



## ***Patient Welcome Packet***

Hospice Express, Inc.

1705 Hart St. Vincennes, In 47591

Ph: 765-282-1000

Fax: 765-381-4773

Email: [CS@hospiceexpress.com](mailto:CS@hospiceexpress.com)

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## **HOURS OF SERVICE:**

Vincennes Location: Monday thru Friday: 8:30 am – 5:00 pm

Customer Service Representatives on call 24 hours a day---seven days per week.

Delivery Technicians are on call to provide 24-hour emergency service.

**EQUIPMENT AND SERVICES:** We offer a wide range of durable medical equipment and supplies; we can also special order many hard to find items.

**DELIVERIES:** Deliveries are performed by our highly-trained Delivery Technicians which utilize a mobile warehouse process to quickly and accurately deliver medical equipment to hospice patients throughout Indiana.

**REFERRAL:** We accept referrals via email, telephone, fax, our website and our APP. Arrangements for service are made immediately by our Delivery Technicians by phone.

**STAFF:** Our staff consists of highly experienced personnel in the medical equipment industry, logistics, information technologies, factory-trained Delivery Technicians. A complete customer service and billing department is provided to serve our customers.

**PATIENT EDUCATION:** Our team of qualified professionals will perform all patient education presentations to the patients and their caregivers. **HOSPICE EXPRESS** will also provide them with written and/or verbal instruction on how to use the provided equipment and supplies, along with how to contact us after hours.

**BILLING INFORMATION:** **HOSPICE EXPRESS** contracts with small to large-sized hospice organizations, offering a variety of durable medical equipment and supplies. We have our core contract items available as daily, monthly, or per diem rentals. We can customize any billing preferences and payment terms are typically net 30 days.

**STANDARD OF CARE:** **HOSPICE EXPRESS** works with the Physicians, Social Workers, Discharge Planners, Home Care Personnel, etc., to meet the needs of the patient and care-givers during the hospice continuity of care. There are written company policies and procedures for Safety Management, Infection Control, and Emergency Situations.

## **Mission Statement**

Hospice Express, Inc.'s mission is to provide durable medical equipment needs to the hospice and home health care industry by providing express delivery of quality equipment while maintaining professional and courteous customer / patient service.

# NOTICE OF PRIVACY PRACTICES

This Notice is effective May 11 2022

**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*

## WE ARE REQUIRED BY LAW TO PROTECT MEDICAL INFORMATION ABOUT YOU

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for *all* medical information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area.
- Have copies of the new Notice available upon request. Please contact our Privacy Officer at **765-282-1000** to obtain a copy of our current Notice).

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer at **765-282-1000**.

**WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day. This section of our Notice explains in some detail how we may use and disclose medical information about you in order to provide healthcare, obtain payment for that healthcare, and operate our business efficiently. This section then briefly mentions several other circumstances in which we may use or disclose medical information about you.

For more information about any of these uses or disclosures, or about any of our privacy policies, procedures or practices, contact our Privacy Officer at **765-282-1000**.

### **1. Treatment**

We may use and disclose medical information about you to provide healthcare treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

**Example:** Jane is a patient at the health department. The receptionist may use medical information about Jane when setting up an appointment. The nurse practitioner will likely use medical information about Jane when reviewing Jane's condition and ordering a blood test. The laboratory technician will likely use medical information about Jane when processing or reviewing her blood test results. If, after reviewing the results of the blood test, the nurse practitioner concludes that Jane should be referred to a specialist, the nurse may disclose medical information about Jane to the specialist to assist the specialist in providing appropriate care to Jane.

### **2. Payment**

We may use and disclose medical information about you to obtain payment for healthcare services that you received. This means that, within the health department, we may *use* medical information about you to arrange for payment (such as preparing bills and managing accounts). We also may *disclose* medical information about you to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose medical information about you to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

**Example:** Jane is a patient at the health department and she has private insurance. During an appointment with a nurse practitioner, the nurse practitioner ordered a blood test. The health department billing clerk will *use* medical information about Jane when he prepares a bill for the services provided at the appointment and the blood test. Medical information about Jane will be *disclosed* to her insurance company when the billing clerk sends in the bill.

**Example:** The nurse practitioner referred Jane to a specialist. The specialist recommended several complicated and expensive tests. The specialist's billing clerk may contact Jane's insurance company before the specialist runs the tests to determine whether the plan will pay for the test.

### **3. Healthcare Operations**

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Reviewing and evaluating the skills, qualifications, and performance of healthcare providers taking care of you.

- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Cooperating with outside organizations that evaluate, certify or license healthcare providers, staff or facilities in a particular field or specialty.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Improving healthcare and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
- Planning for our organization's future operations.
- Resolving grievances within our organization.
- Reviewing our activities and using or disclosing medical information in the event that control of our organization significantly changes.
- Working with others (such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.

**Example:** Jane was diagnosed with diabetes. The health department used Jane's medical information – as well as medical information from all of the other health department patients diagnosed with diabetes – to develop an educational program to help patients recognize the early symptoms of diabetes. (Note: The educational program would not identify any specific patients without their permission).

**Example:** Jane complained that she did not receive appropriate healthcare. The health department reviewed Jane's record to evaluate the quality of the care provided to Jane. The health department also discussed Jane's care with an attorney.

#### **4. Persons Involved in Your Care**

We 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. For more information on the privacy of minors' information, contact our Privacy Officer at **765-282-1000**.

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.

**Example:** Jane's husband regularly comes to the health department with Jane for her appointments and he helps her with her medication. When the nurse practitioner is discussing a new medication with Jane, Jane invites her husband to come into the private room. The nurse practitioner discusses the new medication with Jane and Jane's husband.

#### **5. Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the

Department of Social Services. We will comply with those state laws and with all other applicable laws.

## 6. National Priority Uses and Disclosures

When permitted by law, we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities.” In other words, the government has determined that under certain circumstances (described below), it is so important to disclose medical information that it is acceptable to disclose medical information without the individual’s permission. We

will only disclose medical information about you in the following circumstances when we are permitted to do so by law. Below are brief descriptions of the “national priority” activities recognized by law. For more information on these types of disclosures, contact our Privacy Officer at **765-282-1000**.

- **Threat to health or safety:** We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety.
- **Public health activities:** We may use or disclose medical information about you for public health activities. Public health activities require the use of medical information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease.
- **Abuse, neglect or domestic violence:** We may disclose medical information about you to a government authority (such as the Department of Social Services) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- **Health oversight activities:** We 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. For example, a government agency may request information from us while they are investigating possible insurance fraud.
- **Court proceedings:** We may disclose medical information about you to a court or an officer of the court (such as an attorney). For example, we would disclose medical information about you to a court if a judge orders us to do so.
- **Law enforcement:** We may disclose medical information about you to a law enforcement official for specific law enforcement purposes. For example, we may disclose limited medical information about you to a police officer if the officer needs the information to help find or identify a missing person.
- **Coroners and others:** We may disclose medical information about you to a coroner, medical examiner, or funeral director or to organizations that help with organ, eye and tissue transplants.
- **Workers’ compensation:** We may disclose medical information about you in order to comply with workers’ compensation laws.
- **Research organizations:** We may use or disclose medical information about you to research organizations if the organization has satisfied certain conditions about protecting the privacy of medical information.
- **Certain government functions:** We may use or disclose medical information about you for certain government functions, including but not limited to military and veterans’ activities and national security and intelligence activities. We may also use or disclose medical information about you to a correctional institution in some circumstances.

## 7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. In some instances, we 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.

If you sign a written authorization allowing us to disclose medical information about you, you may later revoke (or cancel) your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you would like to revoke your authorization, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from our Privacy Officer. If you revoke

your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action.

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

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales 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.

**YOU HAVE RIGHTS WITH RESPECT TO MEDICAL  
INFORMATION ABOUT YOU**

You have several rights with respect to medical information about you. This section of the Notice will briefly mention each of these rights. If you would like to know more about your rights, please contact our Privacy Officer at **765-282-1000**.

### **1. Right to a Copy of This Notice**

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, ask the receptionist for a copy or contact our Privacy Officer at **765-282-1000**.

### **2. Right of Access to Inspect and Copy**

You have the right to inspect (which means see or review) and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) 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 medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an **Access Request Form**.

Access Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the medical information about you, we will charge you a fee to cover the costs of the copy. Our fees for electronic copies of your medical records will be limited to the direct labor costs associated with fulfilling your request.

**\$20 fee for medical records.**

We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees.

### **3. Right to Have Medical Information Amended**

You have the right to have us amend (which means correct or supplement) medical information about you that we maintain in certain groups of records. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information.

You may either write us a letter requesting an amendment or fill out an **Amendment Request Form**. Amendment Request Forms are available from our Privacy Officer.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

#### **4. Right to an Accounting of Disclosures We Have Made**

You have the right to receive an accounting (which means a detailed listing) of disclosures that we have made for the previous six (6) years. If you would like to receive an accounting, you may send us a letter requesting an accounting, fill out an **Accounting Request Form**, or contact our Privacy Officer. Accounting Request Forms are available from our Privacy Officer.

The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting.

#### **\$20 fee for Accounting Request**

#### **5. Right to Request Restrictions on Uses and Disclosures**

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. Under federal law, we must agree to your request and comply with your requested restriction(s) if:

1. Except as otherwise required by law, the disclosure is to a health plan for purpose of carrying out payment of healthcare operations (and is not for purposes of carrying out treatment); and,
2. The medical information pertains solely to a healthcare item or service for which the healthcare provided involved has been paid out-of-pocket in full.

Once we agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at any time. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

#### **6. Right to Request an Alternative Method of Contact**

You have the right to request to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than to your home address.

We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an **Alternative Contact Request Form**. Alternative Contact Request Forms are available from our Privacy Officer.

### 7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

### 8. Right to Opt-Out of Fundraising Communications

If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

**YOU MAY FILE A COMPLAINT ABOUT OUR  
PRIVACY PRACTICES**

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

**We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, you may bring your complaint directly to our Privacy Officer, or you may mail it to the following address:

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

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

Toll-Free Phone: 1-(877) 696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

# Emergency Preparedness/Disaster Preparedness

Emergencies and disasters can occur anytime anywhere. Planning ahead and making provisions for you and your family's needs can make a big difference with you and your family being able to cope with emergencies. Here are some questions to ask yourself:

1. Where can you find recommendations and information for preparing for an emergency?
2. Where can you find a list of people, companies, and organizations that can assist you if there is an emergency?
3. What kind of supplies or things should I have set aside?

**Below you will find the answers to these questions and more:**

Much of the above information can be found in the information packet supplied by your hospice provider.

1. You should develop a realistic preparedness plan in advance of any emergency or disaster. You should have at least a 72-hour emergency supply of food, water, medications and necessary medical supplies. If you have pets you should have supplies for them. A portable radio, flashlight and batteries.

2. Select a family member or friend who lives out of the immediate area to act as a contact person for you and your family. Typically it is easier to make a call out of a disaster area. Make sure you give this person's name and phone number to Hospice Express, Inc. We may need to call this person to locate you after an emergency to provide you with the necessary equipment and services.

Remember to try and remain calm after an emergency. Turn your radio or TV to the assigned EBS (Emergency Broadcast Station) in your area. This information can also be found in your phone book. EBS may advise you of an emergency evacuation, the local office of Emergency Services and Red Cross, uniformed agents of the law and fire service, will inform you what to do. You should quickly gather the following items to take with you.

## Emergency Checklist

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Prescription                            | <input type="checkbox"/> Flash Light             | <input type="checkbox"/> Food and Water       |
| <input type="checkbox"/> Eye Glasses                             | <input type="checkbox"/> Clothing                | <input type="checkbox"/> Toilet Articles      |
| <input type="checkbox"/> Bedding                                 | <input type="checkbox"/> Money                   | <input type="checkbox"/> Identification       |
| <input type="checkbox"/> Extra Batteries                         | <input type="checkbox"/> First Aid Kit           | <input type="checkbox"/> Batter Powered Radio |
| <input type="checkbox"/> Medical Supplies (oxygen, tubing, etc.) | <input type="checkbox"/> Pets and their supplies |   |

**You should keep the above list of items easily accessible.**

# Infection Control

As part of your home therapy you may use items that present risks of infection and injury. These items may put family members, caregivers and those who visit your home at risk if they are not properly cleaned or discarded. The following guidelines will help you protect yourself and those around you.

Wash your hands frequently - especially after using the toilet, after being in contact with body fluids or blowing your nose.

Wash your hands as follows:

- Wet your hands with plenty of soap and water
- Rub the palm of one hand over the back of the other while working up lather over your hand and wrist. Repeat to the other hand and wrist for 15 seconds each.
- Rinse your hands thoroughly under warm running water
- Dry your hands and wrists thoroughly
- Turn off the water with a paper towel

Disposable Items: Disposable items, which are not sharp items, should be discarded into plastic trash bags after use. Seal the bag securely and place in a trash receptacle.

Non-disposable Items: Wash soiled treatment-related items, such as bedding, clothing, etc., separately in hot soapy water. Use liquid bleach if there is a risk of viral contamination. If you are unable to immediately launder the soiled items, keep those items in a sealed plastic bag away from food items, heat sources and central air units.

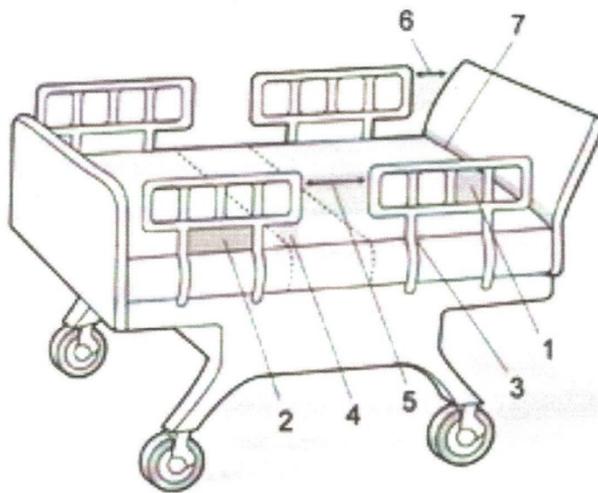
Sharps: Sharps are items such as lancets, needles, syringes, razor blades and disposable razors. These items should be disposed of immediately after use. Sharps should only be discarded into the sharps container that has been provided for your use.

Spills: In the event of a blood and body fluid spill, put on gloves and absorb the fluid using paper towels. Wipe the area using a mixture of 1 cup liquid bleach to 10 cups of hot water. Be sure to double bag paper towels used to clean the spill before discarding.

# Patient Entrapment

## Potential Zones of Entrapment

In 2006, the Food and Drug Administration (FDA) published guidelines addressing bed system entrapment zones. This guidance describes seven zones in the bed system where there is a potential for patient entrapment, which are identified in the drawing below.



**Zone 1:** Within the Rail

**Zone 2:** Under the Rail, Between the Rail Supports or Next to a Single Rail Support

**Zone 3:** Between the Rail and the Mattress

**Zone 4:** Under the Rail, at the Ends of the Rail

**Zone 5:** Between Split Bed Rails

**Zone 6:** Between the End of the Rail and the Side Edge of the Head or Foot Board

**Zone 7:** Between the Head or Foot Board and the Mattress End

To view the full report on hospital bed system dimensional and assessment guidance to reduce entrapment go to the following link:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm072662.htm>

For more information you can also visit the FDA's website at:

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm>

Not all patients are at risk for an entrapment and not all beds pose a risk for entrapment. Your type of bed and/or configuration may differ from that pictured and therefore potential zones of entrapment, if any, may vary.

Be sure to notify your hospice provider immediately if you experience any issues with your bed system or have any questions relating to its operation or use. In addition, feel free to call Hospice Source directly at 1-800 299-9277 at any time.

# Oxygen Concentrator Instruction Booklet

*No Smoking Signs Should Always Be Posted in a Visible Location*

## Oxygen Concentrator Set Up and Operation:

- Plug concentrator DIRECTLY into a wall outlet... Always use a grounded electrical outlet
- Turn on concentrator
- Screw on nipple adaptor (Christmas tree) or bubble humidifier to the concentrator

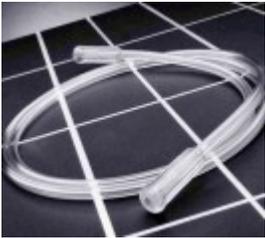


-OR-



- If using bubble humidifier
  - Unscrew the bottom and fill with distilled water
  - Fill to the **“MAXIMUM”** line -- refill when level drops to **“MINIMUM”** line
  - Screw on bottom making sure it is properly threaded to avoid leaks

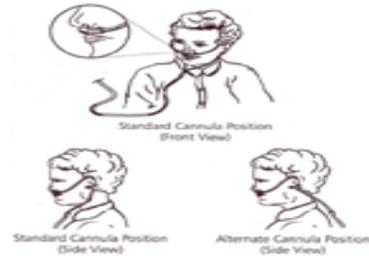
Attach tubing to nipple adaptor or outlet on bubble humidifier. Tubing can be connected together using small connectors and/or a water trap when using a humidifier bottle -- maximum tubing length: 50 feet



Attach cannula or mask to other end of tubing

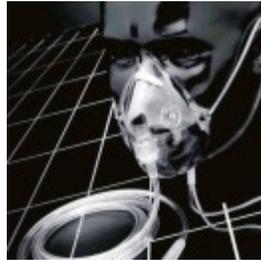
To put on the cannula, hold tubing on both sides of the prongs. Curved prongs should go towards the patient

Place prongs into nose and place tubing around ears so it hangs down under the chin -- **or** -- place tubing over the ears around the back of the head. Slide adjustment collar for a snug fit



• Putting on a mask

- Place the mask over the patient's face -- Strap should go behind the patient's head
- Adjust strap



Adjust oxygen flow rate to bisect the ball with the line corresponding to the rate prescribed by the doctor.



*Do not change flow rate without consulting your physician*

## Accessories

**Bleed-In Adaptor** -- Used to provide supplemental oxygen to other systems



**Water Trap** -- Used when there is excess moisture in the tubing, formed by condensation from oxygen going through the bubble humidifier

- Attach between two pieces of extension tubing
- To remove water, twist and pull on either end



## Troubleshooting and Alarms

**If there is an audible alarm -- concentrator is not running:**

- Is unit plugged into a working outlet?
- Check circuit breaker on front of concentrator by the on/off switch
  - Push to reset

**If there is an audible alarm -- concentrator is running:**

- . Concentrator cannot be fixed by consumer
- . **Call 765-282-1000**

#### **Flow meter will not rise above a certain point:**

- . Check bubble humidifier for cracks or a loose/crooked cap
- . Check tubing for blockage

#### **No oxygen flow to patient:**

- . Check on/off switch
- . Check flow meter settings
- . If bubble humidifier is used
  - Check that bottom is properly screwed into the top
  - Check bubble humidifier for cracks
- . Check tubing for blockage or damage
- . Check all tubing connections
- . **Call 765-282-1000**

#### **If the problem or alarm can't be resolved:**

- . Place patient on back-up oxygen system
- . Turn off concentrator
- . **Call 765-282-1000**

## **Oxygen Concentrator Safety**

- . Oxygen is non-flammable but supports combustion
- . Avoid fire hazards, ignition sources, smoking and combustible materials
- . Do not operate equipment without proper instruction
- . No Smoking Signs should be visible to anyone entering residence. Never smoke around or while using any type of oxygen system
- . Review Safe Practices for Handling and Operating Oxygen Equipment
- . Do not use oil or grease on oxygen equipment -- it's a potential fire hazard
- . Never take the unit apart
- . Never use extension cords
- . Plug unit DIRECTLY into a wall outlet ... Always use a grounded electrical outlet
- . Keep units 12 inches from walls for proper ventilation and cooling
- . Keep units 5 feet from radiators, heaters and hot air registers
- . **Call 765-282-1000** to have the unit inspected or replaced if you suspect it is damaged in any way

## **Cleaning and Care**

- . Wipe concentrator units with a damp cloth weekly or as needed
- . Filter maintenance
  - Wash with tap water weekly
  - Squeeze out excess moisture
- . Filter locations
  - Located on either side of concentrator unit
- . Bubble humidifiers and water traps
  - Wash with dishwashing detergent every 48 hours

- Replace when worn out
- Tubing
  - Wipe with damp cloth as needed
  - If using a bubble humidifier, replace monthly
  - If not using a bubble humidifier, replace every three months
- Cannulas and masks
  - Wipe with damp cloth as needed
  - Replace every two weeks

## Precautions

- Use oxygen as prescribed; never alter oxygen flow without physician orders
- If your oxygen use is causing side effects, contact your physician

### **Call 765-282-1000 if you are unable to answer these questions:**

- What is the prescribed oxygen liter flow?
- How do you operate your oxygen unit?
- What are the oxygen safety rules?
- How do you maintain and clean your oxygen unit?
- How do you operate your portable or back-up unit?
- How long will your portable unit last at your prescribed flow rate?
- What do you do if your equipment malfunctions?
- What do you do in a medical emergency?

## Safe Practices for Handling and Operating Oxygen Equipment

*Oxygen should be handled carefully at all times. Although oxygen does not burn, it supports combustion. Materials that can burn are ignited more readily and burn more rapidly in the presence of oxygen. Metal cylinders are used to store oxygen under high pressure. Never smoke around or while using any type of oxygen system.*

### To prevent injury or damage:

- Wash your hands before handling cylinders or regulators
- Store cylinders in a secure upright position or lying flat on their side in a clean, dry location away from direct sunlight, extreme heat or high-traffic areas
- Do not allow post valves, regulators or fittings to come in contact with oils, grease, hand lotions, petroleum-based products or any other combustible substance
- Keep cylinders away from flames, electricity and sources of sparks
- Do not store cylinders under a bed, in a car trunk or in a closet
- Keep at least 12 hours of backup oxygen in case of an emergency

## Oxygen Cylinder Regulator Instructions



1. Be sure that the washer is in place on the side of the regulator.
2. Place the regulator over the cylinder valve.
3. Place the indexing pins into the corresponding holes on the cylinder valve.
4. Tighten the “T” handle clockwise until the regulator is secure.
5. Attach the cannula to the oxygen fitting.
6. Place the supplied wrench on the top of the cylinder valve. Turn the wrench counter clockwise until the needle on the cylinder pressure gauge shows how full the cylinder is.
7. Turn the liter flow knob clockwise until the prescribed liters per minute of oxygen shows.
8. Place the nasal cannula in your nose.
9. To turn the oxygen off, once you are done using it, turn the wrench clockwise until it stops.

## GASEOUS CYLINDER USAGE GUIDE

(Using a Regular Adult Regulator)

| Approximate Use Times            |            |            |            |            |            |             |             |
|----------------------------------|------------|------------|------------|------------|------------|-------------|-------------|
| Your Individual Results May Vary |            |            |            |            |            |             |             |
|                                  | M-4        | M-6        | M-9        | D          | E          | M-60        | M-M         |
| <b>Cu. Ft. / Liter</b>           | <b>113</b> | <b>164</b> | <b>248</b> | <b>415</b> | <b>682</b> | <b>1724</b> | <b>3452</b> |
| <b>0.5 LPM</b>                   | 3:46       | 5:29       | 8:16       | 13:49      | 22:44      | 57:27       | 115:04      |
| <b>1.0 LPM</b>                   | 1:53       | 2:44       | 4:08       | 6:54       | 11:22      | 28:43       | 57:32       |
| <b>1.5 LPM</b>                   | 1:15       | 1:49       | 2:45       | 4:36       | 7:34       | 19:09       | 38:21       |
| <b>2.0 LPM</b>                   | 0:56       | 1:22       | 2:04       | 3:27       | 5:41       | 14:21       | 28:46       |
| <b>2.5 LPM</b>                   | 0:45       | 1:05       | 1:39       | 2:45       | 4:32       | 11:29       | 23:00       |
| <b>3.0 LPM</b>                   | 0:37       | 0:54       | 1:22       | 2:18       | 3:47       | 9:34        | 19:10       |
| <b>4.0 LPM</b>                   | 0:28       | 0:41       | 1:02       | 1:43       | 2:50       | 7:10        | 14:23       |
| <b>6.0 LPM</b>                   | 0:18       | 0:27       | 0:41       | 1:09       | 1:53       | 4:47        | 9:35        |

**NOTE: TIMES ARE IN HOURS AND MINUTES (FORMAT 00:00)**  
Please also note that a H cylinder has 7,970 liters

## GASEOUS CYLINDER USAGE GUIDE

(Using a Conserving Regulator)

| Cylinder Type | Cylinder Volume | Setting |      |      |      |      |      | CF 2 lpm | CF 4 lpm |
|---------------|-----------------|---------|------|------|------|------|------|----------|----------|
|               |                 | 1       | 2    | 3    | 4    | 5    | 6    |          |          |
| M2            | 36 Liters       | 2.3     | 1.4  | 0.9  | 0.8  | 0.7  | 0.6  | 0.3      | 0.2      |
| M4 (A)        | 113 Liters      | 7.2     | 4.3  | 2.9  | 2.4  | 2.0  | 1.8  | 0.9      | 0.5      |
| M6 (B)        | 164 Liters      | 10.5    | 6.2  | 4.3  | 3.5  | 3.0  | 2.6  | 1.4      | 0.7      |
| ML6           | 171 Liters      | 11.0    | 6.5  | 4.5  | 3.7  | 3.1  | 2.7  | 1.4      | 0.7      |
| M7            | 198 Liters      | 12.7    | 7.5  | 5.2  | 4.2  | 3.6  | 3.2  | 1.7      | 0.8      |
| M9 (C)        | 246 Liters      | 15.8    | 9.3  | 6.4  | 5.3  | 4.5  | 3.9  | 2.1      | 1.0      |
| D             | 425 Liters      | 27.2    | 16.1 | 11.1 | 9.1  | 7.7  | 6.8  | 3.5      | 1.8      |
| E             | 680 Liters      | 43.6    | 25.8 | 17.7 | 14.5 | 12.3 | 10.9 | 5.7      | 2.8      |

# Small Volume Nebulizer Aerosol Therapy Instruction Sheet

## Equipment Preparation

- . Place nebulizer on a level surface, close to where you will be using it
- . Plug power cord into a grounded outlet
- . Add medication into machine cup
- . Attach lid
- . Attach tee and mouth piece or mask to lid
- . Attach one end of tubing to medicine cup and the other end to nebulizer outlet port

## Taking the Treatment

- . Sitting during treatment usually works best
- . Turn on nebulizer
- . Place the mouthpiece in your mouth, making a good seal with your lips -- or put on mask
- . Take slow, deep breaths through the mouthpiece
  - Pause at the end of each inhaled breath for 1-2 seconds
  - Exhale slowly and completely
- . Pause several seconds -- repeat sequence until all medication is nebulized
- . Feel free to stop at any time during the treatment to cough; if you produce sputum, note the thickness and color

## After Each Treatment

- . Disassemble nebulizer cup lid, tee and mouthpiece or mask
- . Rinse parts thoroughly under hot tap water -- place on paper towels to dry

## After Last Daily Treatment

- . Take nebulizer apart using control III
- . To remove excess moisture from tubing, attach tubing to nebulizer outlet port and run until condensation is gone

## Weekly

- . Wipe off tubing with damp cloth as needed
- . Wipe off all surfaces of nebulizer with clean, damp cloth

## Precautions

- . Use medications as prescribed
- . If medication side effects occur, contact a physician

## Troubleshooting Nebulizer

### Nebulizer Will Not Turn On

- . Check to see if power cord is plugged in
- . Check to see if there is power to the outlet

### Nebulizer Produces Little or No Mist

- . Check to see if nebulizer is on and plugged into a working outlet
- . Check tubing for blockage or damage

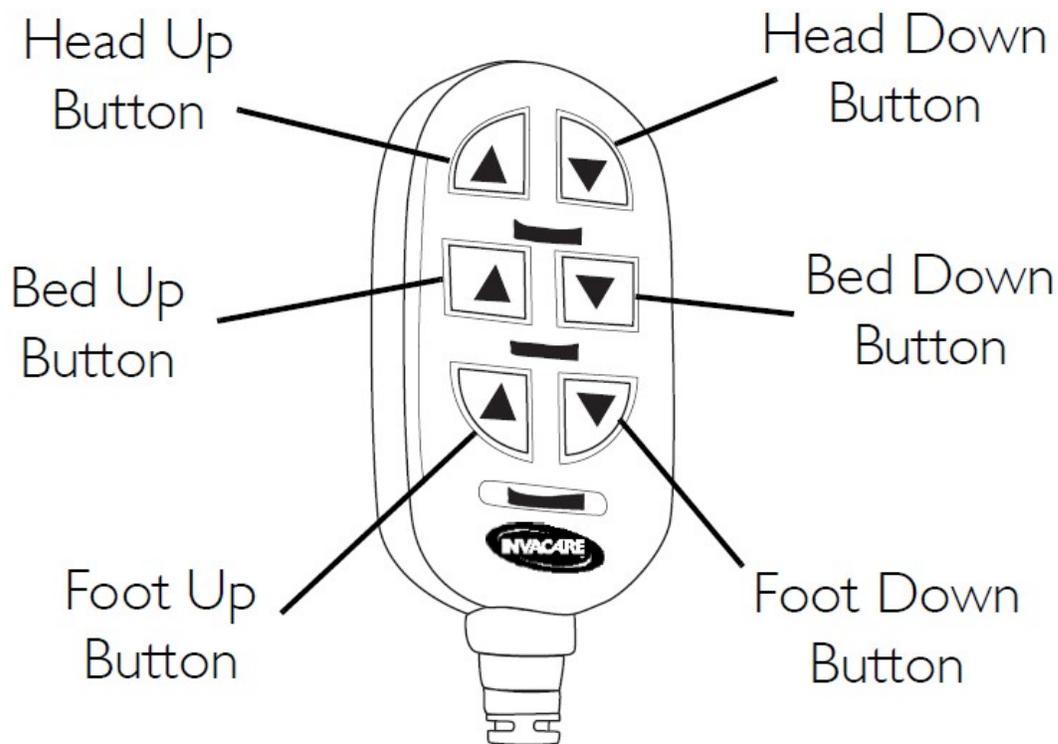
# FULL ELECTRIC BED OPERATION

## Raising and Lowering the Head and Foot Sections

*NOTE: For this procedure, refer to Detail "A" of FIGURE 2.1.*

1. To raise the head of the bed, press the "Head Up" button.
2. To lower the head of the bed, press the "Head Down" button.
3. To raise the foot of the bed, press the "Foot Up" button.
4. To lower the foot of the bed, press the "Foot Down" button.

### DETAIL "A" - PENDANT CONTROLS



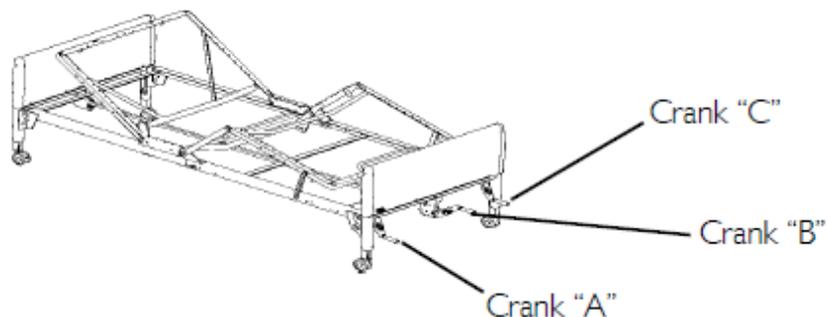
# Using the Emergency Crank

*NOTE: If the full electric bed needs to be adjusted manually due to a power outage or an electronic malfunction, use the emergency crank to make the adjustments. If you do not find the crank, contact Hospice Express.*

1. Locate the emergency crank, usually placed on floor under the bed.
2. Locate the exposed shaft end according to the function you want to perform. Refer to the diagram below.
3. Attach the emergency crank to A, B, or C.

*NOTE: Push in the emergency crank while turning it the desired direction.*

*NOTE: To move the entire bed on full electric models, open drive shaft cover on the foot end of the gear box.*

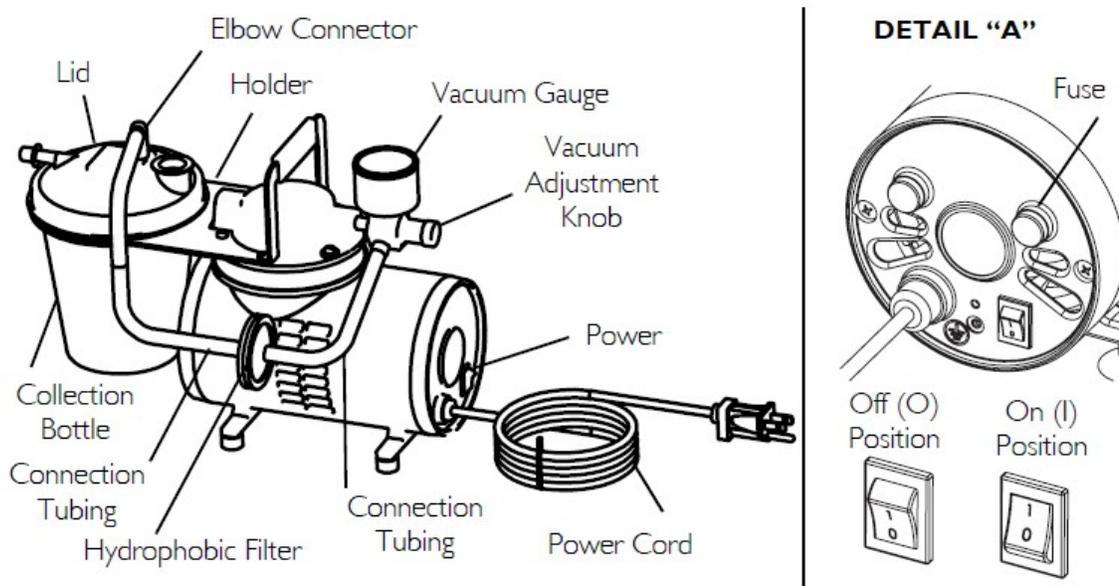


# Suction Machine Operating Instructions

## Set-Up

*NOTE: For this procedure, refer to FIGURE 1 below.*

1. Place unit on a table top or flat work surface.
2. Check that the power switch is Off (O). Refer to Detail "A".
3. If the unit is cold, let the unit reach room temperature before plugging it in.
4. Connect one end of the connection tubing to the elbow connector on top of the collection bottle, and connect the other end of the connection tubing to the hydrophobic filter.
5. Connect the second length of connection tubing between the hydrophobic filter and the vacuum port barb.
6. Connect the suction tubing to the labeled patient connector (outlet) on the collection bottle.



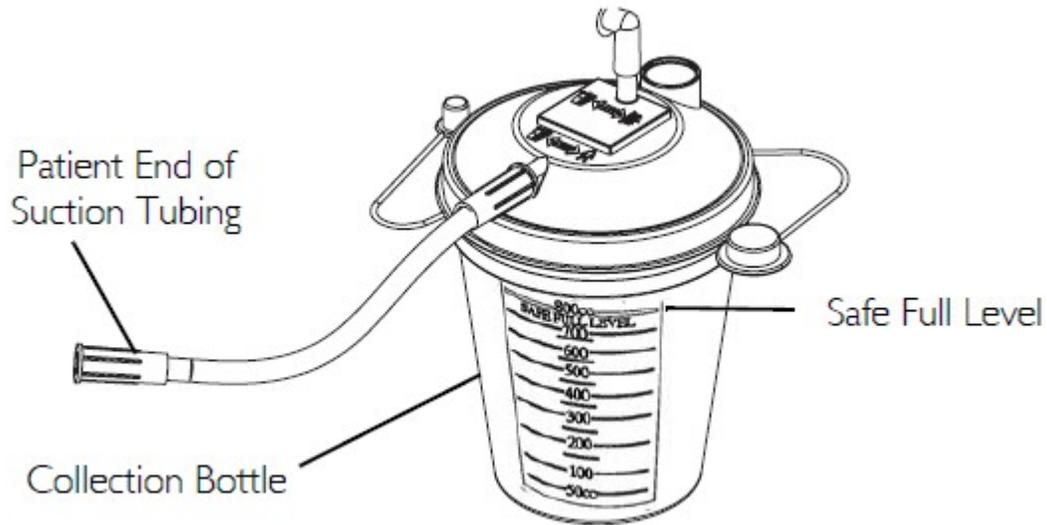
**FIGURE 1** Medical Suction Unit

## Using the Suction Unit

1. Ensure the suction tubing is connected to the labeled patient connector (outlet) on the collection bottle.
2. Ensure that all connections are secure and without leaks.
3. Connect the unit to power.
4. Turn the power switch On (I).
5. Adjust the vacuum level from 0 to 560 mmHg by turning the vacuum adjust knob:
  - Clockwise to increase vacuum.
  - Counter-clockwise to decrease vacuum.

*NOTE: Refer to the vacuum gauge while setting the desired level of vacuum. To accurately read the gauge, block the patient end of the hose or cap off the collection bottle and allow the gauge to reach a stable vacuum reading.*

6. Position the suction tubing appropriately with the patient and start therapy.
7. Turn the power switch Off (O) when the automatic float shut-off is activated.
8. Remove and clean the collection bottle when the motor has completely stopped and the vacuum has dropped. Refer to Cleaning the Collection Bottle and Lid.
9. Unplug the suction unit when not in use.



## Cleaning the Collection Bottle and Lid

*NOTE: Clean the collection bottle and lid after each use.*

1. Ensure the power switch is Off (O), the motor has completely stopped, and the vacuum has dropped.
2. Disconnect the suction unit from the AC power source.
3. Remove the elbow connector and tubing from the collection bottle lid.
4. Remove the collection bottle lid from the collection bottle.
5. Empty the contents.
6. Clean the collection bottle and lid after each use by one of the following methods:
  - Wash the collection jar and lid in the upper rack of a dishwasher with a water temperature maximum of 150oF (65oC).
  - Perform the following: (1) Wash with a hot water/dishwashing

detergent solution; (2) Rinse with clean, hot tap water; (3) Soak in one part vinegar to three parts hot water solution for 20 minutes; and (4) Rinse with hot tap water and air dry.

- Wash with rubbing alcohol and air dry.
- Wash with a commercial (bacterial-germicidal) disinfectant. Follow disinfectant manufacturer's recommended instructions and dilution rates carefully.

## **Cleaning the Tubing**

1. Disconnect the tubing from the connection jar.
2. Clean the tubing after each use by one of the following methods:
  - Wash with rubbing alcohol and air dry.
  - Perform the following (make sure all solutions run through the tubing):
    - (1) Wash in a hot water/dishwashing detergent solution; (2) Rinse with clean, hot tap water; (3) Soak in one part vinegar to three parts hot water solution for 20 minutes; (4) Rinse with hot tap water; and, (5) Air dry.

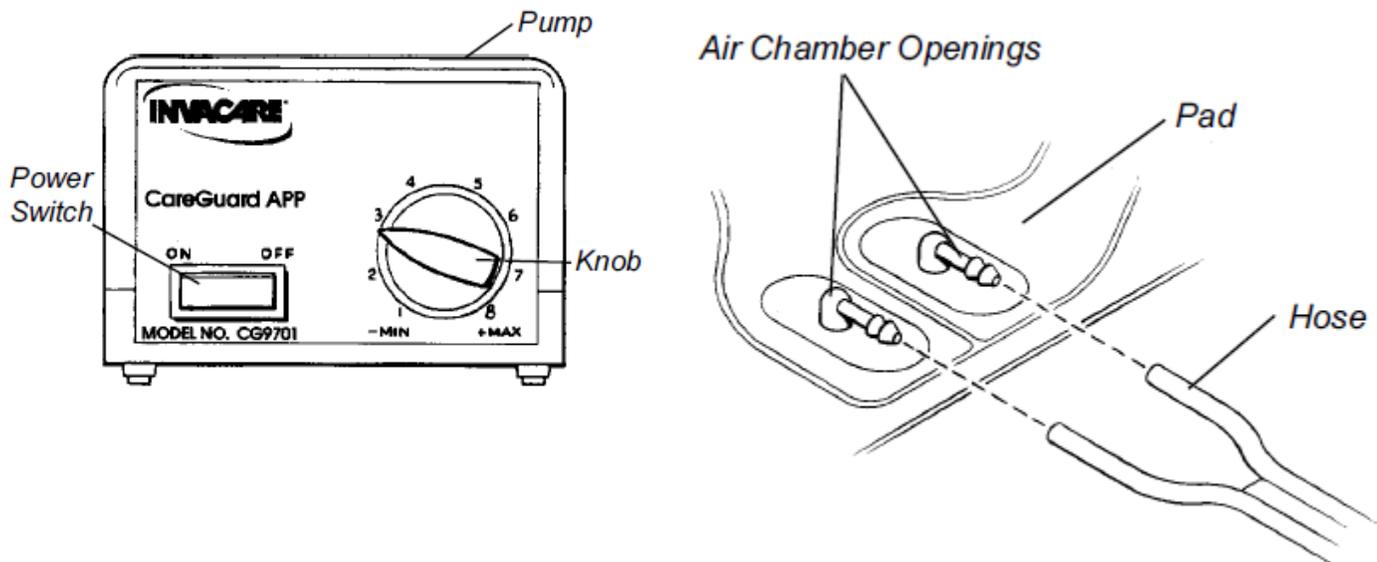
## Troubleshooting

*NOTE: The suction unit contains no user-serviceable parts except the fuse.*

| PROBLEM  | SOLUTION  |
|--|---|
| Suction unit does not turn On.                         | <ol style="list-style-type: none"> <li>1. Check that the plug is firmly fitted to the wall socket.</li> <li>2. Ensure the wall outlet is live. Try plugging in another device such as a lamp.</li> <li>3. Check the power cord for damage.</li> <li>4. Contact your Invacare representative.</li> </ol>                 |
| Motor runs but no vacuum                               | <ol style="list-style-type: none"> <li>1. Verify tubing connection security.</li> <li>2. Check for leaks or tubing kinks.</li> <li>3. Ensure that float shut-off is not activated.</li> <li>4. Check for bottle leaks and cracks.</li> <li>5. If these solutions do not work, contact your medical provider.</li> </ol> |
| Low vacuum   | <ol style="list-style-type: none"> <li>1. Use vacuum adjust knob to increase vacuum level.</li> <li>2. Check system for leaks.</li> <li>3. Adjust vacuum adjust knob and release.</li> </ol>  |
| Overload protector shuts off the motor frequently      | Check number of motor operated appliances on same circuit and adjust for aspirator unit.  |
| Motor overheats and overload protector shuts off motor | <ol style="list-style-type: none"> <li>1. Turn power switch Off (O) and allow the motor to cool approximately 5 minutes. Restart compressor.</li> <li>2. Inspect fuses and replace if necessary.</li> <li>3. Call your medical provider if unit still does not start.</li> </ol>  |
| Blown fuse   | Replace the fuse with the same type of fuse (Miniature Glass Fuse 5x20 mm, fast blow (quick acting), F2A/250V).   |

# Alternating Pressure Pad (APP)

## Using and Adjusting the Pump:



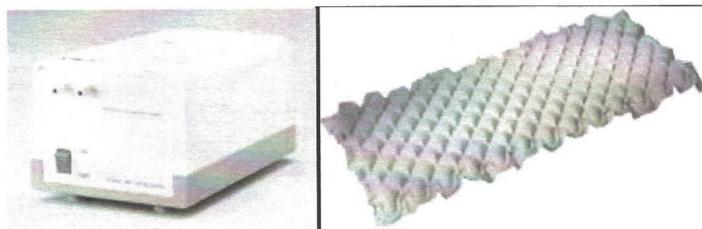
1. Plug power cord into outlet.
2. Turn power switch to the ON position.
3. Turn knob on pump to the maximum setting (clockwise).

***NOTE: It will take approximately 15 minutes for the pad to fully inflate.***

4. Adjust the pressure to the setting that is most acceptable to the patient.

***NOTE: You should be able to slide the flat portion of your hand between the bed mattress and the pad.***

(Alternating Pressure Pad)  
**APP Troubleshooting**



| PROBLEM:  | PROBABLE CAUSE:  | SOLUTION:   |
|---|--|---|
| 1. System not on.                                     | 1.1 The system is not plugged in.<br>1.2 There is no power at the outlet.<br>1.3 The power cord is damaged.<br>1.4 The fuse is blown.  | 1.1 Plug power supply into the wall receptacle.<br>1.2 Restore the power<br><br>1.3 Contact Med-Depot<br><br>1.4 Contact Med-Depot  |
| 2. Mattress not inflated, or patient reports sinking. | 2.1 Punctured reservoir<br><br>2.2 Internal problem resulting in malfunctioning<br>2.3 The pump is not turned on.<br>2.4 The airlines are not properly connected.<br><br>2.5 The Air lines are kinked and/or twisted.<br>2.6 Air lines or connectors are damaged.<br>2.7 Head of the bed is elevated.<br><br>2.8 Leaking inflation system. | 2.1 Call Med-Depot for a replacement.<br>2.2 Call Med-Depot for a replacement.<br>2.3 Turn pump on.<br>2.4 Ensure there is a secure connection of airline at the pump and mattress.<br>2.5 Correct to restore air flow.<br>2.6 Contact Med-Depot<br>2.7 Lower head of the bed, allow the air to equalize. Return head of bed to elevated position that is comfortable for the patient.<br>2.8 Call Med-Depot for a replacement. |

**Overlay and Power Unit Installation:**

- Using the integrated hanging hook, securely hang the power control unit on the bed end at the foot end or place on a smooth flat surface.
- Note: Allow pad to reach room temperature prior to unpacking.* Place pad on top of bed mattress with hose fittings toward foot of bed.
- Connect hose to pump and pad. Check and ensure the air hoses are not kinked or tucked under the mattress.
- Plug the power cord into outlet, Turn on the pump.

**Routine Cleaning While in Use by Patient:**

**Pad:** Routine cleaning of the pad can be done by wiping with an EPA registered hospital grade disinfectant.

**Power Unit:** *WARNING! Always unplug power unit before cleaning.* Power control unit can be cleaned by wiping down with damp cloth using soap and water or mild neutral detergent. Never spray cleaners or liquids directly on power control unit.

# ***Aire•Twin Mattress Replacement System Operator's Manual***



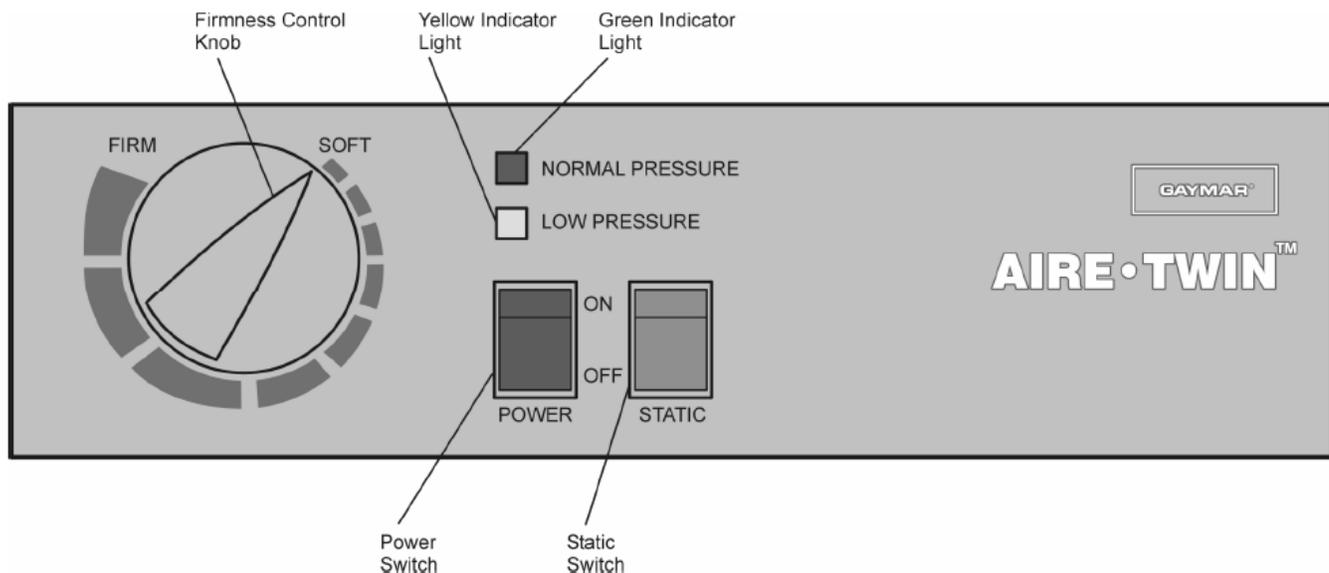
## **Instructions for Use**

1. Place control unit on a flat surface or suspend on end of bed using attached hooks.
2. Aire•Twin set up: Place the mattress on the bed frame with air hoses at the foot end of the bed; attach mattress to bed frame with straps.
3. Connect the quick-connect couplings of the mattress air

hoses to the mating connectors located on the side of the Control Unit. Check that the hoses are secure by gently pulling. Ensure the hoses are not kinked or tucked under the mattress.

4. Ensure that the power switch is in the OFF position. Plug the power cord into properly grounded outlet.

5. Turn the control unit ON. Set pressure knob to FIRM for each initial inflation. Mattress inflation will begin. The yellow light indicates that the mattress is not yet fully inflated. The green light will automatically light up when the appropriate pressure is reached. The ATM500 will take approximately 30 minutes for complete inflation. The ATM800 will take approximately 35 minutes for complete inflation.



6. Apply hospital linens and/or incontinence pad over the top of the mattress. Linens should be loose to prevent “hammocking”.

7. If alternating pressure is not desired, press the STATIC switch.

8. When green light indicates appropriate pressure is reached, place the patient on the mattress. Adjust the Pressure Control knob to the lowest possible setting while maintaining hand check clearance outlined in Step 9.

9. Perform a hand check. *A hand check must be performed every 8 hours to ensure that the mattress is properly inflated.*

To perform the hand check:

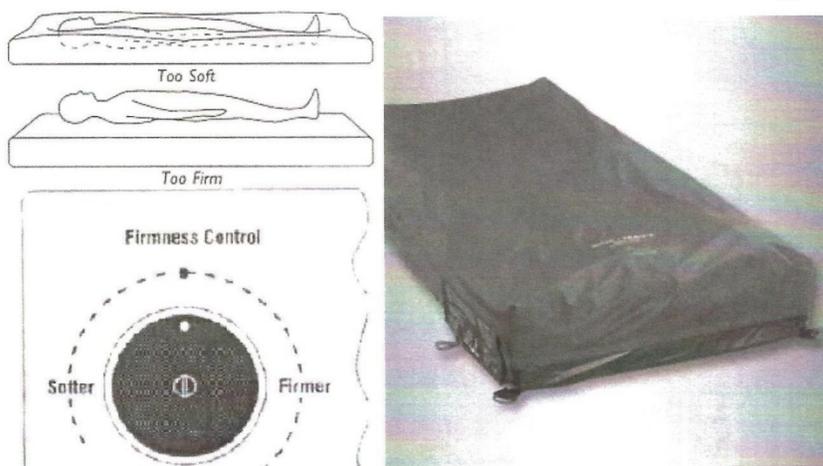
**ATM500:** Unsnap top sheet.

**ATM800:** Unzip cover at the side of the bed as necessary to access the air cells.

Using a vertical hand, slide hand between the air cells directly underneath the patient's sacral area. Slide hand under the patient. If four fingers of clearance exist, no adjustment is needed. If you can feel the patient's body resting on your hand, adjust the pressure control to a higher setting. Wait 10 minutes and repeat the hand check. If the hand check fails, check that the hoses are not kinked or pinched. If repeated hand check fails and hoses are not kinked, contact Hospice Express for further instruction.

*Check patient at least every 8 hours to assure proper system inflation.*

## Low Air Loss Troubleshooting



| PROBLEM:   | PROBABLE CAUSE:   | SOLUTION:   |
|--|---|---|
| 1. Power unit is working, but is mattress not inflating. | <p><b>1.1</b> Be sure air is flowing smoothly through hoses and mattress manifolds. Inspect for cuts or cracks.</p> <p><b>1.2</b> Attach connectors securely into place until you hear them “click”.</p> <p><b>1.3</b> Check to see if CPR valve is secure in CPR valve block. When CPR pull is released a white label can be seen that says “CPR OPEN” in black print.</p> | <p><b>1.1</b> Hose or manifolds may need to be moved to avoid kinking or obstruction. If cuts or tears are observed, hose(s) or manifold may need to be replaced.</p> <p><b>1.2</b> Be sure hoses are properly connected to power unit.</p> <p><b>1.3</b> Insert CPR valve securely into CPR valve block. It may be necessary to unzip the cover to do so.</p>          |
| 2. Patient is “bottoming out”.                           | <p><b>2.1</b> Look at patient weight setting on power unit.</p> <p><b>2.2</b> Try same procedures as Problem 1 above.</p>   | <p><b>2.1</b> Increase or decrease weight setting by turning dial until adequate pressure setting is achieved.</p> <p><b>2.2</b> Try same possible solutions as Problem 1.</p>  |
| 3. Power unit is inoperable.                             | <p><b>3.1</b> Verify power cord is securely plugged into wall outlet with power.</p> <p><b>3.2</b> Verify wall outlet has power.</p> <p><b>3.3</b> Verify Fuse is not blown.</p> <p><b>3.4</b> Power unit not responding to solutions listed in 3.1 thru 3.3</p>  | <p><b>3.1</b> Secure plug into socket</p> <p><b>3.2</b> Plug another appliance into wall outlet to verify wall outlet has power.</p> <p><b>3.3</b> A power surge may temporarily overload the circuitry. Turn unit off for several seconds. Check the fuse for damage. Re-try turning unit on with normal operating procedures.</p> <p><b>3.4</b> Contact Med-Depot</p> |

**BLOWER ON/OFF SWITCH:** This switch is used to turn the unit on and off.

**COMFORT LEVEL CONTROL:** This control is used to adjust the amount of air in the system. The control knob permits fine-tuning of the mattress’s firmness for patient comfort. To increase mattress firmness, turn the control knob clockwise. To decrease mattress firmness, turn the control knob counterclockwise.

24HR EMERGENCY 765-282-1000

**NO SMOKING**



**OXYGEN IN USE**

*Please post on the main entrance of your home.*

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24HR EMERGENCY 765-282-1000

**NO SMOKING**



**OXYGEN IN USE**

*Please post on the main entrance of your home.*