-956-8375

602 W. Central Avenue  
Titusville, PA 16354  
Phone: 814-677-5794  
Fax: 866-956-8375

Armstrong  
Medical Arts Bldg. #400  
One Nolte Drive, Ste. 430  
Kittanning, PA 16201  
Phone: 724-545-3200  
Fax: 724-543-2718



### Hours of Operation:

Monday - Friday • 9:00 AM - 5:00 PM

### Visit our Website

[www.VantageHME.com](http://www.VantageHME.com)

