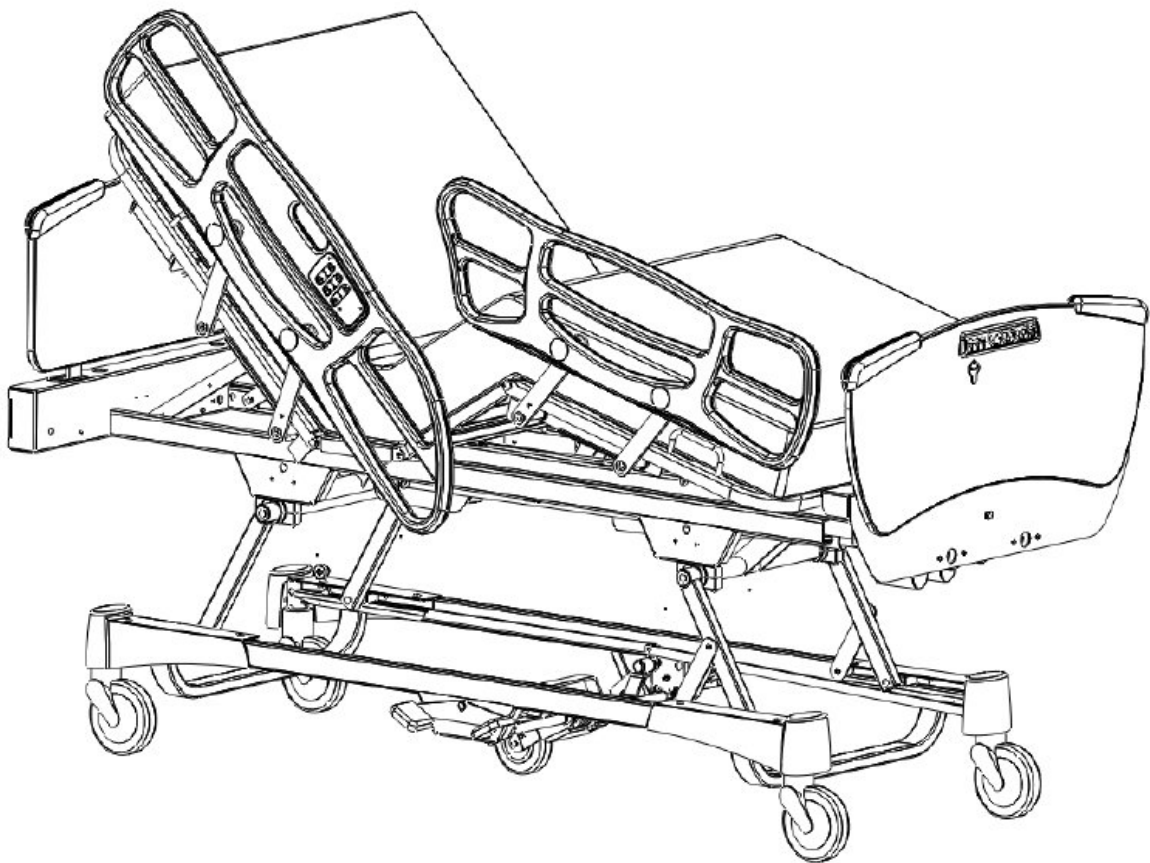


ELECTRIC ACUTE CARE BED FL17E Model



TECHNICAL ASSISTANCE AND PARTS

1 800 327- 0770

Outside the United States: Contact your local representative

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1. INTRODUCTION

This manual is designed to assist you with the operation of the Stryker Model FL17E Acute Care bed. Read it thoroughly before operating the bed. Hospital staff should be able to refer to this manual at all time when using the bed.

The Operations Manual is an integral part of the bed and should be included if the bed is sold or transferred.

1.1 TECHNICAL SPECIFICATIONS *

Maximum Weight Capacity	500 lb (227 kg) including 100 lb (45.5 kg) of boards and accessories.
Overall Length/Width: - siderails up - siderails down	93 x 42 9/16" (236.2 cm x 108.1 cm) 93 x 38 3/4" (236.2 cm x 98.4 cm)
Overall Bed Weight	433 lb (196 kg)
Sleep surface	35 x 80" (89 to 203 cm) extendable to 82" (208 cm) and 84" (213 cm)
Mattress Size Recommended: Mattress Thickness:	35 X 80 or 84" (89 X 203 or 213 cm) 5 to 6 1/2" (13 to 16 cm)
Minimum/Maximum Bed Height	14 to 29" (35.5 to 73.7 cm)
Sound Level	< 58 dBa
Fowler Angle	0 to 65°
Knee Gatch Angle: w/o Auto Contour Positioning w/Auto Contour Positioning	0 to 32° 0 to 24°
Trendelenburg/Reverse Trendelenburg	-14 to +14°
Electrical Requirements - All electrical requirements meet UL 544 specifications.	100 V~, 50-60 Hz, 6.3 A 120 V~, 50-60 Hz, 4.8 A 120 V~, 50-60 Hz, 9.8 A w/auxiliary outlet 200 V~, 50-60 Hz, 3.2 A 220 V~, 50-60 Hz, 2.9 A 240 V~, 50-60 Hz, 2.7 A

* Stryker pays special attention to product improvement and reserves the right to change specifications without notice.

1.2 TECHNICAL SUPPORT

For questions regarding this product, contact the following Technical Service department or your local representative.

Stryker Medical
1 800 327-0770
3800, East Centre Avenue
Portage, MI 49002
USA

1.3 WARNING / CAUTION / NOTE DEFINITIONS

The words WARNING, CAUTION and NOTE carry special meanings and should be carefully reviewed.



WARNING

The personal safety of the patient or user may be involved. Disregarding this information could result in injury to the patient or user.



CAUTION

These instructions point out special procedures or precautions that must be followed to avoid damaging the equipment.

NOTE

Notes provide special information to make maintenance easier or important instructions clearer.

1.4 SAFETY TIPS AND GUIDELINES

Before operating the FL17E, it is important to read and understand all information in this manual. Carefully read and strictly follow the safety guidelines listed on this page.

It is important that all users have been trained and educated on the inherent hazards associated with the usage of electric beds.



WARNING

- The bed is not intended for pediatric use.
- Serious injury can result if caution is not used when operating the bed. Operate the bed only when all people and equipment are clear of the electrical and mechanical systems.
- This bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.
- Shock Hazard - Improper handling of the power cord may result in damage to the power cord and potential shock hazards. If damage has occurred to the power cord, immediately remove the bed from service, and contact the appropriate maintenance personnel. Failure to do so could result in death or serious injury.
- Keep siderails in the fully raised position and the sleep surface horizontal in its lowest position when the patient is unattended, unless its medical condition dictates otherwise. When raising the siderails, be sure that you hear the "click" that signals the locked condition. Pull firmly on the siderail to ensure it is locked into position.
- Always apply the brakes when a patient is on the bed (except during transport). Serious injury could result if the bed moves while a patient is getting on or off the bed. After the brake pedal is engaged, push on the bed to ensure the brakes are securely locked.
- Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep patient from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain safely in bed. Failure to utilize the siderails properly could result in serious patient injury.
- To avoid injury to the patient, ensure that the sleep surface is in the lowest position with siderails fully raised and securely locked when moving the bed with a patient in it.
- To avoid injury to the patient and/or user, do not attempt to move the bed laterally with the steer pedal engaged. The fifth steer wheel cannot swivel.

- When the sleep surface sections are articulated, ensure that all patient's extremities are within the raised siderails to avoid patient injury.
- When a patient's condition requires greater safety measures for his security, use the lockout switches in the foot board control panel to deactivate the siderail or pendant control commands and install protective pads on the siderails.
- The CPR emergency release is for emergency use only. Before activating the CPR emergency release, all people and equipment must be removed from the area below and around the head and foot sections of the bed or serious personal injury or damage to equipment could occur.
- Possible fire hazard exists when this bed is used with oxygen administering equipment other than nasal, mask type or half bed-length tent type. It is recommended to unplug the bed power cord from the wall when oxygen-administering equipment is used. When using a half bed-length tent type, ensure the siderails are outside the oxygen tent and oxygen tent should not extend below the mattress support level.
- When large fluid spills occur in the area of the circuit board, cables and motors, immediately unplug the bed. Remove the patient from the bed and clean up the fluid. Have maintenance completely check the bed. Fluids can have an adverse effect on operational capabilities of any electrical product. **DO NOT** put the bed back into service until it is completely dried and has been thoroughly tested for safe operation.
- Do not steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed. The internal electrical parts may be damaged by exposure to water. Hand wash regularly all surfaces of the bed with warm water and a mild detergent. Wipe cleaned surfaces dry to avoid build up of cleaning substance. Inspect the mattress after each use. Discontinue use if any cracks or rips are found in the mattress cover that may allow fluid to enter the mattress. Failure to properly clean mattress or dispose of defective mattress will increase the risk of exposure to pathogenic substances and may bring about diseases to the patient and/or user.
- Preventive maintenance should be performed periodically to ensure all bed features are functioning properly. Ensure that any bed malfunction is promptly reported to service personnel for immediate attention.
- Always unplug the bed power cord from the wall outlet when cleaning or servicing the bed. When working under the bed with the bed in the high position, always place blocks under the frame and apply the brakes to prevent injury in case the "Bed Down" switch is accidentally pressed.
- To avoid damage to the siderail mechanisms, do not move the bed using the raised siderails. Use the push/pull handles integrated to the boards to move the bed.
- When using the emergency crank during a power failure, unplug the power cord from the wall receptacle so that unexpected resumption of power will not rotate handle. Remove and store the crank before reconnecting the bed.
- When servicing use only identical replacement parts provided by Stryker.

NOTE

Throughout this operations manual, the words "right" and "left" refer to the right and left sides of a patient lying face up on the bed.

1.5 WARRANTY

LIMITED WARRANTY

All Stryker products are guaranteed against material or manufacturing defects, improper operation of mechanisms, and premature wear of bed components under normal use conditions.

For questions regarding warranty, please contact the Technical Service department (see section 1.2) or your local representative.

TO OBTAIN SERVICE AND/OR PARTS

For an on-site diagnosis and/or repair of a bed malfunction by a Field Service Representative or to order replacement parts (see section 1.4, "To Order Parts" in the FL17E Maintenance Manual), simply contact the Technical Service department (see section 1.2) or your local representative.

RETURN AUTHORIZATION

Merchandise cannot be returned without approval from the Technical Service department. An authorization number will be provided which must be clearly printed on the returned merchandise. Stryker reserves the right to charge shipping and restocking fees on returned items.

DAMAGED MERCHANDISE

Claims for damaged merchandise must be made with the carrier within fifteen (15) days of receipt of merchandise. **DO NOT ACCEPT DAMAGED SHIPMENTS UNLESS SUCH DAMAGE IS NOTED ON THE DELIVERY RECEIPT AT THE TIME OF RECEIPT.** Upon prompt notification, Stryker will file a freight claim with the appropriate carrier for damages incurred. Claims will be limited in amount to the actual replacement cost. In the event that this information is not received by Stryker within the fifteen (15) days period following the delivery of the merchandise, or the damage was not noted on the delivery notice at the time of receipt, the customer will be responsible for payment of the original invoice in full.

Claims for any short shipment must be made within 5 days of invoice.

1.6 BED POSITION PICTOGRAMS

The following pictograms illustrate the bed basic positions.

Not illustrated here is the Cardiac Chair position that is obtained through combining the Reverse Trendelenburg and the Auto Contour positions.

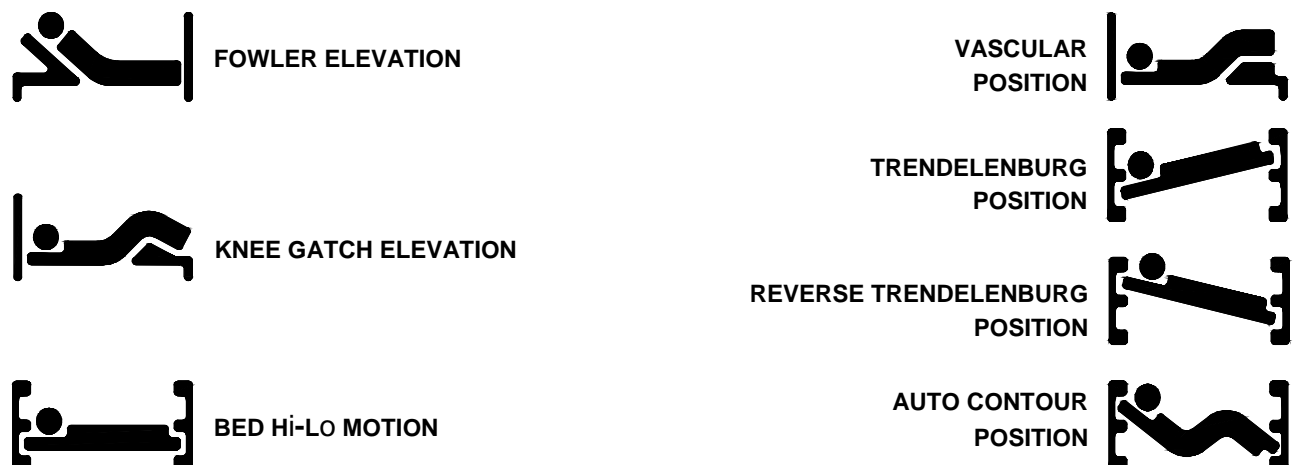


Figure 1.6

1.7 SET-UP PROCEDURE

CHECKLIST

It is important to ensure that the bed is working properly before putting it into service. The following list will help ensure that each part of the bed is verified.

- ___ Install the foot and head boards on the bed. Insert the foot board carefully so that the board connector connects smoothly to the foot end casing connector.
- ___ Plug the power cord into a properly grounded hospital grade wall receptacle and ensure that the Power LED light at the foot end of the bed comes on when the "On/Off" switch is turned on.



WARNING

The bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.

- ___ Depress the red "TOTAL BRAKE" side of the pedal at either side of the bed to apply the brakes. Push on the bed to make sure it is immobilized. Ensure brakes disengage when the pedal is toggled to neutral position.
- ___ Depress the green "AXIAL STEER" side of the pedal on either side of the bed to engage the 5th steer wheel. Ensure the steer wheel is functional. Ensure the steer wheel disengages when the pedal is toggled to neutral position.
- ___ Ensure the siderails raise and lower smoothly and lock in the up position.
- ___ Run through each function on the foot board control panel and ensure that each function works properly.
- ___ Ensure all functions work properly on the siderail control panels (inner and outer sides). Also check the optional nurse call function.
- ___ Fully raise the bed and activate the Trendelenburg function (see "Trendelenburg Switch (E)", page 16). Ensure the head end fully lowers.
- ___ Fully raise the bed and activate the reverse Trendelenburg function (see "Trendelenburg Switch (E)", page 16). Ensure that the foot end fully lowers.
- ___ Ensure that the optional Auto Contour function works properly (see "Auto Contour", page 16).
- ___ Leaving the bed in the Auto Contour position, pull each CPR emergency release handle (optional) and ensure the Fowler and Knee Gatch will drop completely. Wait about 30 seconds - the time for the Fowler motor to reset itself automatically once the Fowler is completely lowered - then raise the Fowler to ensure that the motor has indeed reset itself. Note that during the resetting process, the Fowler controls will not be available.
- ___ Verify the following optional equipment for proper operation: 120V auxiliary outlet, photoelectric night light, two or three function pendant control, etc.

If any problems are found during bed set-up, contact our Technical Service department (see section 1.2).

1.8 BED CLEANING AND PREVENTATIVE MAINTENANCE

**WARNING**

Always unplug the bed power cord from the wall outlet when cleaning or servicing the bed.

BED CLEANING AND MATTRESS CARE

**CAUTION**

Do not use harsh cleaners, solvents or detergents. Do not steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed. The bed electrical parts may be damaged by exposure to water.

Germicidal disinfectant, used as directed, and/or Chlorine Bleach products are not considered mild detergents. These products are corrosive in nature and may cause damage to your bed if used improperly. If these types of products are used, ensure the beds are rinsed with clean water and thoroughly dried following cleaning. Failure to properly rinse and dry the beds will leave a corrosive residue on the surface of the bed, possibly causing premature corrosion of critical components. Failure to follow the above directions when using these types of cleaners may void this product warranty.

Bed Cleaning

Hand wash all surfaces of the bed with a soft cloth moistened with a solution of lukewarm water and a mild detergent.

Wipe the bed clean and dry thoroughly to avoid build up of cleaning solution.

NOTE

Do not use cleaning solutions containing a degreaser near the siderail pivots (see figure 2.2B on page 11 of the Maintenance Manual) to avoid deteriorating the properties of the grease used to ensure a smooth movement of the siderails.

Mattress Care

**WARNING**

Inspect the mattress after each use. Discontinue use if any cracks or rips are found in the mattress cover, which may allow fluid to enter the mattress. Failure to properly clean the mattress, or dispose of it if defective, may increase the risk of exposure to pathogenic substances and may bring about diseases to the patient and/or user.

• Inspection

Implement local policies to address regular care, maintenance, and cleaning of mattresses and covers. The cover cleaning procedure can be found below and on the mattress label.

Inspect mattress cover surface (also zip fasteners and cover inner surface if mattresses have zip fasteners) regularly for signs of damage. If the mattress cover is heavily stained or soiled, or torn, remove the mattress from service.

• Cleaning

Stains: Wash with lukewarm water using a mild detergent. Rinse with water and let dry. For tough stains, use bleach diluted with ten parts of water.

PREVENTATIVE MAINTENANCE PROGRAM

Annual Checklist

- ___ Inspect for excessive wear the oil-impregnated bronze shoulder spacers found at the bed hinge points. Replace as needed. **Do not** lubricate these spacers.
- ___ Inspect and lubricate when needed the bed lubrication points described in section 2.2 of the FL17E Maintenance Manual.
- ___ Inspection of all bolt, locknut and screw tightening. Tighten if necessary.
- ___ Engage the brake pedal on both sides of the bed (see page 12) and ensure the braking system operates properly. Toggle the pedal to neutral and ensure the brakes are released.
- ___ Engage the steer pedal on both sides of the bed (see page 12) and ensure the 5th steer wheel operates properly. Toggle the pedal to neutral and ensure the steer wheel disengages.
- ___ Siderails move, latch and stow properly (see page 13).
- ___ All functions on the foot board control panel (see page 15) working properly (give special attention to lockout switch LEDs).
- ___ All functions of the siderail outer/inner control panels (see page 14) working properly. Ensure the nurse call signal (if present) reaches the nurse station.
- ___ Optional CPR emergency release handles working properly (see page 18). The Fowler and Knee Gatch lower completely and the Fowler motor resets itself automatically once the Fowler is down.
 - ___ Wait about 30 seconds - the time for the Fowler motor to reset itself - then raise the Fowler to check that the Fowler motor has indeed reset itself.
- ___ Verify the Fowler and Knee Gatch movements to ensure the motor course is properly adjusted. Refer to Caution following step 11 of the "Thigh actuator" and the "Head actuator" replacement procedures found at page 38 and 39 respectively of the FL17E Maintenance manual.
- ___ Optional 120 volt auxiliary outlet working properly.
- ___ Optional photoelectric night light working properly.
- ___ Optional Auto Contour working properly.
- ___ Foot prop rod working properly when Knee Gatch function is activated.
- ___ No cracks or splits in boards and siderails.
- ___ Head end bumpers tightly secured to frame and working properly.
- ___ No rips or cracks in mattress cover. Remove from service if damaged.
- ___ On/Off switch and associated LED working properly.
- ___ Power cord not frayed.
- ___ No cables worn or pinched.
- ___ All electrical connections tight.
- ___ All ground secure to the frame.
- ___ All casters roll properly. Verify caster tire for cuts, wear.
- ___ Ground chain intact and in place.
- ___ Measure current leakage and grounding continuity of the bed and the optional 120V auxiliary outlet. Verify with our Technical Service department (see section 1.2) for the acceptable values for this bed.

NOTE

We recommend that the bed actuator tubes be replaced after 10 years of service (see Recommended Spare Parts on page 13 of the Maintenance Manual).

Preventive maintenance may need to be performed more frequently based on the usage level of the bed.

1.9 BED ILLUSTRATION

NOTE

Your bed may have plastic siderails. Illustrated below is the FL17E equipped with steel siderails.

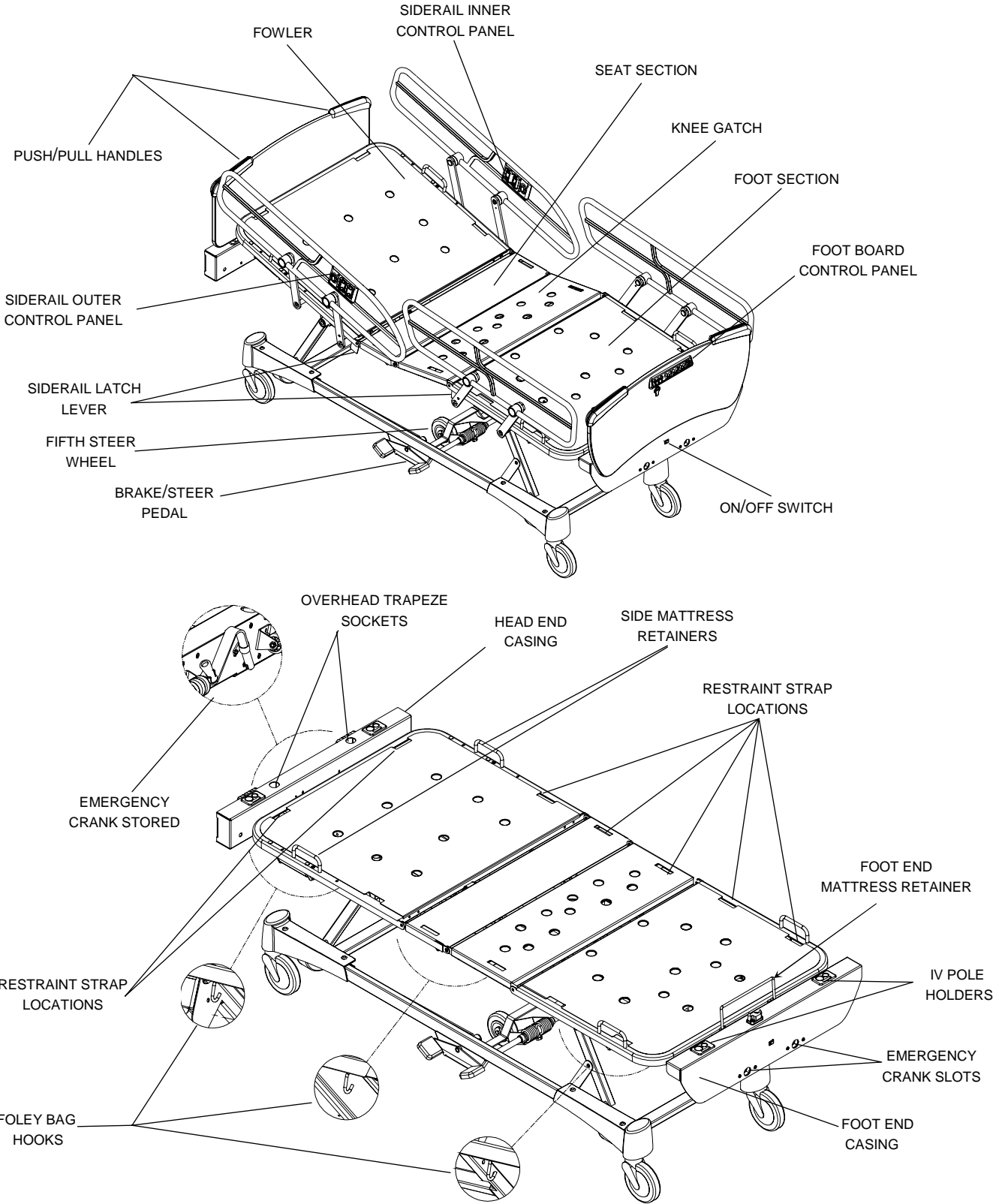


Figure 1.9

2. OPERATION GUIDE

2.1 SWITCHING ON POWER

The main power switch, located beneath the foot board in the middle of the foot end casing, enables the bed functions to be activated or deactivated at any time. When the switch is turned on, its green status indicator LED will light up, indicating that the bed electric commands are available. Note that siderail controls are automatically shut off when the main power switch is turned off.



WARNING

Shock Hazard - Improper handling of the power cord may result in damage to the power cord and potential shock hazards. If damage has occurred to the power cord, immediately remove the bed from service, and contact the appropriate maintenance personnel. Failure to do so could result in death or serious injury.

2.2 APPLYING THE BRAKE

The FL17E is equipped with a central locking system activated by two brake/steer pedals (see page 11, "Bed Illustration") located on both sides of the bed.



WARNING

Always apply the brakes when a patient is on the bed (except during transport) or when entering/exiting the bed. Serious injury could result if the bed moves while a patient is getting on or off the bed. After the brake pedal is engaged, push on the bed to ensure the brakes are securely applied.

Brake Pedal Operation

To **engage** the wheel brakes, press the red "TOTAL BRAKE" side of the brake/steer pedal fully down on either side of the bed.

To **disengage** the wheel brakes, toggle the pedal to neutral position.

2.3 MOVING THE BED

The FL17E is equipped with a 5th steer wheel (see page 11, "Bed Illustration") activated by two brake/steer pedals located on both sides of the bed.

The 5th wheel helps guiding the bed along a straight line and also for pivoting at corners.



WARNING

To reduce risk of injury, ensure the sleep surface is horizontal and in the lowest position with the siderails fully raised and locked when moving the bed with a patient in it.

To avoid injury to the patient and/or user, do not attempt to move the bed laterally with the steer pedal engaged. **The fifth steer wheel cannot swivel.**

To avoid damage to the siderail mechanisms, do not move the bed using the raised siderails. Use the push/pull handles integrated to the boards to move the bed

Steer Pedal Operation

To **engage** the 5th wheel, press the green "AXIAL STEER" side of the brake/steer pedal fully down on either side of the bed.

To **disengage** the 5th wheel, toggle the pedal to neutral position.

2.4 POSITIONING SIDERAILS

**WARNING**

Keep siderails in the fully raised position and the sleep surface horizontal in its lowest position when the patient is unattended, unless its medical condition dictates otherwise. When raising the siderails, be sure that you hear the "click" that signals the locked condition. Pull firmly on the siderail to ensure it is locked into position..

Siderails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep patient from exiting the bed. Siderails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain safely in bed. Failure to utilize the siderails properly could result in serious patient injury.



To avoid damage to siderail mechanisms, do not pull up a lowered siderail tucked away. To engage a stored siderail, remove it first from its stored position by pulling it towards you.

To **engage** a head siderail, grasp the rail, pull it towards you and swing it upward towards the head end of the bed until it latches in the up position.

To **engage** a foot siderail, the same procedure is required as for the head end siderail; however, the siderail swings to the foot end of the bed.

To **disengage** a siderail, lift it up slightly, push in the latch lever located under the sleep surface (see page 11, "Bed Illustration") and hold it as it rotates down to low position. Push the siderail against the sleep surface to store it.

2.5 HEAD AND FOOT BOARDS

The head board and the foot board slide down into two mounting sockets located at each end of the bed.

Removing Boards

Seize both ends of the board and lift it up until posts come out of the mounting sockets.

Replacing Boards

Head board: Insert board with the laminated finish facing the outer side of the bed.

Foot board: Insert the board with the laminated finish facing the inner side the bed. Be cautious when inserting the foot board to avoid damaging the board and foot end casing connectors.

The boards can be mounted permanently. See appendix A for the permanent installation procedure.

NOTE

If the the bed electric functions have to remain available when the foot board is removed, ensure the siderail controls are accessible by activating all three lockout switches before removing the foot board.

2.6 SIDERAIL FUNCTION GUIDE

OUTER CONTROL PANEL

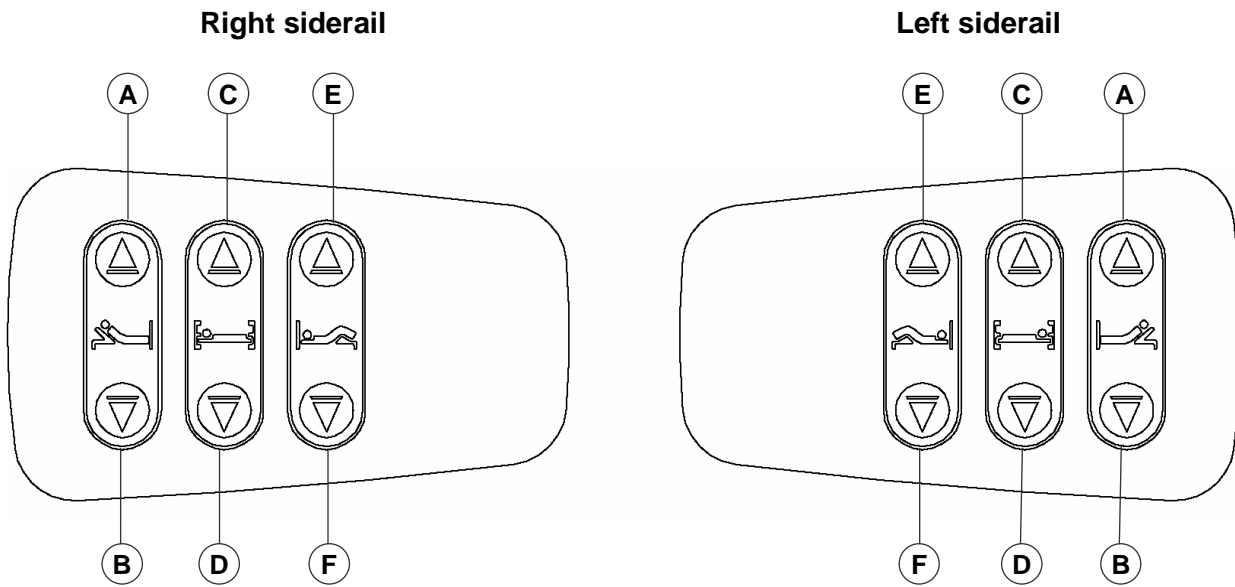


Figure 2.14A

- | | | |
|--------------------------------|-----------------------------|------------------------------------|
| A: Push to raise Fowler | C: Push to raise bed | E: Push to raise Knee Gatch |
| B: Push to lower Fowler | D: Push to lower bed | F: Push to lower Kne Gatch |

INNER CONTROL PANEL

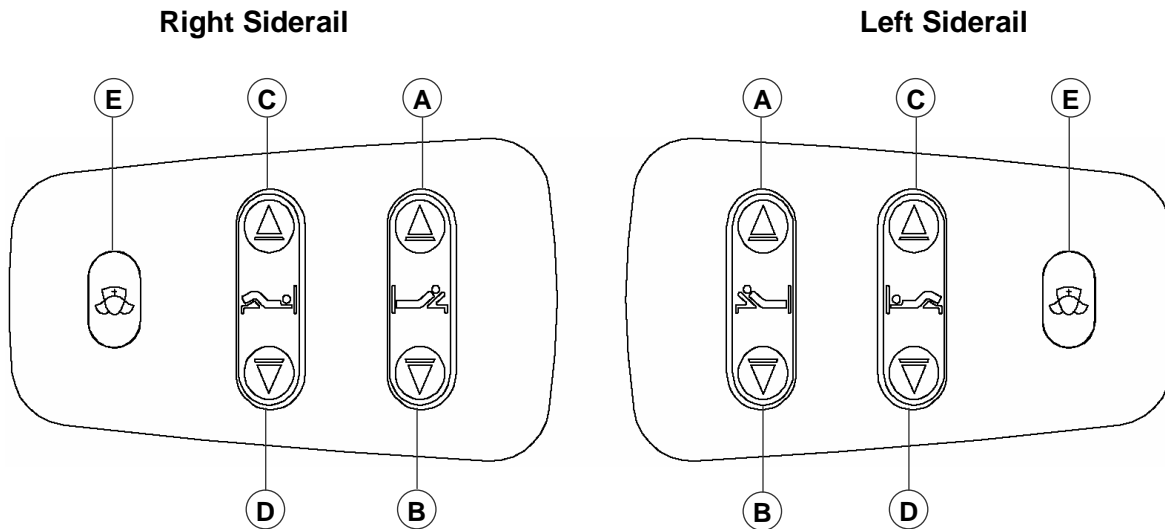
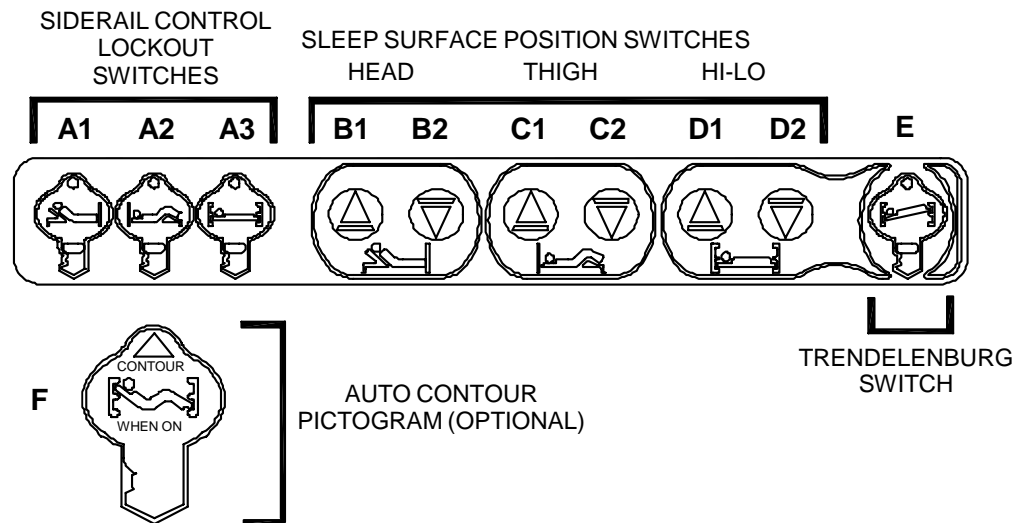


Figure 2.14B

- | | |
|---|------------------------------------|
| A: Push to raise Fowler | C: Push to raise Knee Gatch |
| B: Push to lower Fowler | D: Push to lower Knee Gatch |
| E: Push for nurse assistance (optional Nurse Call function, see section 2.14, page 18) | |

2.7 FOOT BOARD CONTROL PANEL GUIDE



- **Lockout Switches (A1 to A3)**

These three switches enable the selective lock out of the bed functions available to patient and nursing staff through the siderail control panels (inner and outer).

A1: Push to inhibit access to Fowler adjustment from both inner and outer siderail control panels. The associated LED will go off.

A2: Push to inhibit access to Knee Gatch adjustment from both inner and outer siderail control panels. The associated LED will go off.

A3: Push to inhibit access to bed Hi-Lo control from the siderail outer control panels. The associated LED will go off.

NOTE

When a lockout switch is used to inhibit a specific function of the siderail control panels, the function is inhibited on both sides of the siderail control panel. The foot board controls are not affected by the lockout switches.

Lockout settings are automatically saved in the event of a power failure and restored following resumption of power.

- **Fowler Control Switches (B1 and B2)**

These two switches enable the adjustment of the Fowler angle.

B1: Push to raise Fowler.

B2: Push to lower Fowler.

- **Knee Gatch Control Switches (C1 and C2)**

These two switches enable the adjustment of the Knee Gatch angle.

C1: Push to raise Knee Gatch.

C2: Push to lower Knee Gatch.

- **Hi-Lo Switches (D1 and D2)**

These two switches enable adjustment of the sleep surface height (Hi-Lo).

D1: Push to raise the sleep surface.

D2: Push to lower the sleep surface.

- **Trendelenburg Switch (E)**

This switch, when activated, enables both Trendelenburg positions through the Hi-Lo switches. A lighted green LED on the pictogram indicates that Trendelenburg positioning is available.

E: Push to activate the Trendelenburg positions, which then become available through the Hi-Lo switches.

Trendelenburg: Push switch **D1** to lower head end/raise foot end of the bed.

Reverse Trendelenburg: Push switch **D2** to lower foot end/raise head end of the bed.

NOTE

To replace the sleep surface in horizontal position after Trendelenburg positioning, simply press the Trendelenburg switch to deactivate the function (green LED will go out) and lower or raise the sleep surface to its limit. Then position the bed to the desired height.

- **Auto Contour (optional) Pictogram (F)**

This figure, illustrating the Auto Contour position, points to the lockout switch to activate in the foot board control panel to allow Auto Contour positioning.

Auto Contour positioning automatically raises the Knee Gatch as the Fowler raises. This position prevents the patient from slipping towards the foot of the bed when the Fowler is inclined.

F: As indicated by the pictogram arrow, push the Knee Gatch lockout switch (**A2**, LED will light up) to enable the Auto Contour positioning.

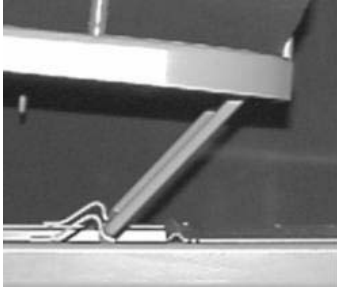
NOTE

To obtain the Auto Contour positioning from a siderail control panel, both Knee Gatch and Fowler controls must be made available to siderail control panels through deactivating their respective lockout switches (**A1 and A2**, LEDs will light up) in the foot board control panel.

2.8 FOLEY BAG HOOKS

Foley bag hooks (see page 11, "Bed Illustration") are found at three locations on both sides of the bed, under the edges of the mattress support head, seat and foot sections.

2.9 FOOT PROP ROD



A foot prop rod, integrated to the foot section, is automatically engaged when the Knee Gatch is raised. The foot prop rod maintains the foot section nearly horizontal as the Knee Gatch raises, thus positioning the sleep surface into the vascular position (see page 7, "Bed Positions").

Since the foot prop rod automatically engages when the Knee Gatch is raised, it must be disengaged manually whenever a simple Knee Gatch raise is required. To do so, perform the following steps:



- Reach under the foot section, lift the prop rod and hold it while raising the Knee Gatch using the control located on the foot board control panel.
- As the Knee Gatch raises, the rod will come to pass the catches. Release it then and continue to raise the Knee Gatch. The foot section will then simply follow the motion of the Knee Gatch without being propped.

2.10 BALKAN FRAME INSTALLATION

A standard Balkan frame can be installed on the bed using the IV sockets (see page 11, "Bed Illustration") located on all four corners of the bed. The IV pole sockets enable the use of IV poles in conjunction with a Balkan frame.

2.11 PATIENT RESTRAINT STRAP LOCATIONS

The FL17E is equipped with 12 separate locations for installing patient restraint straps. Ten of them are located on the mattress support edges directly across from each other whereas the remaining two are located on the top part of the head section, parallel to the head board (see page 11, "Bed Illustration").



WARNING

Improperly adjusted restraint straps can cause serious injury to a patient. It is the responsibility of the attending medical personnel to determine proper use of restraint straps and restraint strap locations.

2.12 CPR EMERGENCY RELEASE (OPTIONAL)



WARNING

The CPR emergency release is for emergency use only. When activating the CPR emergency release, all people and equipment must be removed from the area below and around the head and foot sections of the bed or serious personal injury or damage to equipment could occur.



If the Fowler and the Knee Gatch are raised and quick access to the patient is needed, pull outward one of the two CPR emergency release handles, located under both top corners of the Fowler, to lower the Fowler and the Knee Gatch to flat position.

NOTE

Once the Fowler is completely down, the Fowler motor will reset itself. During this short period of time -30 seconds - the Fowler switches will not be available.

2.13 NIGHT LIGHT (OPTIONAL)

The FL17E may be equipped with an optional photoelectric night light to illuminate the floor area around the bed. The night light turns on as the room lights dim. It is located on the left side of the frame at the foot end of the bed.

2.14 NURSE CALL (OPTIONAL)

The bed may be equipped with an optional nurse call function allowing the patient to call for nurse assistance by simply pressing the nurse call red button.

The nurse call module is integrated to both siderail inner control panels, next to the control switches (see page 14).

Included with this option are two Ø1/4" phono jacks located on both ends of the inner side of the head casing. The phono jacks enable the use of a nurse call cable which can be placed within reach of a patient who is not in bed.

An optional cable with a Ø1/4" phono plug enables the linking of the bed to the hospital nurse call system.

2.15 120V AUXILIARY POWER OUTLET (OFFERED WITH 120V SYSTEM ONLY)



The North American version (120V electrical system) of the FL17E may be equipped with an optional auxiliary power outlet with a 5A breaker. Located on the left side at the foot end of the bed, this feature provides nursing staff with a convenient power source for small electrical equipment.

NOTE

Use only equipment with a current consumption of 5 amp or less.



WARNING

Use only hospital grade electric equipment with the auxiliary power outlet. The use of normal electric equipment may bring the current leakage to a level unacceptable for an hospital equipment.

3. ACCESSORIES

Listed below are all the accessories that may be attached to the FL17E as well as their maximum load capacity when applicable.

- Ø1/2" removable anodized aluminum IV pole. Maximum load capacity: 11 lb (5 kg).
- Ø1" removable removable anodized aluminum IV pole. Maximum load capacity: 11 lb (5 kg).
- Ø1" fixed anodized aluminium IV pole. Maximum load capacity: 11 lb (5 kg).
- Two-function pendant control with or without hook (Product & Design).
- Three-function pendant control with or without hook (Product & Design)
- Three-function oval soft-touch pendant control with Velcro hook (Neeco-Tron).
- Emergency crank.
- 10" Mattress support extension.
- 10" cushions for the mattress support extension.
- Overhead trapeze. Maximum load capacity: 150 lb (68 kg).
- Oxygen bottle holder. Maximum load capacity: 75 lb (34 kg).
- Bed shelf. Maximum load capacity: 40 lb (18 kg).
- Monitor tray. Maximum load capacity: 40 lb (18 kg).
- Bed cradle.
- Chart holder.
- Siderail protective pads - set of two (half-length head siderails) or four (all four half-length siderails).

Appendix A: Fixing Board Permanently

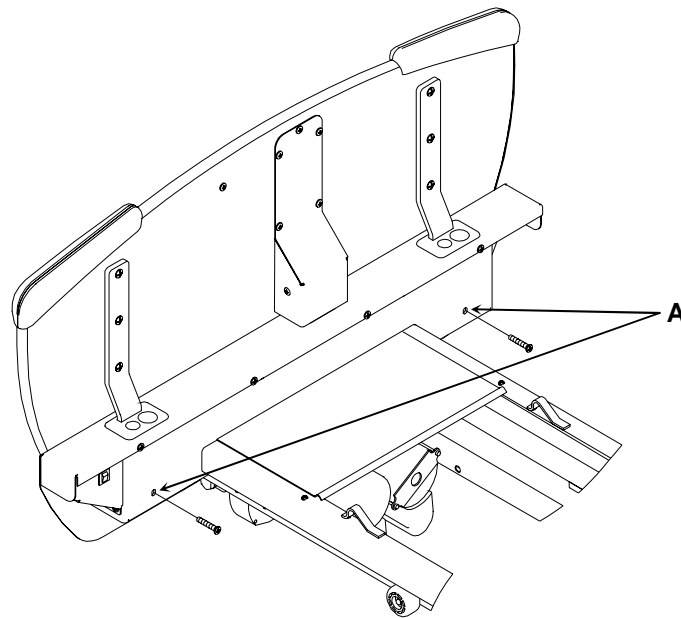


Figure A

Tool necessary:

7/16" Wrench

Procedure:

One or both boards can be fixed permanently to the bed frame.

Two 1/4" flat washers, two 1/4" spring washers and two 1/4-20 x 1 3/4" hexagon bolts are needed for the head board. Two 1/4" flat washers, two 1/4" spring washers and two 1/4-20 x 2 1/4" hexagon bolts are needed for the foot board.

Simply insert the appropriate bolt and the two washer types in the factory-installed nut accessible through holes (**A**) located on the inner sides of the foot end and the head end casings.

NOTE

Do not permanently install boards when beds are used in care units where patient may require emergency treatments.