

INTRODUCTION

The *BariMaxx™* II is a full-featured healthcare bed system providing a comfortable, pressure reduction environment for the care and management of larger patients. The *BariMaxx* II bed is designed as a Bariatric Treatment System for patients weighing up to 1000 lb. It is specifically designed for bariatric patients. The product provides flexible patient positioning capabilities including Trendelenburg and Reverse Trendelenburg features. As a patient care system, the *BariMaxx* II bed provides an environment for the care and management of large and obese patients. The bed features width expandability while the patient remains on the bed and integrated scales to help monitor changes in patient weight. Optional accessories available for the *BariMaxx* II bed include, the Power Drive System and the Trapeze. For more information on these accessories refer to the *BariMaxx* II Operations Manual.

- INDICATIONS**
- Large patients weighing up to 1000 lb
 - Large patients at risk for pressure ulcers
 - Large patients requiring daily weight monitoring

- CONTRAINDICATIONS**
- Total weight in excess of 1000 lb (including accessories)

- RISKS AND PRECAUTIONS**
- Transfer - Precaution should be taken during patient transfer, including the locking of caster brakes and caster steering and deflation of surface. Refer to Patient Transfer section in the Patient Placement chapter of this manual.
 - Side Rails and Restraints - Use or non-use of restraints, including Side Rails, can be critical to patient safety. WARNING: Serious injury or death can result from the use (potential entrapment) or non-use (potential patient falls) of Side Rails or other restraints. See related Safety Information (following section).
 - Patient Migration - WARNING: As with all specialty bed products that are designed to reduce sheer and pressure on the patient's skin, the risk of gradual movement and / or sinking into hazardous positions of entrapment and / or inadvertent bed exit may be increased.
 - Skeletal Traction or Unstable Fracture (if not contraindicated) - With skeletal traction, unstable pelvic fracture, or any other unstable fracture (to the extent not contraindicated), maintain physician directed angle of articulation and guard against risks of patient migration or inadvertent deflation of surface.
 - Oxygen Use – DANGER: Risk of explosion if used in the presence of Flammable Anesthetics. Use of this product's Therapy Control Unit in an oxygen-enriched environment may produce potential of fire hazard. This equipment is not suitable for use in the presence of a flammable anesthetic mixture with air or with oxygen or nitrous oxide. CAUTION: Position Therapy Control Unit only at foot end of bed when using Oxygen Administering Equipment.
 - Electromagnetic Interference – Although this equipment conforms with the intent of the directive 89/336/ EEC in relation to Electromagnetic Compatibility, all electrical equipment may produce interference. If interference is suspected, move equipment away from sensitive devices or contact the manufacturer.
 - Shock Hazard – Electrical shock hazard, do not open any electrical cover either on Therapy Control Unit or Air Mattress. Refer to Qualified Service Personnel.

SAFETY INFORMATION

Maximum Recommended Patient Weight - Total patient weight capacity should not exceed 1000 lb (including accessories). The use of accessories on the bed may decrease the patient weight capacity of the bed. Contact ArjoHuntleigh Customer Service for questions concerning the use of accessories.

Ambulatory Patient Entrance / Exit - Care giver should always aid patient in entering and exiting the bed.

Avoid Strains - Extra care should be taken when moving patients to and from the bed to avoid strains. Make sure any Care givers that will be assisting the patient to and from the bed are physically capable of doing so.

Brakes - Lock all steer casters in line and set all caster brakes before transferring patient.

Bed Height - The bed should always be in the lowest practical position when the patient is unattended.

Bed Expansions - Slides and Side Rails should always be locked in place whenever expanded or retracted.

Fluids - Avoid spilling fluids on bed controls. If spills do occur, unplug the unit, clean fluid from controls wearing rubber gloves to avoid any possibility of shock. Once fluid is removed, check operation of components in area of spill. Fluids remaining on controls can cause corrosion, which may cause components to fail or operate erratically, possibly producing potential hazards for patient and staff.

I.V. and Drainage Tubes - Tubes should always be adjusted with adequate slack for patient movements.

Hand Control Lock - The Lock-out function should be used at Care giver's discretion to ensure against unintentional or unauthorized operation of bed functions.

Oxygen Use - Ensure that the Hand Control is not contained in an oxygen enriched environment. Possible fire hazard when bed is used with oxygen administering equipment other than the nasal prongs, mask or 1/2 bed length tent type. Oxygen tent should not extend below mattress support level.

Patient Restraints - Consider patient protective restraints per physician order and direction, especially with confused, restless or agitated patient. Always consult a physician prior to use of appropriate restraints and use special care when restraining. Monitor restrained patients frequently.

Turning - CAUTION: If using the MaxxAir ETS™ Mattress Replacement System, prior to engaging turn feature, ensure that bed frame has side rails and that all side rails are fully engaged in their full upright and locked position.

CASTER OPERATION

Foot end casters are the steer-lock type. All casters have brakes.

WARNING: Engage all brakes and steer locks before patient transfer.

Steering Lock
Press steering lock tab down with foot and position caster parallel with bed to engage steering lock.
Steer
Push steering lock tab up with foot (as shown) to disengage steering lock.

Lock Caster Brake (Red)
Press the Red end of the brake lever down fully with foot to engage caster brake.

Unlock Caster Brake (Green)
Press the Green end of the brake lever down fully with foot (when caster is locked) to disengage caster brake.

SPECIFICATIONS*

Maximum Recommended Patient Weight (including accessories)	1000 lb
Bed Weight (Includes: mattress, side rails, head and foot boards)	.886 lb
Bed Height (Min - Max) (to bed surface)	17.5 - 26 in
Bed Width (Overall, side rails in full up or down retracted position)	.41 in
Bed Width (Overall, side rails in full up or down expanded position)	.54 in
Bed Length (Overall)	90.4 in
Electrical	
Voltage	115 VAC
Frequency	60 Hz
Ampere Rating	.4 Amps
Maximum Electrical Leakage	<100 Microamps
Power Cord Length	7 ft

* Specifications subject to change without notice.

QUESTIONS AND INFORMATION

For additional information concerning the *BariMaxx* II bed, contact your local ArjoHuntleigh Representative.

Manufactured for:
ArjoHuntleigh AB
Hans Michelsensgatan 10
211 20 Malmö, Sweden
1-800-343-0974
www.ArjoHuntleigh.com

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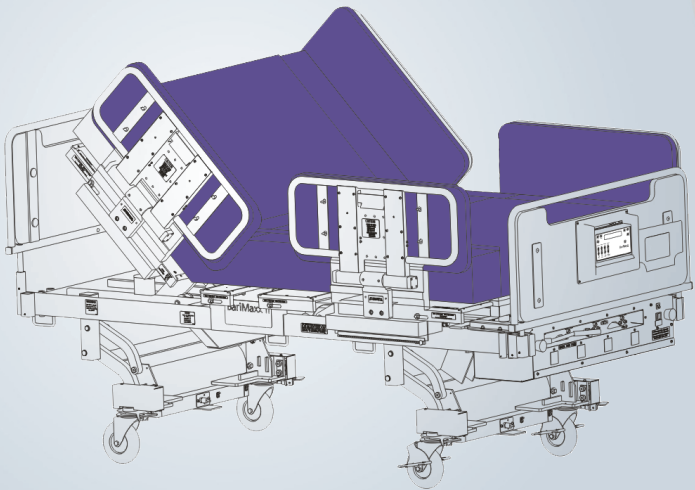
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**BariMaxx II
Therapy System**

Quick Reference Guide



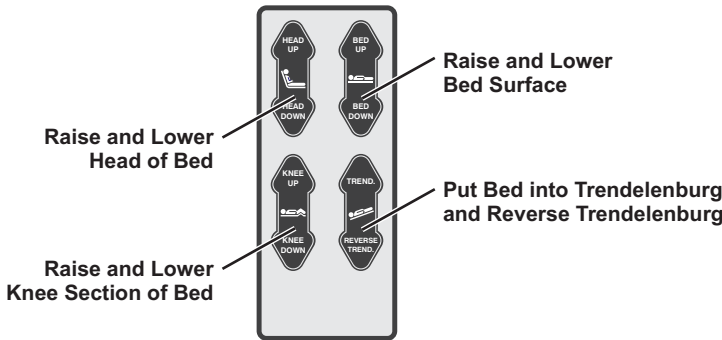
This guide is intended solely as a quick reference source and is not intended to be a comprehensive guide. For more detailed information concerning the proper use of the *BariMaxx* II bed refer to the *BariMaxx* II User Manual. For medical questions please consult a physician. For additional product information, call the Toll Free number in the Questions and Information section of this guide.

310612-AH Rev B • 09/2014

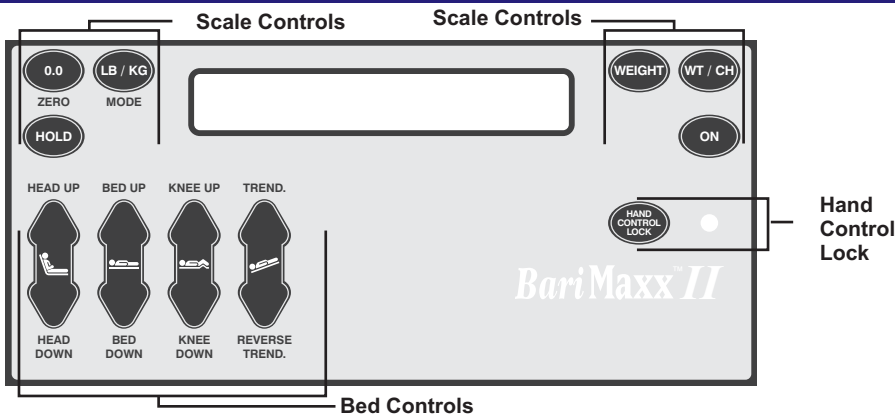
...with people in mind

HAND CONTROL

Use Hand Control to position bed.



NURSE CONTROL PANEL



Use Scale Controls to:

ZERO (0.0) - Zero Scale.

MODE (LB / KG) - Convert weight display from pounds to kilograms.

HOLD - Hold current patient weight during addition or removal of linens, equipment, etc.

WEIGHT - Display weight.

WT / CH - Displays any variation in patient weight.

ON - Bring Control Panel out of Sleep Mode.

Use Bed Controls to:

HEAD UP / HEAD DOWN - Raise and lower Head section of bed.

BED UP / BED DOWN - Raise and lower bed surface.

KNEE UP / KNEE DOWN - Raise and lower knee section of bed.

TREND / REVERSE TREND - Put bed into Trendelenburg and Reverse Trendelenburg.

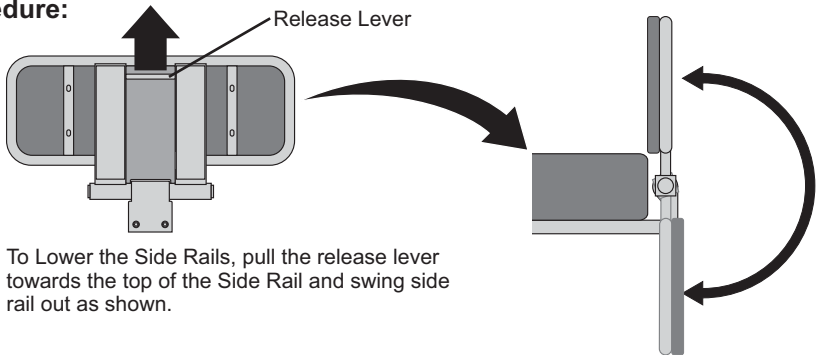
HAND CONTROL LOCK - Lockout use of Hand Control.

CPR

1. Level Bed.
2. Lower side rails.
3. Begin CPR. Use of backboard is recommended.
4. After CPR is performed and patient is clinically stable; adjust head and foot angles for patient comfort and raise side rails.

SIDE RAIL OPERATION

The Side Rails on the *BariMaxx II* bed can be lowered by using the following procedure:



To Lower the Side Rails, pull the release lever towards the top of the Side Rail and swing side rail out as shown.

The *BariMaxx II* bed can be expanded by using the following procedure:

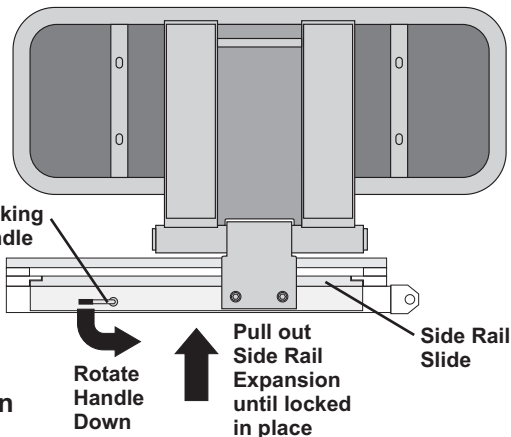
1. Rotate Locking Handle down.
2. Pull Side Rail expansion out until locked in place.
3. Add mattress inserts to the bed using buckles and zippers to secure in place.

To retract expansion:

1. Remove mattress inserts.
2. Rotate locking handle down and push expansions to retract and lock.

WARNING: Ensure locked retraction by pulling out on Side Rail.

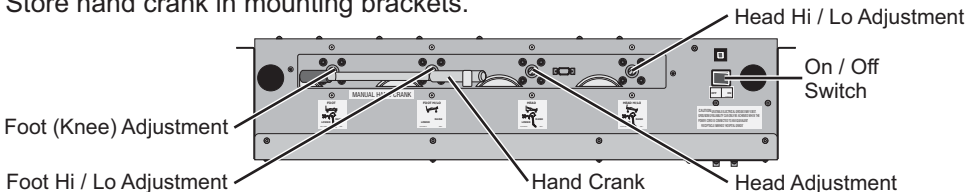
CAUTION: If using a replacement mattress such as the *Maxx Air ETS* with a turn feature refer to the Turn Caution in the Safety Information.



HAND CRANK

Use hand crank stored below the footboard to adjust bed position during power outage as described below:

1. Pull hand crank from mounting brackets below footboard.
2. Insert crank into appropriate drive shaft fitting for desired adjustment.
3. Turn crank clockwise to raise or counter-clockwise to lower a section.
4. Store hand crank in mounting brackets.



SAFETY INFORMATION (cont.)

Side Rails / Patient Restraints - Whether and how to use side rails or restraints is a decision that should be based on each patient's needs and should be made by the patient and the patient's family, physician and care givers, with facility protocols in mind. Care givers should assess risks and benefits of side rail restraint use (including entrapment and patient falls from bed) in conjunction with individual patient needs, and should discuss use or non-use with patient and / or family. Consider not only the clinical and other needs of the patient but also the risks of fatal or serious injury from falling out of bed and from patient entrapment in or around the side rails, restraints or other accessories. In the US, for a description of entrapment hazards, vulnerable patient profile and guidance to further reduce entrapment risks, refer to FDA's Hospital Bed System Dimensional and Assessment Guidance To Reduce Entrapment. Outside the US, consult the local Competent Authority or Government Agency for Medical Device Safety for specific local guidance. Consult a care giver and carefully consider the use of bolsters, positioning aids or floor pads, especially with confused, restless or agitated patients. It is recommended that side rails (if used) be locked in the full upright position when the patient is unattended. Make sure a capable patient knows how to get out of bed safely (and, if necessary, how to release the side rails) in case of fire or other emergency. Monitor patients frequently to guard against patient entrapment.

When selecting a standard mattress, ensure the distance between top of side rails (if used) and top of mattress (without compression) is at least 8.66 in (220 mm) to help prevent inadvertent bed exit or falls. Consider individual patient size, position relative to the top of the side rail) and patient condition in assessing fall risk.

CAUTION: When using the *MaxxAir ETS* Mattress Replacement System, to help prevent inadvertent bed exit or falls, manufacturer recommends using default air settings and ensuring the distance between top of Side Rails (if used) and top of mattress (without compression) is approximately 4.5 in. Consider individual patient size, position (relative to the top of the side rail), and patient condition in assessing fall risk.

Skin Care - Monitor skin conditions regularly, especially at bony prominences and areas where moisture or incontinence may occur or collect, and consider adjunct or alternative therapies for high acuity patients. Early intervention may be essential to preventing serious skin breakdown.

Transfer Board - If a mechanical lift device is not available, a transfer board should always be used when transferring a patient to and from the *BariMaxx II* bed.

General Protocols - Follow all applicable safety rules and institution protocols concerning patient and Care giver safety.

Headboard / Footboard Transport Bar - The Headboard / Footboard Transport Bar is intended to assist in bed movement during transport. It is not recommended for use by patient in repositioning or transfer.

SCALE OPERATION

ZERO (0.0) - Use **ZERO** to set initial zero reference prior to patient placement, with linens and all equipment etc. already on bed.

1. Press and hold the **0.0** button. **HOLD TO ZERO** will appear in the Nurse Control Panel Display.

2. When the message in the Nurse Control Panel Display changes to **PLEASE WAIT - HANDS OFF**, release the button and do not touch the bed. In a few seconds, the Nurse Control Panel Display will read **WEIGHT = 0.0 LB**.

LB / KG (MODE) - Press to convert weight display from pounds to kilograms.

HOLD - Press to hold current patient weight during addition and removal of linens, equipment, etc. The Nurse Control Panel Display will read **HOLD = (patient weight)**. Press the **HOLD** button again to exit Hold Mode.

NOTE: While in the Hold Mode, the **WEIGHT** and **WT / CH** buttons can be used to manually adjust the patient's weight in the event of a known error.

WEIGHT - Press to display current patient weight and to bring control panel out of Sleep Mode.

WT / CH - The weight change button is used to monitor changes in the patient's weight.

1. Press the **WT / CH** button. The display will read **WT / CH = (patient weight)**.

2. Press the **ZERO** button to set the weight to zero. Any variation in weight will be displayed as a **+XXX LB** or **-XXX LB**.

3. Press the **WEIGHT** button to return the scales to normal operation. For most accurate weight readings, the bed must be level (not in Trendelenburg or Reverse Trendelenburg).