

XPRT[™] Pulmonary Therapy & Wound Care Mattress

Model 2950

Stryker

Operations/Maintenance Manual

MANUAL APPLIES TO: • Standalone Mattresses • Mattresses Integrated on FL27 *In*Touch Model Beds



For Parts or Technical Assistance: USA: 1-800-327-0770 (option 2) Canada: 1-888-233-6888

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XPRT Therapy Mattress

INTENDED USE OF MANUAL

This manual is designed to assist you with the operation and the maintenance of the Stryker Medical 2950 XPRT Therapy Mattress. Read thoroughly prior to using the equipment or beginning maintenance.

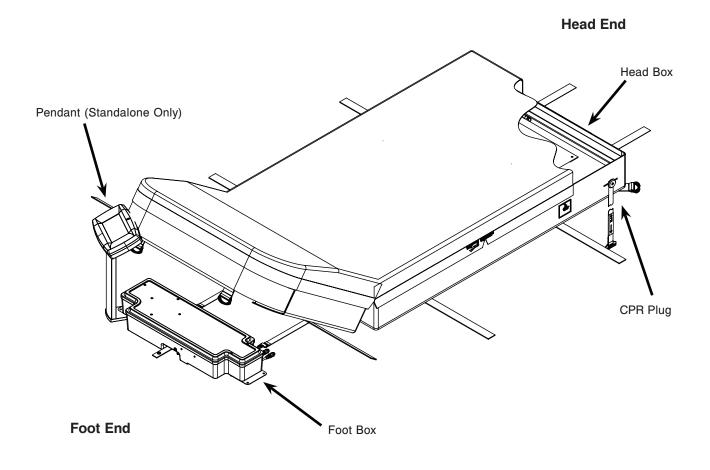
INTENDED USE OF PRODUCT

The XPRT Therapy Mattress is intended to assist with pulmonary complications and assist with the prevention and treatment of pressure ulcers and other complications associated with patient immobility.

PRODUCT DESCRIPTION

The XPRT Therapy Mattress is a powered mattress replacement system intended only for use on Stryker frames and other frames supporting a 35 x 84 inch litter format in the Critical Care environment. It provides low air loss, pressure redistribution, percussion, vibration and rotation therapies and additional nursing convenience features. The unit consists of a sleep surface, an integrated valve box located in the head of the mattress, a pump box located under the foot of the mattress and a color touch screen controller that can be mounted to either side of the pump box or integrated into the footboard depending on the model.

PRODUCT ILLUSTRATION



SPECIFICATIONS

Model			2950-100-001 With Pendant, Nylon Cover 2950-200-001 Without Pendant, Nylon Cover 2950-100-002 With Pendant, Dartex Cover 2950-200-002 Without Pendant, Dartex Cover 2950-100-003 With Pendant, Silver Cover 2950-200-003 Without Pendant, Silver Cover		
Dimensions Mattress Pendant		Mattress: 84" x 35" x 8.5"	213.4 cm x 88.9 cm x 21.6 cm		
		Pendant	Pendant: 28" x 9" x 4"	71.1 cm x 22.9 cm x 10.2 cm	
Weight	Complete system		115 lbs	52.2 kg	
	Mattress		104 lbs	47.2 kg	
	Pendant		6 lbs	2.7 kg	
	Foot Box Assembly		8-1/2 lbs	3.9 kg	
Safety working load			500 lbs	226.8 kg	
Power Cord			15 feet, 16 AWG cord with hospital grade plug for use with power receptacles, 3 feet, 16 AWG cord with hospital grade plug for use with accessory outlet.		
Over Current Production			3 fuses - (2) Fuses 5 x 20 mm., 6.3A Slo-blo, 250VAC, (1) Fuse (F1) 1/4 x 1 1/4 in., 7A Slo-blo, 250 VAC		
Voltage			120VAC +5% -10% VAC, 2.5A 60 Hz		
Operating Ambient Temperature Range			60°F - 85°F	16°C - 30°C	
Storage Temperature			If the system is stored at temperatures below 60°F or above 85°F, the system must be allowed to stabilize for two hours within the specified operating temperature range before use.		
Output Flow Rate			12.5 LPM (0.4 SCFM) minimum @ 30 mmHg		
Current Leakage			300 μA Maximum		
Classification			Class I, grounded equipment Class II, FDA and Health Canada		
			Type BF equipment		
			Continuous operation - Not suitable for use in the presence of flammable anesthetic mixture with air or with oxygen or nitrous oxide. Suitable for continuous duty.		
			IPX4, Splash Proof		
			Medical equipment: Classified with respect to electric shock, mechanical hazards only, in accordance with UL60601-1 CAN/CSA C22.2 No. 601.1 M90		
			Electromagnetic compatibility, meets EN 60601-1-2, 2001 (CISPR 11 classified as Class A, Group 1 ISM equipment)		

WARNING /CAUTION / NOTE DEFINITION

These words carry special meanings and should be carefully reviewed.

Alerts the reader about the situation which if not avoided, could result in death or serious injury. It may also describe potential serious adverse reactions and safety hazards.



Alerts the reader of a potentially hazardous situation, which if not avoided, may result in minor or moderate injury to the user or patient or damage to the equipment or other property. This includes special care necessary for the safe and effective use of the device and the care necessary to avoid damage to a device that may occur as a result of use or misuse.

NOTE

This provides special information to make maintenance easier or important instructions clearer.



Warning/Caution, consult accompanying documentation

Alternating Current

★

Type BF Equipment: equipment providing a particular degree of protection against electric shock, particularly regarding allowable leakage current and reliability of the protective earth connection.

Class 1 Equipment: equipment in which protection against electric shock does not rely on BASIC INSULATION only, but which includes an additional safety precaution in that means are provided for the connection of the EQUIPMENT to the protective earth conductor in the fixed wiring of the installation in such a way that ACCESSIBLE METAL PARTS cannot become live in the event of a failure of the BASIC INSULATION.

Mode of Operation: Continuous



Dangerous Voltage Symbol

Protection from liquid splash



Protective Earth Terminal



Medical Equipment Classified by Underwriters Laboratories Inc. with Respect to Electric Shock, Fire, Mechanical and Other Specified Hazards Only in Accordance with UL 60601-1, First Edition (2003) and CAN/CSA C22.2 No. 601.1-M90 with updates 1 and 2.



Safe Working Load Symbol



In accordance with European Directive 2002/96/EC on Waste Electrical and Electronic Equipment, this symbol indicates that the product must not be disposed of as unsorted municipal waste, but should be collected separately. Refer to your local distributor for return and/or collection systems available in your country.



Damp Wipe Only

10%

10% Chlorinated Bleach

×1

Do Not Tumble Dry

Do Not Iron



Do Not Dry-Clean

Allow to Completely Air Dry

Before operating or servicing the XPRT Therapy System, it is important to read and understand all information in this manual. Carefully read and strictly follow the safety guidelines listed in this section. The warnings and cautions are repeated throughout the manual, where applicable. To ensure safe operation, methods and procedures must be established for educating and training staff on the safe operation of therapy mattresses. U.S. Federal law restricts this device to be sold by or on the order of a physician.

- · Explosion risk. Do not use in the presence of flammable anesthetics.
- Electrical shock risk. Refer all servicing to qualified personnel.
- The mattress is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded three-prong receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.
- Medical electrical equipment requires special precautions regarding EMC and needs to be installed and put into service according to the EMC information provided within this manual to prevent equipment malfunction.
- · Portable and mobile RF communication equipment can affect Medical Electrical Equipment.
- Because injury could result, use of pulmonary therapy bed systems for stroke victims should be used only under physician's order.
- Do not rotate patients with unstable fractures, unstable spinal cord injuries or those in skeletal traction. Death or serious injury could result.
- Risk of injury. Use of dynamic mattress systems for stroke victims should be only under physician's order.
- It is the caregiver's responsibility to monitor the patient's condition at regular intervals to ensure patient safety.
- Consult physician if redness or skin breakdown occurs.
- Failure to position the patient along the mattress center line before starting rotation therapy could result in patient injury. Check patient frequently to assure proper positioning and mattress inflation.
- Rotation angle settings approximate the degrees of rotation achieved by a 165 pound patient with an 18 inch shoulder width. The actual amount of rotation achieved is dependent on patient size, patient weight and shoulder width. Monitor the patient for at least one complete cycle to verify the unit achieves the desired angle.
- Ensure that any and all tubing and wiring connected to the patient is long enough, stabilized, and secure to assure safe and unrestricted lateral rotation/elevation of the patient. Be sure to monitor the patient frequently.
- To avoid injury, when using rotation or pulmonary therapy, take care not to extubate intubated patients.
- Always secure the mattress straps to the bed frame to prevent the mattress from sliding and causing patient injury.
- To help ensure patient safety, always raise the bed siderails before beginning therapy.
- Do not leave the patient unattended during Turn Assist. Serious injury could result.
- Deflate the XPRT mattress system or use Max Inflate to inflate it completely before beginning CPR or CPR may be ineffective.
- Disinfect the mattress between patients. Failure to properly disinfect could result in cross-contamination and infection.
- Unplug the mattress power cord from the wall outlet before cleaning the mattress. Failure to unplug the unit could cause equipment damage or personal injury.
- Do not immerse the mattress or foot box in cleaning or disinfectant solutions. Do not allow liquid to pool on the mattress or foot box. Immersion or liquid pooling could cause malfunction resulting in equipment damage or patient injury.
- Do not attach the power cord to any moving parts of the bed frame.
- Ensure the power cord is routed to the side of the bed and not out the foot end of the bed. If routed improperly, the power cord may become pinched and could cause electrical shock.
- Allow the foot box to completely dry before placing the mattress over it. Excess moisture could cause equipment malfunction resulting in equipment damage or patient injury.
- To reduce risk of patient or user injury and equipment damage, do not exceed the safe working load of the hospital bed frame when supporting both the patient and XPRT therapy mattress.
- If changing the angle of the bed during rotation, monitor the patient for at least one complete cycle to verify the patient achieves the desired angle.

WARNINGS (CONTINUED)

- The service screen and its functions are for use by authorized service personnel only otherwise equipment malfunction could result.
- Do not perform the Diagnostic Test with a patient on the mattress to ensure patient safety.
- Do not perform a Burn-In.

To avoid possible injury and to assure proper operation when using the XPRT Therapy Mattress on a bed frame equipped with:

SCALES

- Follow the manufacturer's instructions for use of the scale system.
- Do not zero bed scales or weigh patient with Percussion, Vibration, Rotation or Turn-Assist active. Patient motion and position resulting from the dynamic therapy mattress may adversely affect scale system performance.
- Confirm proper scale system operation following mattress installation. For best results, secure the XPRT therapy mattress power cord to prevent damage to the cord and interference with the bed frame and the scale system.

BED EXIT SYSTEM

- Follow the manufacturer's instructions for use of the bed exit system.
- Do not initialize "Arm" bed exit with Percussion, Vibration, Rotation or Turn-Assist active. The patient motion and position resulting from the dynamic therapy mattress may adversely affect bed exit system performance.
- Confirm proper bed exit system operation when used in conjunction with Percussion, Vibration, Rotation and Turn-Assist.

- Do not drop the head section of the mattress back onto the bed frame. Abruptly dropping the mattress head section could damage the controls, causing malfunction resulting in equipment damage.
- XPRT should not be used adjacent to or stacked with other equipment to avoid malfunction (excluding on a bed).
 If adjacent or stacked use is necessary, the XPRT device should be observed to verify normal operation in the configuration in which it will be used.
- The mattress cover must be completely dry before storage or adding linens. Failure to remove excess disinfectant could cause degradation of the cover material.
- To avoid patient injury, do not use the side handles to transport the patient.
- Follow all applicable safety rules and protocols concerning patient and caregiver safety.
- To prevent pulling, removal or breakage, stabilize and secure all patient lines and tubing before starting rotation and monitor them frequently.
- · Monitor the patient's skin condition regularly to ensure skin integrity.
- Patients with body weight or size near the recommended limits should be monitored more frequently to verify desired results are being achieved.
- Avoid contact of sharp objects with the mattress. Punctures, cuts and tears in the cover could result in contamination
 of the cushions, prevent proper air pressure control and compromise therapy and safety.
- If fluids spill on any part of the controller or foot box, immediately unplug the power cord from the wall socket. Remove the patient from the mattress and clean up the fluid. Fluids can cause corrosion of components and may cause the mattress to operate erratically or may make some functions completely inoperable. Do not put the mattress back into service until it is completely dry and has been thoroughly tested for safe operation.
- The bed's caster brakes should always be locked except during transport to prevent unintentional movement.
- The bed should always be in the lowest position when the patient is unattended to minimize fall consequences.

CAUTIONS (CONTINUED)

- Siderails are not intended to be a patient restraint device. It is the responsibility of attending medical personnel to determine the appropriate manner to restraint and the siderail positioning necessary to ensure a patient will remain safely in bed.
- Do not iron , dry-clean , or tumble dry the XPRT mattress as this will cause malfunction and damage the product.

CONTRAINDICATIONS

Stryker Medical promotes the clinical assessment of each patient's condition and appropriate therapy administration by the caregiver.

Air support therapy is not recommended for patients with unstable fractures, unstable spinal cord injuries or those in skeletal traction.

Use of powered mattress systems for stroke victims should be used only under physician's order.

Percussion/Vibration Therapy is contraindicated in the presence of: multiple rib fractures, persistent intracranial hypertension, bronchospasm and during post-operative periods following cardiac surgery.

Additional contraindications for Rotation, Percussion and Vibration therapies include, but are not limited to:

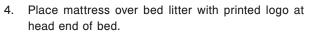
- Patients with spinal cord injury
- Patients in skeletal traction
- Patients with significant hemoptysis
- · Patients for whom a head down position is contraindicated (e.g., those with a head injury)
- Patients with bleeding disorders
- · Patients with rib fractures, or predisposition to pathologic fractures
- · Patients for whom the techniques cause increased dyspnea or wheezing.
- Patients who are hemodynamically unstable.

INSTALLING THE MATTRESS AND THE PENDANT (STANDALONE INSTALLATIONS ONLY)

- 1. Push pendant onto retainer pin on either side of the foot box.
- 2. Plug Power cord into foot box.

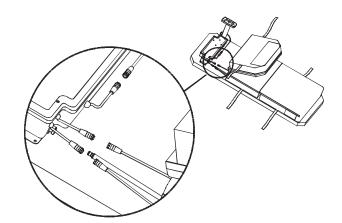
Do not plug into Power Source until assembly is complete.

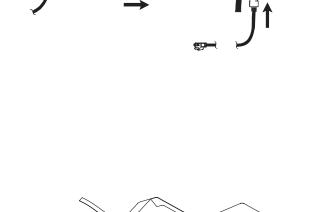
3. Snap retainer over power cord.



- 5. Fold back foot end section of mattress.
- 6. Place footbox with pendant on foot end of bed litter.

- 7. Connect the three color coded connectors on the footbox to the corresponding color coded connectors from the mattress.
- 8. Turn the locking collars clockwise to secure the connections.
- 9. Connect the air line from the mattress to the corresponding fitting on the footbox.





INSTALLING THE MATTRESS AND THE PENDANT (STANDALONE INSTALLATIONS ONLY) (CONTINUED)

-ie-downs

Retaining

Strap

Tie-downs

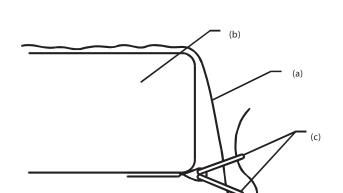
"D" Ring

10. Fasten the 2 retaining clips to the 2 "D" Rings on foot box.

11. Lower the foot section of mattress over the foot box. Attach the mattress to the bed frame using the mattress tie-downs.

- 12. Apply linens utilizing the "D" rings for the flat sheet.
- To secure linens (a), to mattress (b), thread four corners through "D" Rings (c) attached to mattress as shown in the diagram to the right.
- 14. To ensure proper therapy, do not pull linens taut. The linens should remain loose on the surface of the mattress.





"D" Ring

Tie-downs

INSTALLING THE MATTRESS AND THE PENDANT (STANDALONE INSTALLATIONS ONLY) (CONTINUED)

15. Plug the power cord into power source.



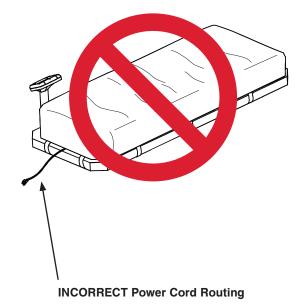
- Do not attach the power cord to any moving parts of the bed frame.
- Ensure the power cord is routed to the side of the bed and not out the foot end of the bed (refer to figures on the right). If routed improperly, the power cord may become pinched and could cause electrical shock.

Note:

After the mattress power cord is plugged into a power source, if the pendant is disconnected or not responding, the mattress will beep to alert the user.

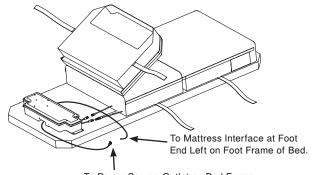
(For Left or Right Side)

CORRECT Power Cord Routing



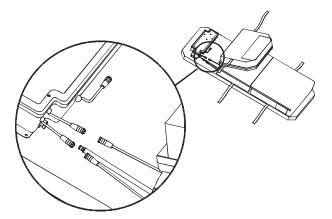
INSTALLING THE MATTRESS (INTEGRATED WITH MODEL FL27 INTOUCH BEDS)

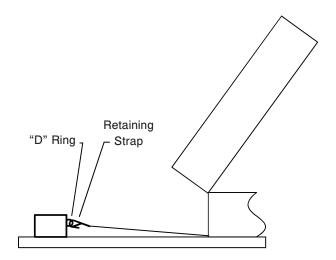
- 1. Place mattress over bed litter with printed logo at head end of bed.
- 2. Fold back foot end section of mattress.
- 3. Place footbox on foot end of bed litter.



To Power Source Outlet on Bed Frame.

- Connect the two (2) color coded connectors on the footbox to the corresponding color coded connectors on the mattress. Connect black connection on foot box to cable adapter 2950-001-180 and then to the bed frame.
- 5. Turn the locking collars clockwise to secure the connections.
- Connect the other end of the black connector to the bed (left side of litter at foot end behind the accessory outlet).
- 7. Connect the air line from the mattress to the corresponding fitting on the footbox.

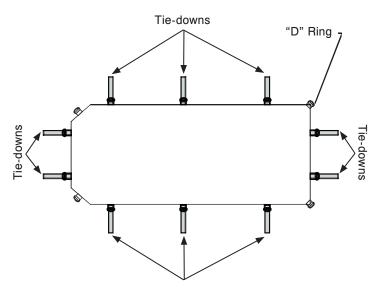




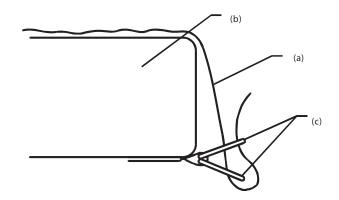
8. Fasten the 2 retaining clips to the 2 "D" Rings on foot box.

INSTALLING THE MATTRESS (INTEGRATED WITH MODEL FL27 INTOUCH BEDS) (CONTINUED)

9. Lower the foot section of mattress over the foot box. Attach the mattress to the bed frame using the mattress tie-downs.



- 10. Apply linens utilizing the "D" rings for the flat sheet.
- 11. To secure linens (a), to mattress (b), thread four corners through "D" Rings (c) attached to mattress as shown in the diagram to the right.
- 12. To ensure proper therapy, do not pull linens taut. The linens should remain loose and wrinkly on the surface of the mattress.



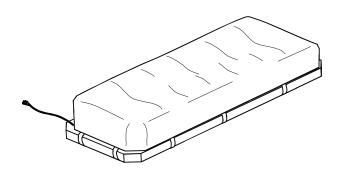
13. Plug the power cord into power source.

WARNING:

- Do not attach the power cord to any moving parts of the bed frame.
- Ensure the power cord is routed to the side of the bed and not out the foot end of the bed (refer to figures on the right). If routed improperly, the power cord may become pinched and could cause electrical shock.

Note:

After the mattress power cord is plugged into a power source, if the footboard/pendant is disconnected or not responding, the mattress will beep to alert the user.



POWERING UP THE MATTRESS

Note: For FL27 InTouch Models

Push the SUPPORT SURFACES button/tab to view this screen.

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

Plug the mattress power cord into a properly grounded, hospital grade receptacle (FL27 *In*Touch models: plug into the foot end outlet).

For standalone units, the green LED on the pendant will light whenever the power cord is plugged in.

Note

If this mattress is an Integrated model for the FL27 *In*Touch Bed, then there is no LED.

- 1. Select whether to reset tracking of the current therapy history.
 - a) To reset the current therapy history select _____.
 - b) To continue to store the current therapy history in memory, select Cancel .
- 2. Confirm whether to delete history or continue to store in memory.
 - a) To reset the current therapy history, select
 - b) To continue to store the current therapy history in memory, select Cancel .



Surface Ready





CONTROLLER BACKLIGHTING

The controller display back-lighting will come on and remain on for 30 minutes after initial power up. After a period of non-use, the backlighting goes into stand-by mode. When the display is in standby, the mattress continues to function normally.

A single touch anywhere on the screen will turn the backlighting on.

The Status Screen indicates which therapies (if any) are currently active and the amount of therapy time remaining. Each therapy has a status indicator showing ON, OFF or PAUSED.



Note

- · Backlighting remains on during all alarm conditions.
- Backlighting remains on during Percussion and Vibration sessions.
- Backlighting remains on for the first 30 minutes of a Rotation session.

Note

All references to right and left on the touch screen and throughout the manual refer to the right and left of a patient lying face up on the surface.

NORMAL THERAPY MODE

The normal therapy mode of the XPRT surface provides:

- Full-body pressure redistribution
- Low Air Loss
- A sloped gel heel section
- Adjustable firmness

ROTATION/PERCUSSION/VIBRATION THERAPY MODES

Routine turning is a standard of care for critically ill patients. Based on several published clinical studies, turning a patient improves lung function, reduces hospital acquired pneumonia and facilitates pulmonary secretions to prevent consolidation of fluids and pneumonia. Chest Percussion and Vibration therapies are used to loosen and mobilize secretions adhering to bronchial walls. Chest Percussion and Vibration therapies are also used to facilitate drainage or movement of pulmonary secretions. XPRT provides Percussion and Vibration therapies by rapidly increasing and decreasing the air pressure within finger like air cells located in the upper surface of the mattress. Both the amplitude and the frequency of the pulses in Percussion mode and the amplitude of the pulses in the Vibration mode can be specified with selections on the controller. Pulse rates ranging from 2 beats/second to 6 beats/second are available in the Percussion mode and a pulse rate of 10 beats/second is available in the vibration mode.

Contraindications for Rotation, Percussion and Vibration include, but are not limited to:

- · Patients with acute spinal cord injury.
- · Patients in skeletal traction.
- · Patients with significant hemoptysis.
- Patients for whom a head-down position is contraindicated (e.g., those with a head injury).
- · Patients with bleeding disorders.
- · Patients with rib fractures, or predisposition to pathologic fractures.
- · Patients for whom the techniques cause increased dyspnea or wheezing.
- Patients who are hemodynamically unstable.

XPRT CLINICAL FUNCTIONS

XPRT is an Advanced Pulmonary Therapy Support System that provides patients with effective and continuous pressure redistribution and pulmonary benefits for all patients up to its weight limit of 500 pounds. The XPRT support surface features selectable rotation, percussion, vibration, turn assist and automatic low-air-loss. With its state of the art touch screen controller, it is easy to use, offers 12 and 24 hour therapy history and can be displayed in multi-lingual languages.

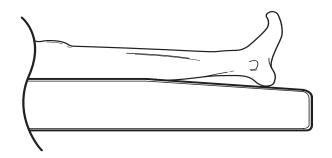
XPRT is a high-end pressure redistributing, pulmonary management support surface that provides clinical functions for all patients within its product weight limit making it ideal for Critical Care.

LOW AIR LOSS (LAL)

XPRT provides continuous flow of air through the sleep surface. LAL assists with skin management by reducing heat and moisture build-up where skin contacts the mattress and bedding.

SLOPED HEEL SECTION

The sloped heel section reduces the tissue interface pressure on the heels by providing support to the calves and redistributing the heel pressure.



- Because injury could result, use of pulmonary therapy bed systems for stroke victims should be only under physician's order.
- Do not rotate patients with unstable fractures, acute spinal cord injuries or those in skeletal traction. Serious injury could result.
- Rotation angle settings approximate the degrees of rotation achieved by a 165 pound patient with an 18 inch shoulder width. The actual amount of rotation achieved is dependent on patient size, patient weight and shoulder width. Monitor the patient for at least one complete cycle to verify the unit achieves the desired angle.
- Ensure that any and all tubing and wiring connected to the patient is long enough, stabilized, and secure to assure safe and unrestricted lateral rotation/elevation of the patient. Be sure to monitor the patient frequently.
- To avoid injury, when using rotation or pulmonary therapy, take care not to extubate intubated patients.
- To help ensure patient safety, always raise the bed siderails before beginning therapy.
- To avoid possible injury and to assure proper operation when using the XPRT Therapy Mattress on a bed frame equipped with:

SCALES

- Follow the manufacturer's instructions for use of the scale system.
- Do not zero the bed scales or weigh patient with Percussion, Vibration, Rotation or Turn-Assist active. Patient motion and position resulting from the dynamic therapy mattress may adversely affect scale system performance.

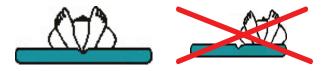
BED EXIT SYSTEM

- · Follow the manufacturer's instructions for use of the bed exit system.
- Do not initialize "Arm", bed exit with Percussion, Vibration, Rotation or Turn-Assist active. The patient motion and position resulting from the dynamic therapy mattress may adversely affect bed exit system performance.
- Confirm proper bed exit system operation when used in conjunction with Percussion, Vibration, Rotation and Turn-Assist.

TO PREPARE FOR ROTATION THERAPY

PATIENT POSITIONING

1. Position the patient along the center line of the mattress.





Failure to position the patient along the mattress center line before starting therapy could result in patient injury.





2. Align the patient's shoulders with the graphic indicator on the side of the mattress.

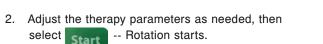


BED POSITIONING

- 1. Raise the bed siderails.
- 2. Lower the bed height to the lowest practical position.
- 3. Lower the head section to flat or as low as possible.

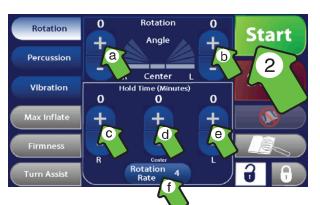
TO START ROTATION THERAPY

1. Select Rotation



- a) Increase or decrease patient right side rotation angle.
- b) Increase or decrease patient left side rotation angle.
- c) Increase or decrease patient right side rotation hold time.
- d) Increase or decrease patient supine/rotation hold time.
- e) Increase or decrease patient left side rotation hold time.
- f) Set rotation rate (speed).
 - f1) Increase or decrease rotation rate (speed).
 - f2) Select ok .







3. Verify the bed siderails are raised and the patient is centered on the mattress. Select Confirm

Note

- The Rotation Therapy session continues until stopped or paused.
- All Therapy parameters are stored until changed or reset.
- To reset the parameters to the default values, see this section within "Operation Guide - Advanced Settings".



TO ADJUST THE ACTIVE THERAPY PARAMETERS



2. Adjust the therapy parameters as described in step 2 of "To Start Rotation Therapy".

Note

The adjusted parameters take effect as soon as they are changed.

ADDITIONAL IMPORTANT INFORMATION

- If the angle of the head elevation is between 30 and 60 degrees, the maximum rotation settings, other than the Turn-Assist, are automatically reduced to ensure safe rotation levels. If the head angle is 60 degrees or greater, Rotation is selected and Start is selected. An alarm tone will sound to alert the caregiver and the message "Rotation Stopped Head Elevation Too High" is briefly displayed.
- If rotation is stopped for any reason, "Rotation" and "Stopped" are briefly displayed and the patient returns to the supine position.
- If Rotation is active and MaxInflate or Turn Assist is selected, the screen will display "Rotation Paused" then "Maximum Inflate" or the Turn Assist Screen will display.



TO STOP ROTATION THERAPY

1. Select **Stop**. The patient returns to the center position -- Rotation Stops.



To avoid possible injury and to assure proper operation when using the XPRT Therapy Mattress on a bed frame equipped with:

Scales

- · Follow the manufacturer's instructions for use of the scale system.
- Do not zero bed scales or weigh patient with Percussion, Vibration, Rotation or Turn-Assist active. Patient motion and position resulting from the dynamic therapy mattress may adversely affect scale system performance.

Bed Exit System

- · Follow the manufacturer's instructions for use of the bed exit system.
- Do not initialize "Arm" bed exit with Percussion, Vibration, Rotation or Turn-Assist active. The patient motion and position resulting from the dynamic therapy mattress may adversely affect bed exit system performance.
- Confirm proper bed exit system operation when used in conjunction with Percussion, Vibration, Rotation and Turn-Assist.

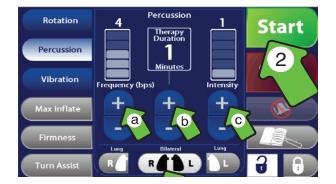
TO START PERCUSSION THERAPY

1. Select Percussion .



- 2. Adjust the therapy parameters as needed, then select Start
 - a) Increase or decrease the frequency of percussion.
 - b) Increase or decrease the duration of the therapy.
 - c) Increase or decrease the intensity of percussion.
 - d) Select both lungs "bilateral" or either the left or the right lung to receive treatment.

The screen will display "Percussion Started". The screen will then display "Preparing Percussion" while the system is optimizing surface pressures for patient therapy.



TO ADJUST THE ACTIVE THERAPY PARAMETERS



2. Adjust the therapy parameter as described in step 2 of section "To Start Percussion Therapy".

NOTE

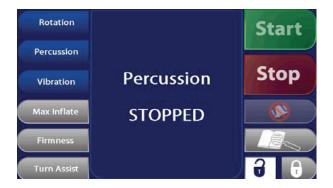
- The adjusted parameters take effect as soon as they are changed.
- To change lung selection, Percussion must be stopped.
- The percussion therapy session continues until the selected duration time is reached or until the session is stopped or paused.
- When restarting percussion therapy after the session was paused or stopped for more than 30 seconds, the screen will display two options: "Continue Previous Therapy Session" or "Start New Therapy Session".
- All therapy parameters are stored until changed or reset.
- To reset the parameter to the default values, see this section within "Operation Guide - Advanced Settings.
- The vibration therapy button is inactive while Percussion is active.

TO STOP PERCUSSION THERAPY

1. Select Stop -- Percussion stops.







To avoid possible injury and to assure proper operation when using the XPRT Therapy Mattress on a bed frame equipped with:

SCALES

- · Follow the manufacturer's instructions for use of the scale system.
- Do not zero bed scales or weigh patient with Percussion, Vibration, rotation or Turn-Assist active. Patient motion and position resulting from the dynamic therapy mattress may adversely affect scale system performance.

BED EXIT SYSTEM

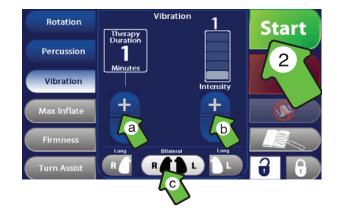
- · Follow the manufacturer's instruction for use of the bed exit system.
- Do not initialize "Arm", bed exit with Percussion, Vibration, Rotation or Turn-Assist active. The patient motion and position resulting from the dynamic therapy mattress may adversely affect bed exit system performance.
- Confirm proper bed exit system operation when used in conjunction with Percussion, Vibration, Rotation and Turn-Assist.

TO START VIBRATION THERAPY

1. Select Vibration



- - a) Increase or decrease the duration of the therapy.
 - b) Increase or decrease the intensity of the vibration.
 - c) Select both lungs (bilateral) or either the left of right lung to receive treatment.



TO ADJUST THE ACTIVE THERAPY PARAMETERS



2. Adjust the therapy parameter as described in step 2 of section "To Start Vibration Therapy".

Note

- The adjusted parameters take effect as soon as they are changed.
- To change lung selection, Vibration must be stopped.
- The vibration therapy session continues until the selected duration time is reached or until the session is stopped or paused.
- When restarting vibration therapy after the session was paused or stopped for more than 30 seconds, the screen will display two options: "Continue Previous Therapy Session" or "start New Therapy Session".
- All therapy parameters are stored until changed or reset.
- To reset the parameter to the default values, see this section within "Operation Guide - Advanced Settings.
- The Percussion therapy button is inactive while Vibration is active.

TO STOP VIBRATION THERAPY

1. Select Stop -- Vibration stops.







TO START MAX INFLATE

The Max Inflate mode inflates the air bladders to the maximum air pressure, creating a firm surface for patient repositioning, transfer, or CPR.

Select Max Inflate -- Max Inflate starts.

Note

- The Rotation, Percussion, Vibration, Firmness and Turn-Assist buttons are all inactive when Max Inflate is active.
- If Rotation, Percussion or Vibration are active when Max Inflate is selected, the therapy will pause and can be restarted by pressing <u>Start</u> after Max Inflate finishes or is stopped.

After 30 minutes of continuous Max Inflate operation, an alarm sounds to alert the caregiver and the message "Maximum Inflate Has Reached Time Limit" is displayed and Max inflate stops and the system returns to the previous settings.



Deflate the XPRT mattress system or use Max Inflate to inflate it completely before beginning CPR or CPR may be ineffective.

TO STOP MAX INFLATE

1. Select Stop -- Max Inflate stops.



Select Start

to

Continue

Therapy

Cancel

Max Inflate

Note

 Rotation, Percussion and Vibration therapies are paused when Max Inflate is started. When Max Inflate is stopped, a prompt is briefly provided to continue or resume therapy.

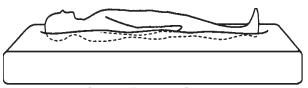
www.stryker.com

Stop

1

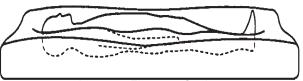
TO ADJUST MATTRESS FIRMNESS

Mattress firmness settings may be adjusted for patient comfort requirements. The default value of 18 will provide optimal pressure relief for patients up to 220 pounds. For larger patients, higher settings are recommended.



Correct Firmness Setting

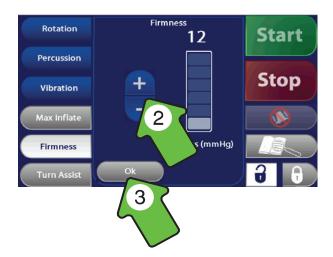
1. With the patient in the supine position, select



Incorrect Firmness Setting



- 2. Adjust the settings as needed.
- 3. Select or .



PATIENT POSITIONING

Align the patient's shoulders with the graphic indicator on the side of the mattress.



WARNING

To avoid possible injury and to assure proper operation when using the XPRT Therapy Mattress on a bed frame equipped with:

Scales

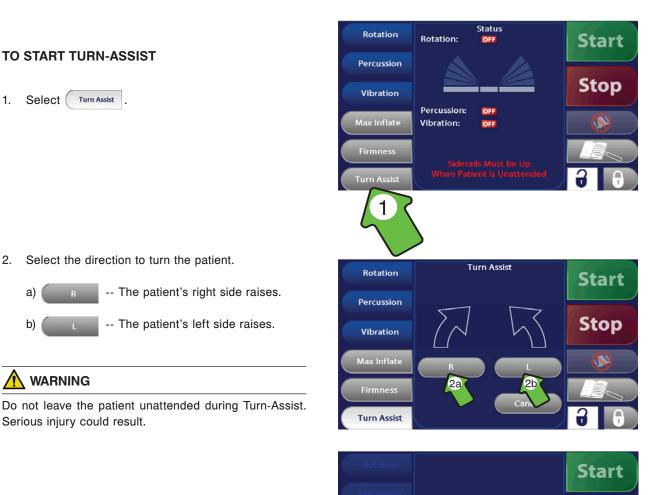
1.

- Follow the manufacturer's instructions for use of the scale system.
- Do not zero bed scales or weigh patient with Percussion, Vibration, Rotation or Turn-Assist active. Patient motion and position resulting from the dynamic therapy mattress may adversely affect scale system performance.

Bed Exit System

Select Turn Assist

- Follow the manufacturer's instructions for use of the bed exit system.
- Do not initialize "Arm" bed exit with Percussion, Vibration, Rotation or Turn-Assist active. The patient motion and • position resulting from the dynamic therapy mattress may adversely affect bed exit system performance.
- Confirm proper bed exit system operation when used in conjunction with Percussion, Vibration, Rotation and ٠ Turn-Assist.





a)

b)

WARNING

Serious injury could result.

The Rotation, Percussion, Vibration, Max Inflate and Firmness buttons are all inactive when Turn-Assist is active.



Turn

Assist

Stop

Turn Assist

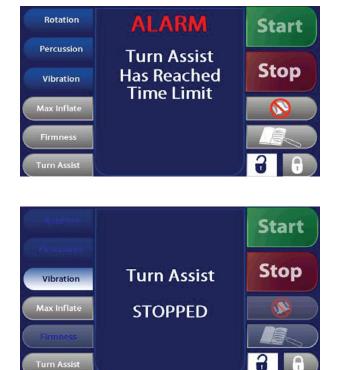
TO STOP TURN-ASSIST

1. Select Stop

Note

 After 30 minutes, an alarm sounds to alert the caregiver that the Turn-Assist time limit has been reached. Turn-Assist must be stopped or it will remain on.

-- Turn-Assist stops.



Note

 Rotation, Percussion and Vibration therapies are paused when Turn-Assist is started. When Turn-Assist is stopped, a prompt is briefly provided to continue or resume therapy.



TO SILENCE AN ALARM

1. Select . The message "Alarm Silenced for 'X' Minutes" will display for 3 seconds.



Note

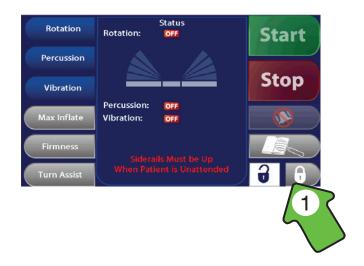
- The current alarm is silenced for a period equal to the set alarm silence time. Refer to section "Operation Guide - Advanced settings", "To Adjust the Input Volume and Alarm Settings" for instructions.
- If the alarm condition remains after the Alarm Silence time limit is reached, the alarm sounds and the appropriate alarm message is displayed.

TO LOCK ALL FUNCTIONS

1. Select .-- The message "Controls Locked" will briefly display.

Note

- If a therapy is running, Stop is not locked.
- is not locked.
- If an Alarm condition occurs, is not locked.



• When a locked button is selected, the message "Controls Locked" is displayed.



TO UNLOCK ALL FUNCTIONS

1. Select

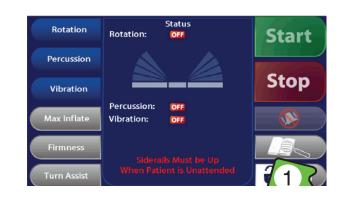
. The message "Controls

Unlocked" will briefly display.



TO CHANGE THE DISPLAYED LANGUAGE

1. Select

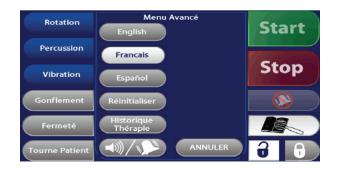


2. Select Francais to select French.

Note

- The selected language is active until another language is selected.
- The selected language is **not** reset when the "Reset Parameters" button is selected.







TO CHANGE THE DISPLAYED LANGUAGE TO SPANISH





- The selected language is active until another language is selected.
- The selected language is **not** reset when the "Reset Parameters" button is selected.









Rotation

Percussion

Vibration

Max Inflate

TO RESET THERAPY HISTORY

Reset Therapy History is used when a new patient is placed on the mattress. It resets the system's 12 to 24 hour records of Rotation, Percussion, and Vibration sessions.

1.	Select
2.	Select Reset



Status

OFF

OFF

OFF

Start

Stop

1

Rotation:

Percussion:

Vibration:



4. Select -- current therapy history is erased and reset to zero.



3. Select Therapy History

TO RESET PARAMETERS TO DEFAULT

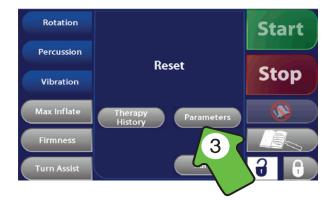
Selecting "Reset Parameters" returns the Rotation angles and hold times, Percussion/Vibration intensity, duration, frequency and lung selection, mattress firmness level and the alarm silence timer to the system default settings.



2. Select Reset







3. Select Parameters .

4. Select _____ -- this resets all therapy parameters to the default settings.

Note

The selected language and alarm tones are not reset.



Return To Table of Contents

Rotation

TO VIEW THERAPY HISTORY





Status

OFF

Rotation:

Note

• The Therapy History screen is displayed for 60 seconds.

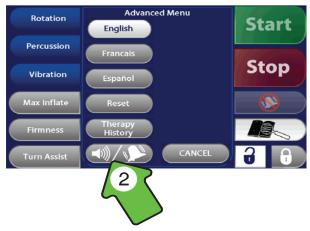
Rotation	Therapy History Rotation:	Last Last 12 hr 24 hr	Start
Percussion	Cycles Completed Hours Rotating(hh:mm) % Time Rotating	0 0 00:00 00:00 0 0	
Vibration	Percussion: Sessions Completed Total Time (hh:mm)	0 0	Stop
Max Inflate	Avg. Time per Session Vibration:	00:00 00:00	
Firmness	Sessions Completed Total Time (hh:mm) Avg. Time per Session	0 0 00:00 00:00 00:00 00:00	
Turn Assist			8

TO ADJUST THE INPUT VOLUME AND ALARM SETTINGS





2. Select (1)/() .



- 3. Alarm Tones.
 - Adjust the volume of the input tones (audible feedback to screen touches).
 - b) Select the desired alarm tone.
 - c) Adjust the time the alarm is silenced when is selected.
 Select Selected.

Note

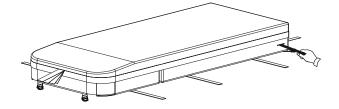
- The selected alarm tones sounds when the alarm button is released.
- The alarm remains at full volume at all times.



CPR ACTIVATION



Deflate the XPRT mattress system or use Max Inflate to inflate it completely before beginning CPR or CPR may be ineffective. Refer to section "Operation Guide -Nursing Features", "To Start Max Inflate" for instructions.

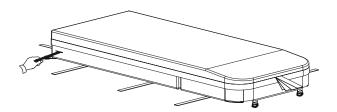


To activate CPR, pull either the left, right or both straps located at the head end of the mattress. All running functions will stop and an alert tone will sound.

If the left CPR strap is pulled, an alert tone will sound to notify the caregiver and the display will read "Left CPR Activated" until the plug is replaced.



If the right CPR strap is pulled, an alert tone will sound to notify the caregiver and the display will read "Right CPR Activated" until the plug is replaced.



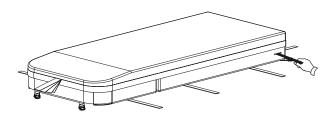


CPR ACTIVATION (CONTINUED)

If both CPR straps are pulled, an alert tone will sound to notify the caregiver and the display will read "Left CPR Activated" and "Right CPR activated" until the plug is replaced.



To end CPR and resume therapy, press on the CPR plug(s) until they snap back into their fully seated position. When properly seated, the "CPR Activated" on the Display will turn off.



TRANSFERRING A PATIENT TO THE XPRT THERAPY MATTRESS

- Select Max Inflate . Refer to "Operation Guide - Nursing Features", "To Start Max Inflate" for instructions.
- Adjust the height of the bed to the same level as the surface from which the patient is being transferred.
- 3. Lock the brakes on both surfaces. Lower the siderails.
- Transfer the patient following all applicable safety rules and institution protocols to ensure patient and caregiver safety.
- 5. Position the patient along the center line of the mattress.
- 6. Select Stop to turn off Max Inflate.





Failure to position the patient along the mattress centerline before starting therapy could result in patient injury.

- 7. Align the patient's shoulders with the graphic indicator on the side of the mattress.
- 8. Raise and lock the siderails.



TRANSFERRING A PATIENT FROM THE XPRT MATTRESS

- 1. Select Max Inflate Refer to "Operation Guide Nursing Features", "To Start Max Inflate" for instructions.
- 2. Adjust the height of the bed to the same level as the surface to which the patient is being transferred.
- 3. Lock the brakes on both surfaces. Lower the siderails.
- 4. Transfer the patient following all applicable safety rules and institution protocols to ensure patient and caregiver safety.
- 5. Select **Stop** to turn off Max Inflate.

TRANSPORTING A PATIENT ON THE BED

- 1. Discontinue any active therapy modes and return the patient to the supine position.
- 2. Unplug the mattress power cord and the bed power cord from the wall outlet and properly stow them to avoid entanglement during transport.
- 3. Raise and lock the siderails.
- 4. Transport the patient following all applicable safety rules and institution protocols to ensure patient and caregiver safety.
- 5. Plug the mattress power cord and the bed power cord into properly grounded, hospital grade wall receptacles when the patient's destination is reached.

Note

• The mattress will automatically maintain air pressure for up to four hours.

SKIN CARE GUIDELINES

- Remove excess moisture from the mattress surface. Always keep the patient's skin clean and dry.
- Maintain proper air pressure. (Refer to "Operation Guide Nursing Features" -- "To Adjust Mattress Firmness").
- Monitor the patient's skin condition regularly, especially in areas where moisture may occur, i.e. incontinence or drainage conditions. Consult a physician if erythema or skin breakdown occurs.

BATHING A PATIENT

- 1. Select Max Inflate to fully inflate the mattress. (Refer to "Operation Guide Nursing Features" -- "To Start Max Inflate" for instructions).
- 2. Level the bed and adjust the bed height to facilitate access to the patient.
- 3. Lower the siderail on the caregiver's side of the bed.

Do not allow liquid to pool on the mattress or pump box immersion or liquid pooling could cause malfunction resulting in equipment damage or patient injury.

- 4. Bathe, rinse and dry the patient's anterior.
- 5. Select Turn Assist to roll the patient onto his/her side. (Refer to "Operation Guide Nursing Features" -- "To Start Turn-Assist" for instructions).
- 6. Bathe, rinse and dry the patient's exposed side and posterior.
- Select Turn Assist to roll the patient onto his/her opposite side. (Refer to "Operation Guide Nursing Features" -- "To Start Turn-Assist" for instructions).
- 8. Bathe, rinse and dry the patient's exposed side.
- 9. Return the patient to the center position.
- 10. Position the patient along the center line of the mattress.
- 11. Ensure that the bottom sheet is dry.



Failure to position the patient along the mattress center line before starting therapy could result in patient injury.





12. Align the patient's shoulders with the graphic indicator on the side of the mattress.

13. Raise and lock the siderails.



BED PAN PLACEMENT

- 1. Level the bed.
- 2. Lower the siderail on the caregiver's side.
- 3. Use the TURN ASSIST feature (see "To Start Turn Assist" section) to roll the patient onto his/her side.
- 4. Position the bed pan on the mattress.
- 5. Return the patient to the center position and be sure the bed pan is properly positioned under the patient.

BED PAN REMOVAL

- 1. Level the bed.
- 2. Lower the siderail on the caregiver's side.
- Use the Turn Assist feature (see "To Start Turn Assist" section) to roll the patient onto his/her side.
- 4. Remove the bed pan from the mattress.
- 5. Return the patient to the center position.
- 6. Position the patient along the center line of the mattress.



Failure to position the patient along the mattress center line before starting therapy could result in patient injury.

- 7. Align the patient's shoulders with the graphic indicator on the side of the mattress.
- 8. Raise and lock the siderails.



INCONTINENCE / DRAINAGE

Disposable diapers or incontinence pads may be used. However, using too many layers between the patient's skin and the mattress will reduce the effectiveness of the pressure-relieving capabilities of the system.

Watch for incontinence or drainage and provide appropriate skin care following each episode.



It is the responsibility of the caregiver to monitor the patient's condition safety. Consult physician if erythema or skin breakdown occurs.

- ____ Zipper and cover are free of tears, cuts, holes or other openings.
- ____ Display and touch-screen operate properly.
- _____ Percussion therapy functioning properly (refer to "Operation Guide Percussion Therapy").
- _____ Vibration therapy functioning properly (refer to "Operation Guide Vibration Therapy").
- ____ Rotation therapy functioning properly (refer to "Operation Guide Rotation Therapy").
- ____ Max Inflate functioning properly (refer to "Operation Guide Nursing Features" -- "Max Inflate").
- _____ Turn-Assist functioning properly (refer to Operation Guide Nursing Features" -- "Turn-Assist").
- _____ Left and right CPR releases work properly (refer to "Operation Guide -CPR").
- _____ Service log shows no errors (refer to "Service Screen" and "Service Code" sections).
- ____ Running system diagnostics produces no errors (refer to "Service Screen" and "Service Code" sections).
- _____ For units with very heavy percussion or vibration use (multiple treatments daily): percussion diaphragms are free of excessive wear (i.e. cracks). Replace, if necessary.
- _____ All electrical connections tight.
- ____ Power cord and plug are free of damage.
- ____ Current leakage not more than 300 micro amps.
- _____ Foam/air cells are free of excessive wear (i.e. cracks). Recommend checking cells every 6 months.

Replace, if necessary.

Mattress Serial No.

Completed by:	Date
· · ·	

Note

A preventative maintenance program should be established and performed annually at a minimum. Preventative maintenance may need to be performed more frequently based on the usage level of the product.

Suggested cleaners:

- · Quaternary Cleaners (active ingredient ammonium chloride).
- · Phenolic Cleaners (active ingredient o-phenylphenol).
- · Chlorinated Bleach Solution (5.25% less than 1 part bleach to 100 parts water).

Avoid over saturation and ensure the product does not stay wet longer than the chemical manufacturer's guidelines for proper disinfecting.



- Unplug the mattress power cord from the wall outlet before cleaning the mattress. Failure to unplug the unit could cause equipment damage or personal injury.
- Do not immerse the mattress or foot box in cleaning or disinfectant solutions. Do not allow liquid to pool on the mattress or foot box. Immersion or liquid pooling could cause malfunction resulting in equipment damage or patient injury.
- 1. Using a damp, clean, soft cloth, wipe down the entire mattress surface with a mild soap and water solution.
- 2. Lift up the foot section of the mattress to clean the bottom surface.
- To clean the bottom of the head section of the mattress, carefully lift up the head section and fold it over the seat section. Clean as described above and allow the surface to dry completely before gently lowering the head section back into place.
- 4. Apply a disinfectant such as 10% household bleach solution to the entire mattress outer surface.

- Do not drop the head section of the mattress back onto the bed frame. Abrupt dropping of the mattress head section could damage the controls, causing malfunction resulting in equipment damage or patient injury.
- Wipe down all surfaces with a clean, dry cloth to remove any excess moisture.
- The mattress cover must be completely dry before storage or adding linens. Failure to remove excess disinfectant could cause degradation of the cover material.

Note: The mattress cover contains an antimicrobial agent to help prevent bacteria and fungus from destroying the cover. If stains, discoloration, brittleness, stickiness or unpleasant odors become noticeable, the antimicrobial agent may have become ineffective and the mattress cover should be replaced.



- 1. To clean the foot box, use a non-abrasive cleaning solution (i.e. warm, soapy water) and wipe down with a clean, damp, soft cloth.
- 2. Apply disinfectant such as 10% household bleach solution to the entire box outer surface.

 Allow the foot box to completely dry before placing the mattress over it. Excess moisture could cause equipment malfunction resulting in equipment damage or patient injury.



- 1. To clean the pendant, use a non-abrasive cleaning solution (i.e. warm, soapy water) and wipe down with a clean, damp, soft cloth.
- 2. Apply disinfectant such as a 10% household bleach solution to the entire controller outer surface.

Problem / Failure	Recommended Action	
Mattress has no power.	 A. Verify the mattress power cord is connected properly. 1) If not, reconnect. If the mattress now has power, return it to service. 	
	 B. Listen for the head box alarm. 1) If no alarm is sounding, go to step C. 2) If the alarm is sounding, lift up the foot section of the mattress, unplug the mattress power cord from the power source, and verify the black connector at the foot box is connected properly to the controller. Plug the mattress power cord back into the power source. If the mattress now has power, return it to service. 	
	C. Check the fuses above the foot box power cord connection.1) Replace the fuse(s) and test. If the mattress now has power, return it to service.	
	 D. Check the power board. 1) Check the main fuse. Replace, if necessary. 2) Check for 120 VAC on the gray terminal block in the pump box assembly between the blue and brown wires from the power inlet filter. a) If no voltage, check for 120 VAC on the power cord inlet between the blue and brown wires. b) If voltage is present, replace the power inlet filter. 	
	 E. Check DC voltages on the power board on connector J3, pin 7 (ground) / pin 8 (-5) / pin 9 (+26) / pin 10 (+12) 1) If no voltage at any one of the points, check for 26 VAC on connector J2. If no voltage, replace the transformer and contact your local Stryker service representative to return for fault evaluation. 2) If no voltage at any one of the points, replace the power board and contact your local Stryker service representative to return for fault evaluation. 	

Problem / Failure	Recommended Action			
The Touch Screen is displaying "Preparing Surface" and will not let you get to the service screen.	A. Check for an air leak in system and repair if found.			
Mattress will not inflate.	 A. Check the touch screen for any alarm messages. 1) Access the service screen and look at the error log. Resolve any issues listed. if the mattress will now inflate, return it to service. 			
	 B. Listen to the foot box and verify the pump is running. 1) If it is not, verify both the left and the right CPR plugs are properly inserted and snapped in the locking mechanism. If the mattress will now inflate, return it to service. 2) If the fact her pump is running, verify the main air bace is 			
	2) If the foot box pump is running, verify the main air hose is connected at the foot box and verify there are no kinks in the hose.If the mattress will now inflate, return it to service.			
Touch Screen does not respond.	A. If the display backlight is on, go to step D.			
	B. If the display backlight is not on, reference the troubleshooting section for mattress has no power.			
	 C. If the mattress has power, check for 12 VDC on the power board J5 between pin 3 (white/orange) and pin 4 (orange/white). 1) If voltage is present, go to step D. 2) If no voltage, replace the transformer. If the controller now responds, return the mattress to service. 			
	 D. Test with another controller, if available. 1) If the different controller works, go to step E. 2) If the different controller still doesn't respond, open the head box and see if the CAN bus LED's are flashing on the CPU board. a) If the CAN LED's are flashing, do a continuity check on the communication cable between the foot box and the head box or replace the CPU board in the head box. b) If the CAN LED's are not flashing, replace the CPU board and contact your local Stryker service representative to return for fault evaluation. If the controller now responds, return the mattress to service. 			
	 E. Open the non-responding controller and check all the connections. 1) Reseat the connectors, if necessary, and test. 2) Inspect for damage. 3) If the controller now responds, return the mattress to service. 			

Problem / Failure	Recommended Action
Bladder won't inflate or deflate.	 A. Check the solenoid's in the head box M, RS, LS, RP, and LP to measure approximately 110 ohms. 1) Replace if reading is not approximate.
	B. Check the selector valve in the head box RR and LR to measure approximately 110 ohms.1) Replace if reading is not approximate.
The Pendant has no power but the mattress is running and the head box is alarming.	
	B. If it is connected properly, test with another controller. Refer to Pendant Troubleshooting. If the pendant has power, return the mattress to service.

Note

The parts and accessories listed on this page are all currently available for purchase. Some of the parts identified on the assembly drawing parts in this manual may not be individually available for purchase. Please call Stryker Customer Service USA: 1-800-327-0770, Canada: 1-888-233-6888 for availability and pricing.

Part Name	Part Number	
Board, Main PCB (In H	2950-001-223	
Board, Power Supply	2950-001-116	
Cell Assembly, Symme	tric Aire	2950-001-602
Cell Assembly, Check	Valve, Symmetric Aire	2950-001-601
Cell Assembly, Sequen	ce Valve, Symmetric Aire	2950-001-600
Cover, Bottom		2950-101-401
Cover, Top	Dartex	2950-001-451
	Nylon	2950-001-453
	Silver3	2950-001-455
Cover, Top for	Dartex	2950-001-450
FL27 InTouch	Nylon	2950-001-452
	Silver3	2950-001-454
Hand Pendant Assemb	ly	2950-047-000
Hand Pendant, Cable		2950-001-804
Hand Pendant, Display	Assembly	5400-050-060
Kit, Bladder (Includes a	all Bladders, Hoses and Fittings)	2950-700-002
Mattress Extender (To	use on models 2030 and 2040)	2950-100-000
Power Cord, 3 foot (Us	2950-001-426	
Power Cord, 15 foot	2950-001-425	
Pump Assembly	2950-001-317	
Stepper Motor / Rotary	2950-001-230	

TOP COVER REPLACEMENT

- 1. Unplug the mattress power cord from the power source.
- 2. Unzip the mattress cover at the patient's right side midsection and remove.
- 3. Line up the new cover zipper with the bottom cover zipper and zip them together.

FOOT BOX PUMP REPLACEMENT

Required Tools:

- Phillips Screwdriver
- Needle Nose Pliers
- Diagonal Pliers
- 1. Unplug the mattress power cord from the power source.
- 2. Fold the foot section of the mattress back over the head section.
- 3. Using a Phillips screwdriver, remove the seven screws holding the cover on the foot box.
- 4. While holding the pump with one hand, carefully pull on the air hose to remove it from the barbed fitting.
- 5. Using diagonal pliers, carefully cut the cable tie holding the power wires to the mounting post and unplug the connector from the logic board.
- 6. Remove the four Phillips head screws from the bottom of the foot box.
- 7. Remove the pump from the foot box.
- 8. Secure the new pump with the screws removed in step 6.
- 9. Connect the pump power connector to the logic board. Leave enough slack to allow free movement of the foot box to help prevent pinching of the cable.
- 10. Install a new cable tie to hold the power wires to the mounting post.
- 11. Reconnect the air hose to the barbed fitting on the new pump.
- 12. Plug the mattress power cord into the power source and verify that the pump works.
- 13. Reinstall the cover onto the foot box and fold foot end of the mattress back down.
- 14. Test the mattress functionality before returning the mattress to service.

FOOT BOX POWER BOARD REPLACEMENT

Required Tools:

- Phillips Screwdriver
- ESD System (Static Strap)
- 1. Unplug the mattress power cord from the power source.
- 2. Fold the foot section of the mattress back over the head section.
- 3. Using a Phillips screwdriver, remove the seven Phillips head screws holding the cover to the foot box assembly and remove the cover.
- 4. Properly ground yourself.
- 5. Unplug the cable connections from the power board. Note the locations so the new power board will be connected properly.
- 6. Using a Phillips screwdriver, remove the six screws holding the power board to the foot box assembly.
- 7. Remove the power board and contact your local Stryker service representative to return for fault evaluation.
- 8. Reverse the procedure to install the new power board.
- 9. Plug the mattress power cord into the power source and test the mattress functionality before returning the mattress to service.

FOOT BOX TRANSFORMER REPLACEMENT

Required Tools:

- · Phillips Screwdriver
- ESD System (Static Strap)
- Small Regular Screwdriver
- 1. Unplug the mattress power cord from the power source.
- 2. Fold the foot section of the mattress back over the head section.
- 3. Using a Phillips screwdriver, remove the seven Phillips head screws holding the cover to the foot box assembly and remove the cover.
- 4. Properly ground yourself.
- 5. Using a small regular screwdriver, unplug the cable connections from the junction block. Note the locations so the new transformer will be connected properly.
- 6. Using a Phillips screwdriver, remove the screw from the bottom of the foot box securing the transformer to the foot box assembly.
- 7. Remove the transformer and contact your local Stryker service representative to return for fault evaluation.
- 8. Reverse the procedure to install the new transformer.
- 9. Plug the mattress power cord into the power source and test the mattress functionality before returning the mattress to service.

HEAD BOX CPU BOARD REPLACEMENT

Required Tools:

- Phillips Screwdriver
- ESD System (Static Strap)
- 1. Unplug the mattress power cord from the power source.
- 2. Unzip the mattress cover from the patient's left side of the mattress to the patient's right side.
- 3. Unplug the left or right CPR cord to deflate mattress.
- 4. Using the lift handle in the center of the bottom cover at the head, pull the head mattress towards the foot end.
- 5. Pull the bottom cover towards the head exposing the head box.
- 6. Using a Phillips screwdriver, remove the six screws securing the head box top cover and remove the cover.
- 7. Grasp each of the five pressure sensor hoses closest to the sensor and unplug the hoses. Note the locations. Each hose has a number on it that corresponds with a number on the CPU board.
- 8. Unplug the cable connections from the CPU board. Note the locations so the new CPU board will be connected properly.
- 9. Using a Phillips screwdriver, remove the eight screws securing the CPU board to the head box and contact your local Stryker service representative to return for fault evaluation.
- 10. Reverse the procedure to install the new CPU board.
- 11. Plug the mattress power cord into the power source and test the mattress functionality before returning the mattress to service.

HEAD BOX DIAPHRAGM AND SLIP DISC REPLACEMENT

Required Tools

- Phillips Screwdriver
- Torque Driver
- 1. Unplug the mattress power cord from power source.
- 2. Unzip the mattress cover from the patient's left side.
- 3. Unplug the left or right CPR cord to deflate mattress.
- 4. Using the lift handle in the center of the bottom cover at the head, pull the head mattress towards the foot end.
- 5. Pull the bottom cover towards the head exposing the head box.
- 6. Remove the six screws securing the head box top cover and remove the cover.
- 7. Remove the four screws holding the percussion motor bearing caps.
- 8. Remove the six screws from the diaphragm clamp, both sides.
- 9. Remove 2 locknuts to disassemble connecting rod and diaphragm support plates, both sides.
- 10. Remove existing slip discs and diaphragms and replace with new ones.
- 11. Hand tighten 2 locknuts to loosely hold new diaphragm and slip disc to connecting rod and diaphragm support plate, both sides. **Do not tighten at this time.**
- 12. Secure sensor bracket and shaft assembly to right cylinder assembly with bearing block with 9-11 lbf.in.
- 13. Secure shaft assembly to left cylinder assembly with bearing block with 9-11 lbf.in.
- 14. Secure diaphragm support plate screws (6) with 9-11 lbf.in, both sides.
- 15. Rotate shaft assembly so diaphragms are at bottom dead center so all creases and twists are removed from diaphragms. Secure locknuts (2) on support plate with 17-21 lbf.in, both sides.
- 16. Reassemble mattress using steps 1-5 in reverse order.

HEAD BOX STEPPER MOTOR / ROTARY VALVE ASSEMBLY

Required Tools:

- Phillips Screwdriver
- 5/16" Nut Driver
- 1. Unplug the mattress power cord from power source.
- 2. Unzip the mattress cover from the patient's left side of the mattress to the patient's right side.
- 3. Unplug the left or right CPR cord to deflate mattress.
- 4. Using the lift handle in the center of the bottom cover at the head, pull the head mattress towards the foot end.
- 5. Pull the bottom cover towards the head exposing the head box.
- 6. Using a Phillips screwdriver, remove the six screws securing the head box top cover and remove the cover.
- 7. Unplug the stepper motor cable from the CPU board from connector TB10 and untie the two quick ties securing the cables to the rest of the cables.
- 8. Hold the rotary valve assembly together while unplugging one hose at a time and plugging it in to the new valve into the same locations, repeat on all five hoses. Using a 5/16" nut driver, remove the three nuts securing the stepper motor / rotary valve assembly to the head box and remove.
- 9. Install the new stepper motor / rotary valve assembly and reverse the steps. Perform a diagnostics test and verify the mattress is functioning properly with no alarms or errors and contact your local Stryker service representative to return for fault evaluation.
- 10. Install the new stepper motor / rotary valve assembly and reverse the steps.
- 11. 11. Perform a diagnostics test and verify the mattress is functioning properly with no alarms or errors.

CELL ASSEMBLY REPLACEMENT KIT

Required Tools:

- Tubing Cutter
- Rubbing Alcohol
- 1. Unplug the mattress power cord from the power source.
- 2. Unzip top cover (counter-clockwise) and remove.
- 3. Cut spiral tubing just above 90 degree fitting from head box, four places. Refer to Figure 1.



Figure 1

4. Remove existing 90 degree fittings from head box and replace with new 90 degree fittings, four places. Refer to Figure 2 for orientation.



Figure 2

CELL ASSEMBLY REPLACEMENT KIT (CONTINUED)

Fold back head end of mattress as shown in Figure 3.
 Note: Two people required to fold back foam crib and head box.



Figure 3

6. Cut tubing just above the 90 degree fitting from the head box; two places. Refer to Figure 4.

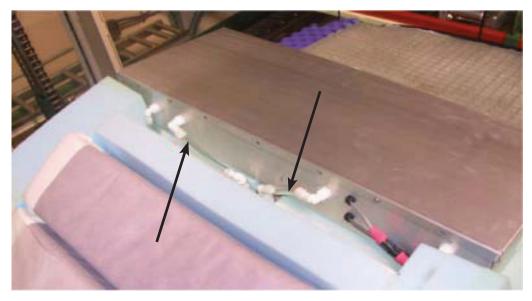


Figure 4

7. Remove existing 90 degree fittings from head box and replace with new 90 degree fittings, two places. Refer to Figure 5 for orientation.



Figure 5

CELL ASSEMBLY REPLACEMENT KIT (CONTINUED)

- 8. Return head end mattress back to original flat position.
- Note: Two people required to return mattress to original flat position.
- 9. Unsnap cell-retaining strap from cell assembly near foot end as shown in Figure 6.
- 10. Remove Cell Assembly and contact your local Stryker service representative to return for fault evaluation.



Figure 6

INSTALLATION OF NEW CELL ASSEMBLY

1. Place new cell assembly on top of foam crib. Refer to Figure 7.



Figure 7

2. Snap retaining strap to new assembly. Refer to Figure 6.

INSTALLATION OF NEW CELL ASSEMBLY (CONTINUED)

3. Fold back cell assembly to expose tubing.

4. Insert tubing into opening in foam crib. Note: Maintain tubing orientation.

and head box.

5. Fold back head end of mattress. Refer to Figure 3. Note: Two people required to fold back foam crib



Figure 8



Figure 9

- Connect tubing to new 90 degree fittings, two places. Rubbing alcohol may be applied to fittings for easier installation. Ensure fittings are fully inserted into tubing. Refer to Figure 10.
- Return head end of mattress down to original flat position.
 Note: Two people required to fold back foam crib

and head box.



Figure 10

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INSTALLATION OF NEW CELL ASSEMBLY (CONTINUED)

- Twist spiral tubing clockwise onto new 90 degree fitting on head box. See Figure 11 and tubing routings for correct installation. Rubbing alcohol may be applied to fittings for easier installation.
- Push 90 degree fitting from spiral tubing into tubing from air cell assembly. See Figure 11 and tubing routings for correct installation. Rubbing alcohol may be applied to fittings for easier installation. Ensure fittings are fully inserted into tubing.
- 10. Repeat steps 7 & 8 for three remaining spiral tubing connections.



Figure 11

- 11. Zip mattress cover closed.
- 12. Power up mattress.
- 13. After mattress fill, (approximately 1 minute) verify the mattress is flat. The rotation bladders should not fill.
- 14. Put the mattress into the service mode. (Lock Screen, Hold Percussion 5 seconds, Hold Rotation 5 seconds, Press Start).
- 15. Perform a diagnostic test to verify the mattress is working correctly.

The service screen and its functions are for use by authorized service personnel only otherwise equipment malfunction could result.

TO ACCESS THE SERVICE SCREEN

Applies to Standalone Mattresses Only:

- 1. Plug the mattress power cord into a power source.
- 2. With the mattress and touch screen functioning:
 - a) Select
 - b) Select and hold Percussion for approximately five seconds.
 - c) Select and hold **Rotation** for approximately five seconds until the service welcome displays on the controller.

Note

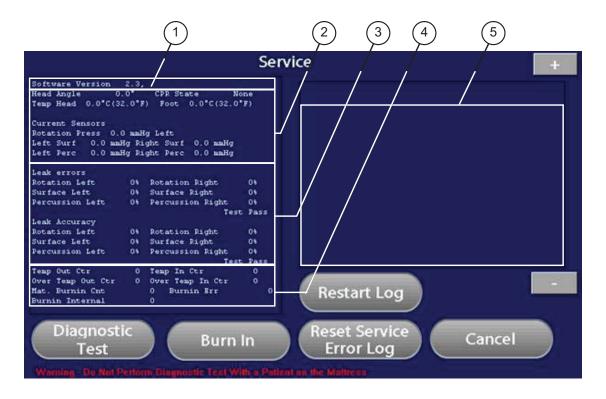
- Lock/Percussion/Rotation
- 3. Select Start to enter the service screen.

Applies to Mattresses Integrated with FL27 InTouch Model Beds Only:

- 1. Plug the mattress power cord into a power source.
- 2. Push the Support Surfaces button/tab.
- 3. With the mattress and touch screen functioning:
 - a) Select
 - b) Select and hold Percussion for approximately five seconds.
 - c) Select and hold Rotation for approximately five seconds until the service welcome displays on the footboard display.
- 3. Select Start to enter the service screen.







- 1. Touch Screen and CPU software revision.
- 2. Current status of the mattress. Automatically refreshes every few seconds.
- 3. Result of Diagnostic Test. Shows no values until the Diagnostic Test is run. Values update as tests are executed.
- 4. Over temperature status.
- 5. Service/Error log. Displays service codes and descriptions. Press + or to scroll through the list of events/errors.

SERVICE SCREEN FUNCTIONS

To run the mattress diagnostic test, select the Diagnostic Test. The test runs automatically and takes a few minutes. The mattress bladders inflate and are tested for leaks.

Do not perform the Diagnostic Test with a patient on the mattress to ensure patient safety.

NOTE

Do not start the diagnostic test unless the cells have been deflated. An external pressure, such as leaning on the mattress or an external piece of equipment in contact with the mattress can cause the diagnostic test to report inaccurate results.

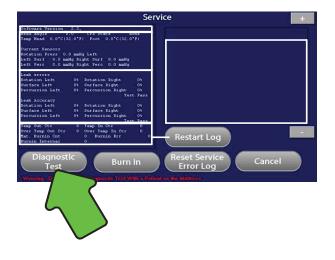
Burn-In is used in 'Manufacturing' to test the mattress prior to shipment. Runs functions automatically for 24 hours.

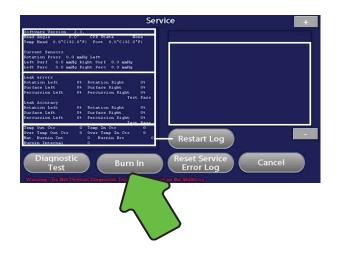


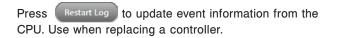
Do not perform Burn-In.

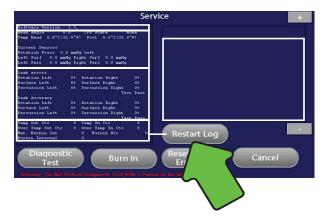
Note

This is not used in the field.



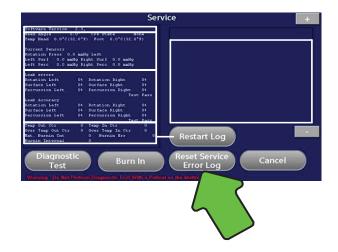




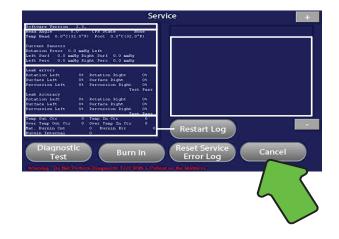


SERVICE SCREEN FUNCTIONS (CONTINUED)

Press Reset Service Error/Log to clear the service error log.



Press Cancel to cancel any of the service screen functions.



SERVICE CODES

Note

- Primary wire color is referenced first and the strip color is referenced second. For example, white/orange is a white wire with an orange stripe.
- Disconnect connector from the PC board during cable continuity tests. Never insert meter leads or anything else into the connector pin receptacle and check continuity at the access slot on the side of the connector.

Service Event	Code	Description	Problem Area
Pendant_Disconnected	65	No heartbeat between the touch screen and the head box control. PCB communication. Headbox beeps during disconnect. Possible installation procedure was not followed and mattress was powered up without pendant connected. Suggest reset service log and monitor for additional error 65. Proceed to troubleshooting if multiple errors are logged.	 Check black cable connector is secure and twist locked. Check wire continuity of all black cable wires from foot box PCB to pendant PCB. Check blue cable white/orange, white/ blue and blue/white wires for continuity from foot box to head box. Check yellow cable clear wire for continuity from foot box to head box.
CPR_Left	66	Left CPR plug is not detected.	 Check CPR plug on patient left side is fully engaged and snapped. Check blue wires are connected to common and normally open contacts of CPR switch in head box. Check for switch continuity between blue wires when plug is engaged. Check connector is fully engaged to head box control PC board TB6.
CPR_Right	67	Right CPR plug is not detected.	 Check CPR plug on patient right side is fully engaged and snapped. Check violet wires are connected to common and normally open contacts of switch. Check for switch continuity between violet wires when plug is engaged Check connector is fully engaged to PCB TB6.
CPR_Both	68	Both CPR plugs are not detected.	 Check CPR plugs are fully engaged and snapped. Check connector is fully engaged to PCB TB6.

SERVICE CODES (CONTINUED)

Service Event	Code	Description	Problem Area
FootEndLow	69	Abnormal temperature in foot box. Temperature is between 120 - 140 degrees F (48.8 - 60 degrees C).	This message is entered into the service log as information only for trending purposes. There is no error message displayed to the user.
FootEndHigh	70	Over temperature in foot box. Temp. > 140 degrees F (60 degrees C). Displays message "Auto. Overload Caused a Power Shutdown."	 Let unit cool, reset service alarm by resetting service log and cycling power. Open service screen and if temperature is over 140 degrees F (60 degrees C) with cool foot box, check blue cable white/green and orange/white conductors. Bend blue cable at all connector locations and monitor foot box temperature reading. Check for continuity or intermittence in all blue wire harnesses between the foot box and head box for white/green and orange/white conductors. Check for kinked supply tubing in mattress and replace with wire reinforced supply tubing and clamps if necessary. Check for kinked Low Air Loss tubing. Check for plugged bulkhead fitting at foot box and replace if necessary. Check for supply tubing from compressor to bulkhead fitting in foot box. Check for supply tubing too close or touching sensor U5 on power PCB. Replace the transformer if the no- load current is greater than 50ma. To measure the no-load current, disconnect J12 from the power PC board and measure the AC current through the brown wire between the EMI filter and the terminal block. CAUTION - HIGH VOLTAGE MEASUREMENT.
HeadEndLow	71	Abnormal temperature in head box. Temperature is between 120 - 140 degrees F (48.8 - 60 degrees C).	This message is entered into the service Log as information only for trending purposes. There is no error message displayed to the user.
HeadEndHigh	72	Over temperature in head box. Temp. > 140 degrees F (60 degrees C). Displays message "Auto. Overload Caused a Power Shutdown."	 Check for overheated percussion motor. Check percussion motor belt tension. Check connecting rod bearing.

70

SERVICE CODES (CONTINUED)

Service Event	Code	Description	Problem Area
TurnAssist	73	Turn-Assist time limit was reached.	Operator selected turn assist nursing feature and did not return to a therapy mode. Train operator on Turn-Assist function and alarms.
MaxInflate	74	Max inflate time limit was reached.	Operator selected Max Inflate nursing feature and did not return to a therapy mode. Train operator on Max Inflate function and alarms.
HugePressureLeak	75	Set point pressure was not reached within 10 minutes. Unit may not complete "Preparing Surface" screen. Displays message "Service Required by Qualified Service Personnel".	 Check for tubing leaks at connections. Check for leaks in cells. Check CPR engagement and "O" rings. Check for compressor output of 28 to 32 lpm during initial inflation. This can be tested by connecting a flow meter in line at foot box, pulling a CPR plug and holding CPR limit switch engaged. Check for kinked supply tubing in mattress and replace with wire reinforced supply tubing and clamps if necessary. Check for plugged bulkhead fitting at foot box and replace if necessary.
LowPressureLeak	76	The compressor restarted 20 times with less than 20 seconds between each restart.	This message is entered into the service log as information only for trending purposes. There is no error message displayed to the user.
Stepper_Alarm	77	Stepper motor could not find home in specified number of steps.	 Check that the stepper motor/rotary valve completes two revolutions and stops with the flag in front of the optical sensor during power-up. Check that the valve spins freely by hand and is not bound or jammed. Check that the connectors are fully seated in the head box control PC board at TB9 and TB10. Check the optical sensor for a voltage between the orange and green wires (TB9) for 1.2 volts. If not present, replace head box control PC board. Check the optical sensor for a voltage between the blue and white wires (TB9) of less than 0.2 volts DC when the flag is aligned with the sensor and greater than 4.0 volts DC when not aligned. Replace sensor if necessary.

SERVICE CODES (CONTINUED)

Service Event	Code	Description		Problem Area
PercMotor Speed Alarm	81	Percussion motor does not run.	1. 2. 3. 4.	Check drive belt is not broken or worn. Manually try to rotate percussion shaft. Check for binding or bearing wear. Check the shaft pulley for loose set screws. Repair or replace as necessary. Check that the connectors are fully seated in the head box control PC board at TB2 and TB8. Start percussion therapy and check that the motor tries to turn. Check for approximately 2 VDC at TB2 for 2 bps setting and 9 VDC for 6 bps setting. If voltage present, replace motor. If voltage is not present, replace head
			5.	box control PC board. Check the optical sensor for a voltage between the orange and green wires (TB8) for 1.2 volts. If not present, replace head box control PC board. If motor spins momentarily but then stops, check the optical sensor for a voltage between the blue and white wires (TB8) of less than 0.2 volts DC when the shaft is blocking the sensor and greater than 4.0 volts DC when the flat is aligned. Align or replace sensor if necessary.
HeadEndElevation	85	Head elevation is 60 degrees or greater.	1.	Operator selected rotation therapy with the head of the bed at greater than 60 degree angle. Train operator on rotation therapy function and alarms.
MainPressureLeak	91	Percussion cells did not inflate to pressure set point within 10 seconds.	1. 2. 3.	Check for leaks in percussion cells. Check for compressor output of 28 to 32 lpm during initial inflation. This can be tested by connecting a flow meter in line at foot box, pulling a CPR plug and holding CPR limit switch engaged. Check for kinked supply tubing in mattress and replace with wire reinforced supply tubing and clamps if necessary. Check for plugged bulkhead fitting at foot box and replace if necessary.

SERVICE CODES (CONTINUED)

Service Event	Code	Description	Problem Area
ProductionTestLeak	92	Cell under diagnostic test did not inflate to 50 mmHg pressure within 3 minutes. This message will only occur during a diagnostic test from the service screen.	 Check for tubing leaks at connections. Check for leaks in cells. Check CPR engagement and "O" rings. Check for compressor output of 28 to 32 lpm during initial inflation. This can be tested by connecting a flow meter in line at foot box, pulling a CPR plug and holding CPR limit switch engaged. Check for kinked supply tubing in mattress and replace with wire
			reinforced supply tubing and clamps if necessary.6. Check for plugged bulkhead fitting at foot box and replace if necessary.
StepperOverCurrent	95	An over-current has been detected on the stepper motor drive circuit.	 Check for cut or shorted wires between the control PC board at TB10 and the stepper motor. Replace rotary valve assembly.
ValvesOverCurrent	96	An over-current has been detected in one of the solenoid valves.	 Check for cut or shorted wires between the control PC board at TB12 or TB14 and one of the solenoid valves. Replace solenoid valve.
PercOverCurrentAlarm	97	An over-current has been detected on the percussion motor.	 Check for cut or shorted wires between the control PC board at TB2 and the percussion motor. Replace percussion motor.
FootOverTempService	98	Two or more FootEndHigh alarm code 70 occurred within 24 hours.	 Refer to alarm code 70 for troubleshooting steps. The service log must be reset to clear this alarm.
HeadOverTempService	99	Two or more HeadEndHigh alarm code 70 occurred within 24 hours.	 Refer to alarm code 72 for troubleshooting steps. The service log must be reset to clear this alarm. To reset this alarm; open the service screen, reset the service log and cycle the power to the mattress.
OverPressureReading	100	Excessive pressure was sensed in an air cell that is not intended to be filling.	 Rotary valve stopped at the wrong position and is filling the wrong cell. Check tubing for proper connections.

SERVICE CODES (CONTINUED)

Service Event	Code	Description		Problem Area
12VPowerFailure	101	12 volt supply drops below 10 volts.	1. 2. 3.	Check for 24 to 30 volts DC non filtered at the power PC board between J4 pin 3 and J4 pin 4 and also at control PC board between TB1 pin 2 and TB1 pin 3. Check for 12 VDC between TP9 and TB1 pin 2. Replace control PC board.
CorruptedMemory	103	Controller has detected corrupted memory.	1.	Replace control PC board.
Sensor Select Solenoid Valve	104-0	The compressor is on 100% for an extended time while filling a rotation cell. This error can also occur if the rotation rate parameters are changed without stopping therapy first.	1. 2. 3. 4. 5. 6.	to 32 lpm during initial inflation. This can be tested by connecting a flow meter in line at foot box, pulling a CPR plug and holding CPR limit switch engaged. Check for kinked supply tubing in mattress and replace with wire reinforced supply tubing and clamps if necessary. Check for plugged bulkhead fitting at foot box and replace if necessary. Check main valve marked "M". If the main valve is sticking, the air flow will be routed to the low air loss tubing instead of the cell assemblies.

SERVICE CODES (CONTINUED)

Service Event	Code	Description	Problem Area	
Sensor Select Solenoid Valve	104-1	The system did not detect a difference in pressure between the two rotation circuits. Both rotation cells are filling at the same time.	rings.	
Reset Occurred	134	The system lost power and restarted.	 This is not an error message rather an indication that the system lost power and then the power was reapplied. 	

ALARMS / ERRORS

If the screen displays "ALARM Service Required by Qualified Service Personnel", something has occurred to prevent the mattress from providing therapy. Service is required by qualified service personnel.

- If the message displays when the mattress is powering up, remove the mattress from use and notify service.
- If the message displays when a therapy is selected, service will be required before the selected therapy can be used.

If the screen displays "ALARM Auto. Overload Caused a Power Shut Down Ref. Oper. Manual", the mattress will automatically shutdown. Immediately unplug the mattress power cord from the power source and remove the patient from the mattress.

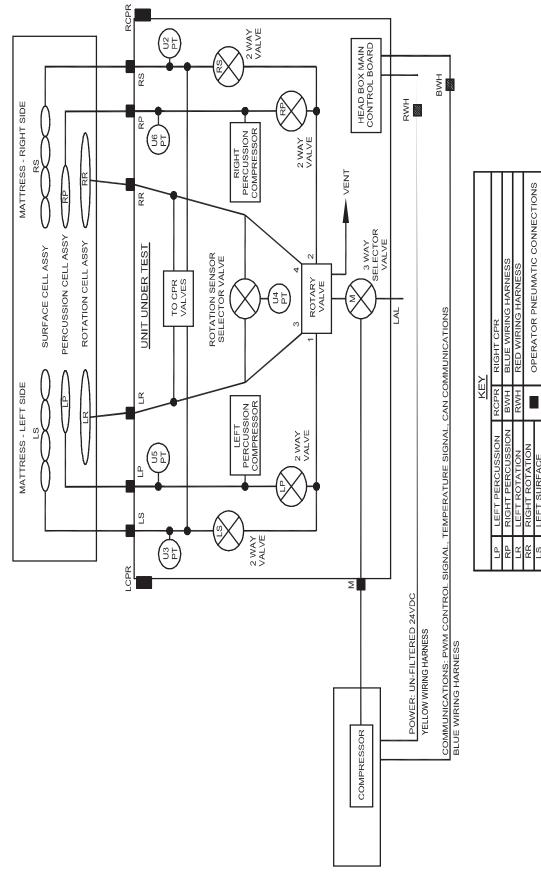
 After 30 minutes have elapsed, if the condition has cleared and the unit is plugged into the power source, the mattress will restart. If the overload condition occurs again within 24 hours, the mattress cannot be used until service is performed by qualified service personnel.





ERRORS

Service Event	Code	Description
MAIN_LEAK	136	Diagnostic test leak rotation bladder circuit.
LEFT_SURFACE_LEAK	137	Diagnostic test leak rotation bladder circuit.
RIGHT_SURFACE_LEAK	138	Diagnostic test leak rotation bladder circuit.
LEFT_PERCUSSION_LEAK	139	Diagnostic test leak percussion bladder circuit.
RIGHT_PERCUSSION_LEAK	140	Diagnostic test leak percussion bladder circuit.
INVALID_COMMAND	146	An invalid command has been received by the mattress controller.



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OPERATOR ELECTRICAL CONNECTIONS

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LEFT CPR

LCPR

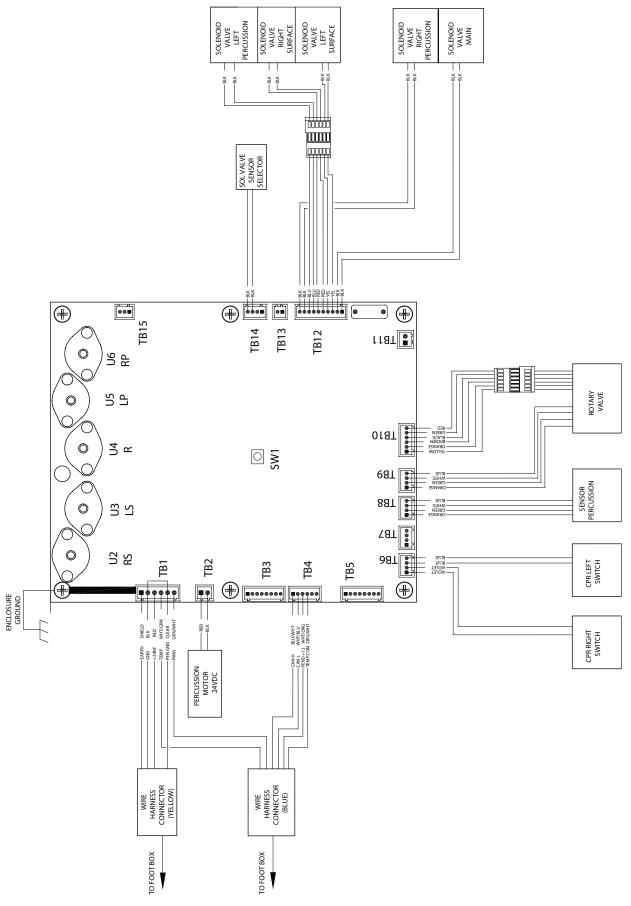
CPR PLUGS

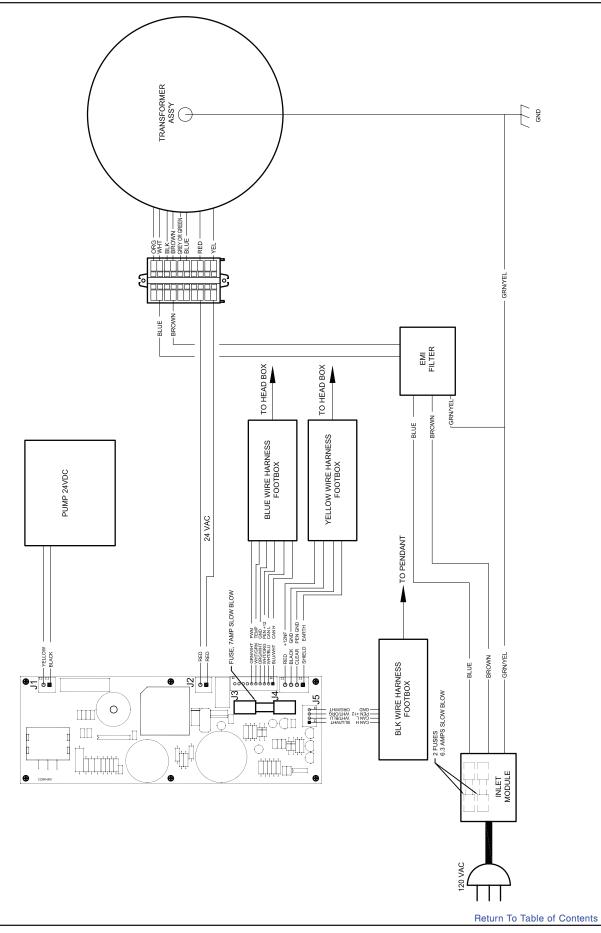
IGHT SURFAC AIN DW AIR LOSS

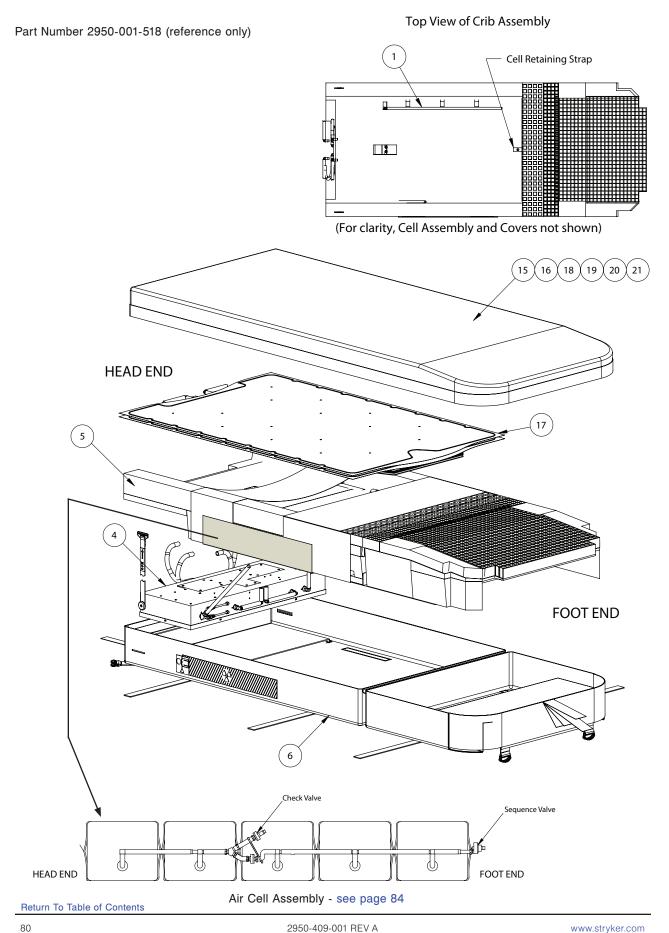
RS

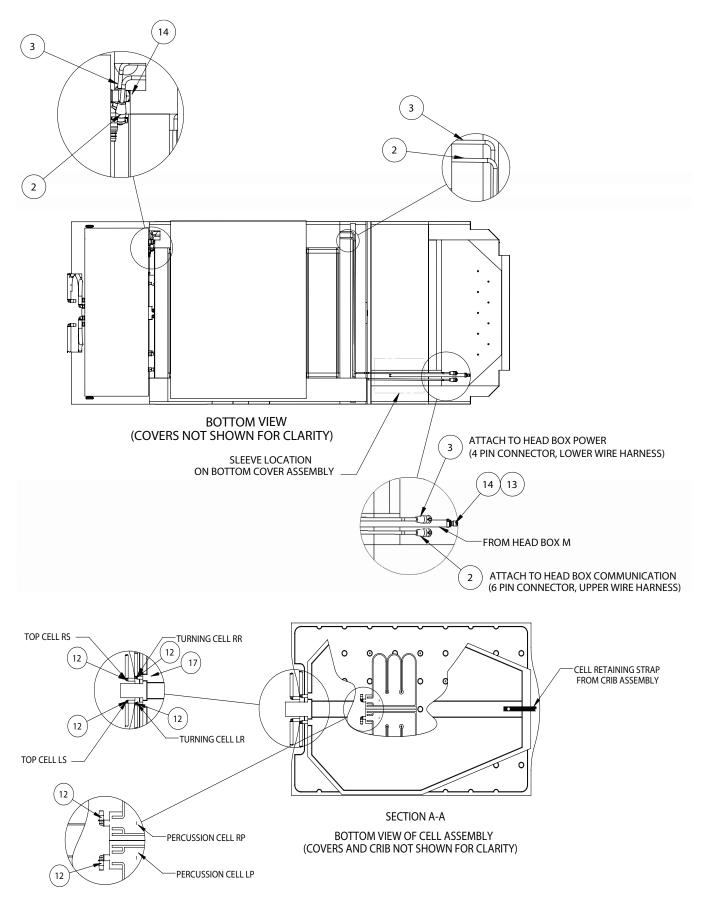
Σ

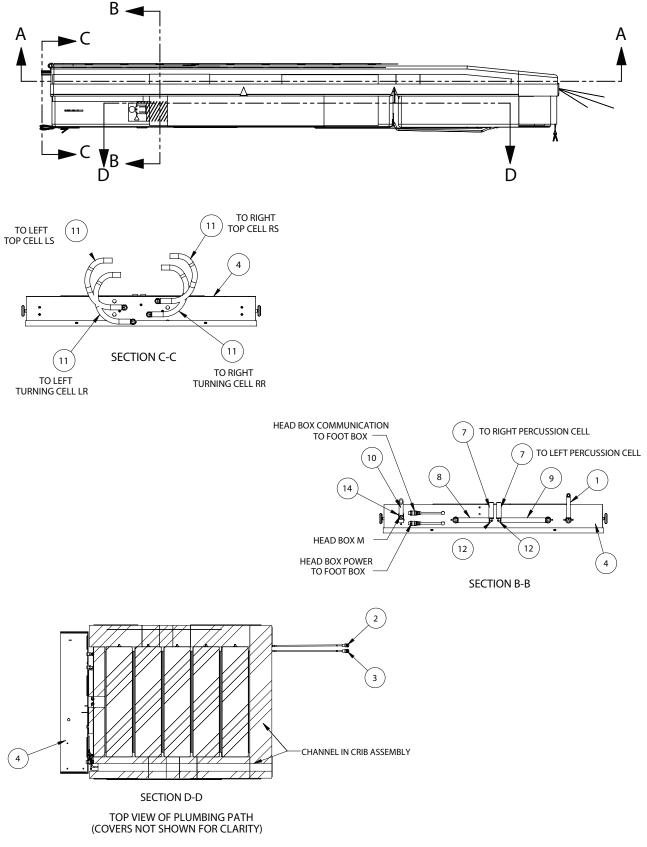
Head Box Wiring Block Diagram









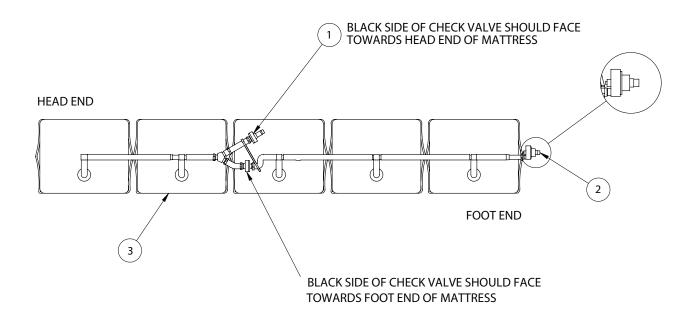


Mattress Assembly - 2950-001-518 (reference only)

ltem	Part No.	Part Name	Qty.
1	2950-001-422	Hose Assembly, LAL	1
2	2950-002-801	Wire Harness Foot to Head Box, Blue	1
3	2950-002-803	Wire Harness, Foot to Head Box, Yellow	1
4	2950-001-300	Head Box Assembly (see page 85)	1
5	2950-001-507	Crib Assembly	1
6	2950-101-401	Bottom Cover	1
7	2950-001-419	Tubing, Vinyl 1/2 ID x 2-1/4 Lg	2
8	2950-001-441	Tubing, Vinyl 1/2 ID x 4-1/2 Lg	1
9	2950-001-414	Tubing, Vinyl 1/2 ID x 6-1/2 Lg	1
10	2950-001-418	Tubing, Vinyl 3/8 ID x 9/16 OD x 91.5 Lg	1
11	2950-001-445	Tubing, PVC Reinforced 1/2 ID x 12 Lg	4
12	2950-001-415	Fitting, 90 Degree Elbow	1
13	2950-001-416	Coupling, Male	1
14	2950-001-509	One-Ear Clamp	2
15	2950-001-455	Top Cover, Silver3	
16	2950-001-454	Top Cover, Silver3 InTouch	
17	2950-001-508 **	Cell Assembly	1
18	2950-001-453	Top Cover, Nylon	
19	2950-001-452	Top Cover, Nylon InTouch	
20	2950-001-451	Top Cover, Dartex	
21	2950-001-450	Top Cover, Dartex InTouch	

** Note: Reference Kit 2950-700-002 for this part number

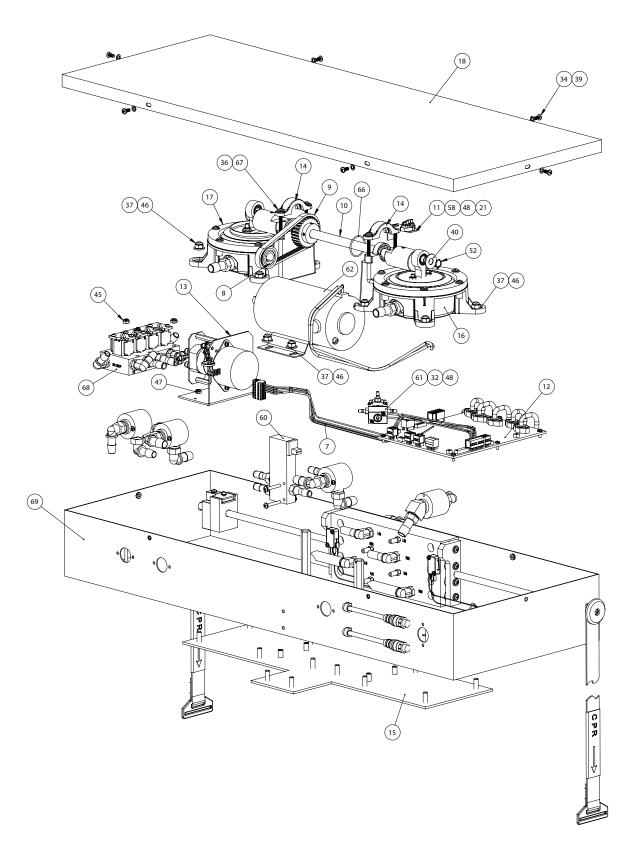
Part Number 2950-001-602 (reference only)

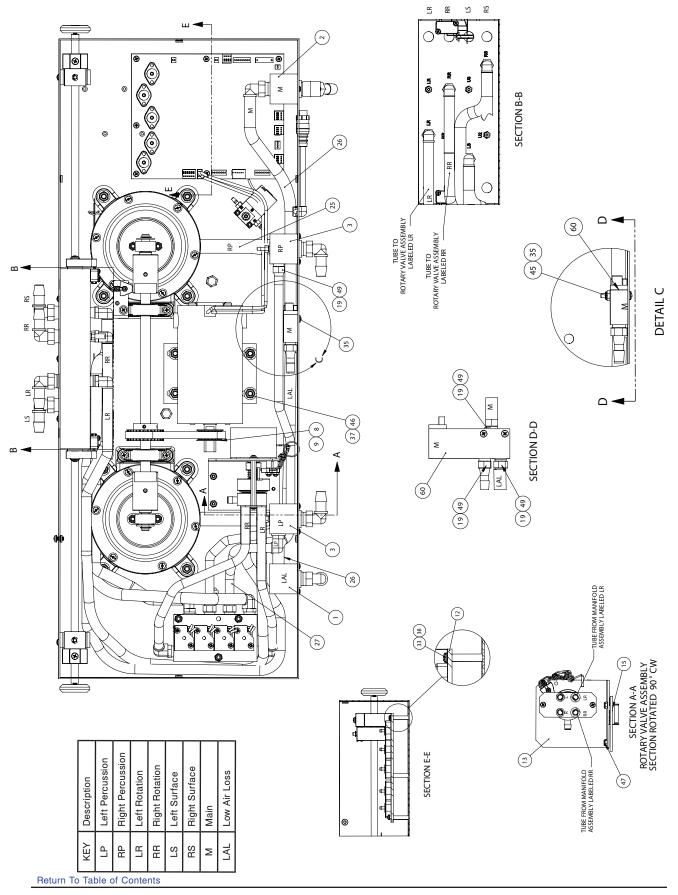


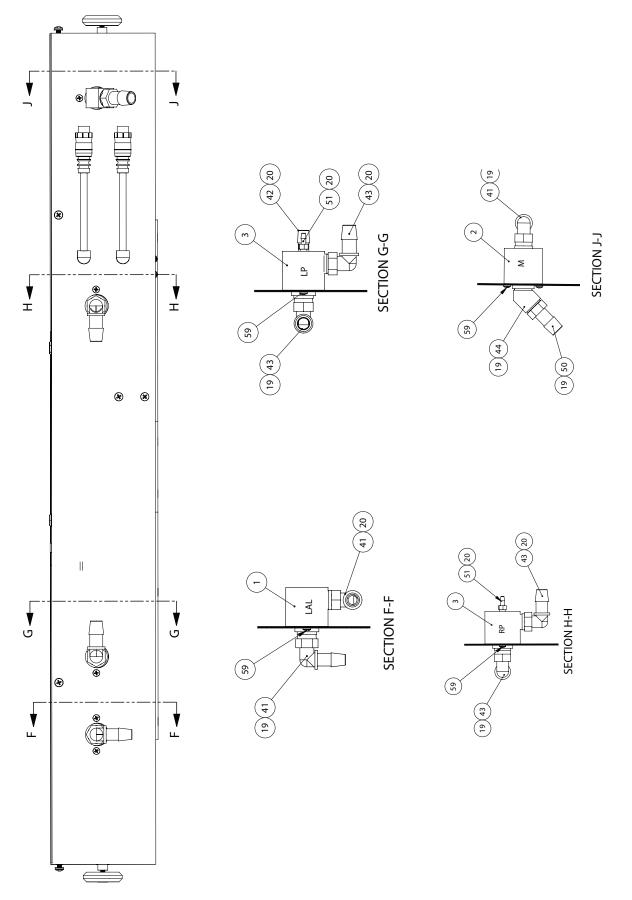
Air Cell Assembly - 2950-001-602 (reference only)

Item	Part No.	Part Name	Qty.
1	2950-001-601	Check Valve	1
2	2950-001-600	Sequence Valve	1
3	2950-001-316	Symmetric Aire Cell, Foam	5

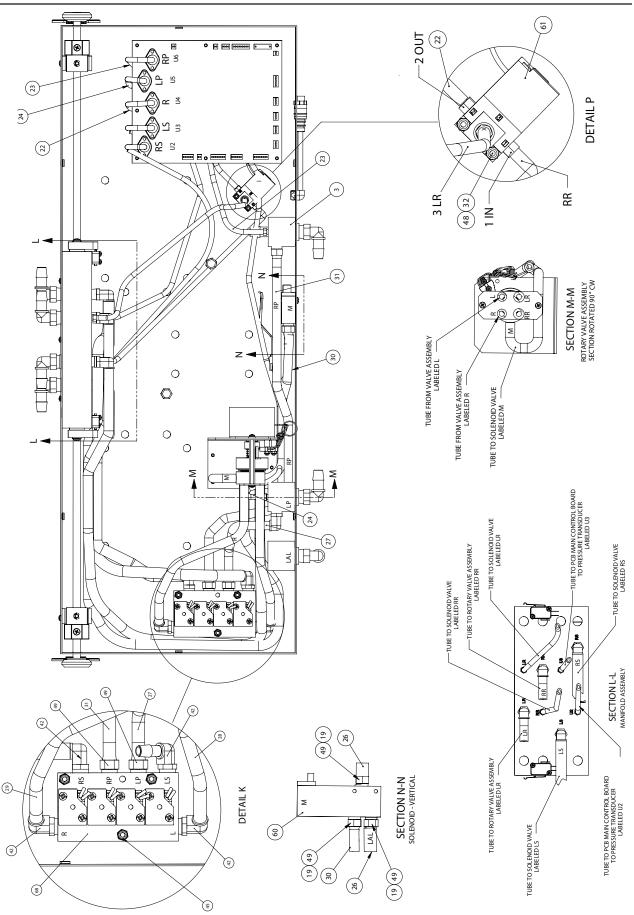
Part Number 2950-001-300 (reference only)

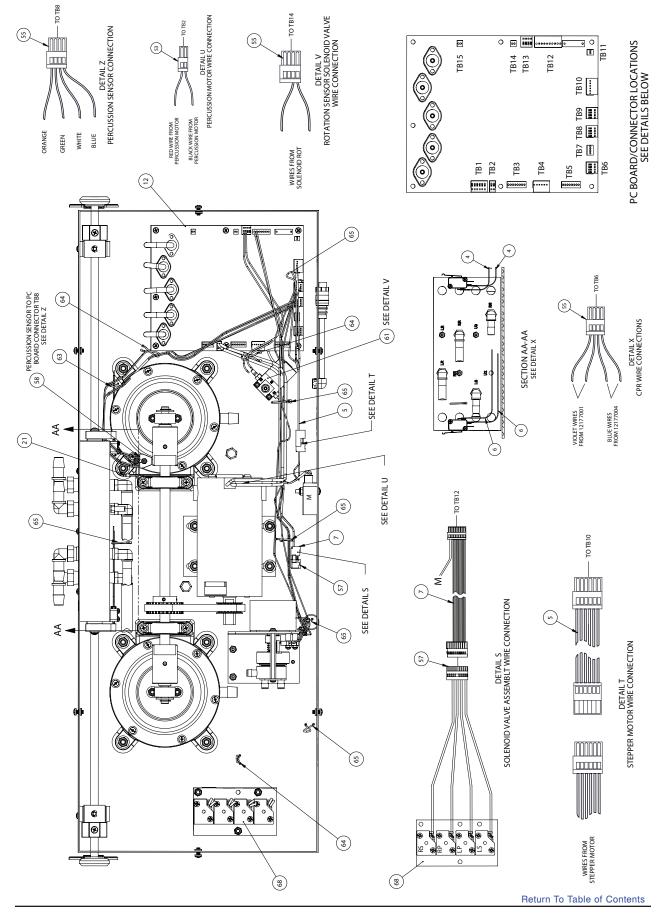


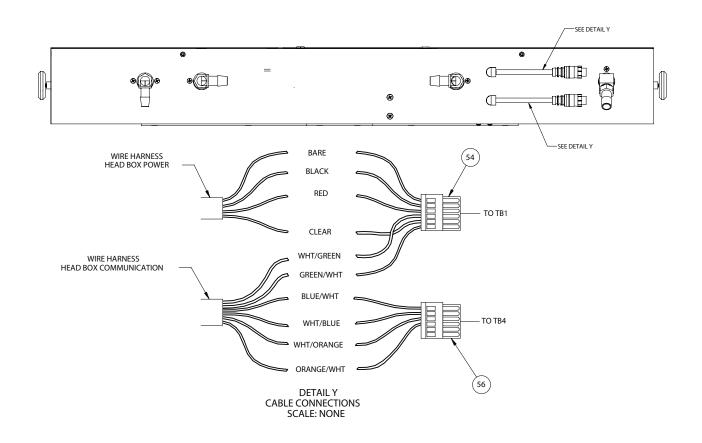




Head Box Assembly







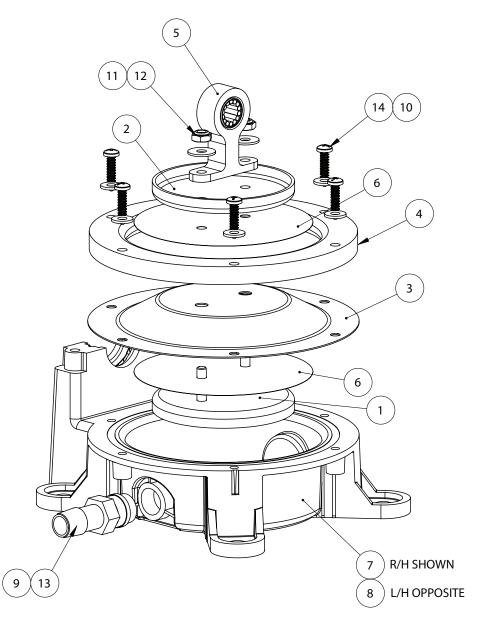
Head Box Assembly - 2950-001-300 (reference only)

Item	Part No.	Part Name	Qty.
1	2950-001-226	Connector, Bulkhead	1
2	2950-001-227	Connector, Bulkhead	1
3	2950-001-228	Connector, Bulkhead	2
4	2950-001-245	Wire Harness Assembly	2
5	2950-001-246	Wire Harness Assembly	1
6	2950-101-244	Wire Harness Assembly	2
7	2950-001-301	Wire Harness Assembly Solenoid Manifold	1
8	2950-001-220	Pulley, Motor	1
9	2950-001-214	Belt	1
10	2950-001-212	Shaft Assembly	1
11	2950-001-216	Bracket, Sensor	1
12	2950-001-223	PCB, Main Control Board Assembly	1
13	2950-001-230	Carbon Valve Assembly	1
14	2950-001-500	Bearing Cap	2
15	2950-001-209	Stiffening Plate	1
16	2950-001-213	Cylinder Assembly, Right (see page 92)	1
17	2950-001-208	Cylinder Assembly, Left (see page 92)	1
18	2950-101-202	Cover Head End	1
19	N/A	Teflon Tape, 1/2"	0
20	2950-003-611	Plastic Pipe Sealant	0
21	2950-001-290	Tie Wrap, Self Locking Type	1
22	2950-001-262	Tubing, Vinyl 1/8 ID x 11 Lg	1
23	2950-001-263	Tubing, Vinyl 1/8 ID x 17 Lg	1

Head Box Assembly - 2950-001-300 (reference only)

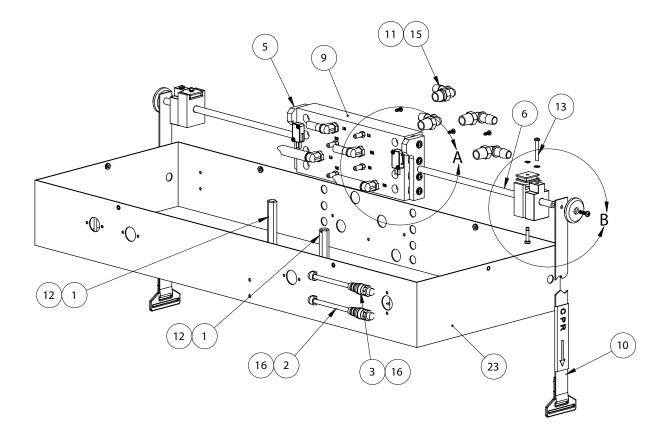
Item	Part No.	Part Name	Qty.
24	2950-001-264	Tubing, Vinyl 1/8 ID x 30-1/2 Lg	1
25	2950-001-259	Tubing, Vinyl 1/2 ID x $3-3/4$ Lg	2
26	2950-001-261	Tubing, Vinyl 3/8 ID x 9/16 OD x 11 Lg	2
27	2950-101-250	Tubing Silicone 1/4 ID x 7/16 OD x 5 Lg	1
28	2950-001-305	Tubing Silicone $1/4$ ID x 7/16 OD x 8.5 Lg	1
29	2950-001-306	Tubing Silicone $1/4$ ID x 7/16 OD x 9.5 Lg	1
30	2950-001-501	Tubing Silicone $1/4$ ID x 7/16 OD x 12 1/2	1
31	2950-101-254	Tubing Silicone $1/4$ ID x $7/16$ OD x 12 $1/2$ Tubing Silicone $1/4$ ID x $7/16$ OD x 19 Lg	1
32	2950-001-308	Screw Mach Ph Cr 4-40 UNC 2A x 1 Lg	2
33	2950-001-272	Screw Mach Ph Cr 6-32 UNC 2A x 3/8 Lg	7
34	2950-001-272	Screw Mach Ph Cr 8-32 UNC 2A x 3/8 Lg	6
35	2950-001-307	Screw Mach Ph Cr 8-32 UNC 2A x 1-1/8" Lg	2
36	2950-001-502	Washer Plain SAE SS	4
37	2950-001-211	Washer Plain 1/4 SST	- 12
38	2950-001-503	Lockwasher, Internal No. 6 SST	7
39	2950-001-285	Lockwasher Internal No. 8 SST	6
40	2950-001-267	Washer, Nylon 3/8 ID x .88 OD	2
41	2950-001-235	Fitting, 90° Elbow, $3/8$ NPT x $3/8$	3
41	2950-001-236	Fitting, 90° Elbow, 1/4 NPT x 3/8	5
42	2950-001-237	Fitting, 90° Elbow, 3/8 NPT x 1/2	4
43	2950-001-237	Fitting, 45° Elbow Brass 3/8 Male, 3/8	4
44	2950-001-504	Female NPT	1
45	2950-001-171	Locknut Elastic 8-32 UNC	5
45	2950-001-171		5 12
40	2950-001-210	Locknut Elastic 1/4-20 UNC Locknut Elastic 6-32 UNC	3
			3 4
48	2950-001-167	Locknut Elastic 4-40 UNC	
49	2950-001-239	Fitting, 1/4 NPT x 3/8 ST	6 1
50 51	2950-001-548 2950-001-240	Fitting, 3/8 NPT x 3/8 ID Tube Fitting, Miniature 1/4-28 UNF	I
51	2950-001-240	1/8 ID Tube Nylon	0
52	2950-001-268	Ring Retaining External, .338 ID	2 2
			2
53	2950-001-296	Block Terminal Connector Female	1
E A	2050 001 207	3.5 mm 2 Pin Black Terminal Conn. Formala 2.5 mm 6 Pin	1
54 55	2950-001-297 2950-001-292	Block Terminal Conn. Female 3.5 mm 6 Pin	
55		Block Terminal Conn. Female, 2.5mm 4 Pin	3 1
56 57	2950-001-293	Block Terminal Conn. Female 2.5mm 6 Pin	
57 58	2950-001-309	Block Terminal Conn. Female 2.5mm 10 Pin	1
58	2950-001-217	Sensor Reflecting Object	1
59	2950-001-282	Screw Plastite Thd Form	0
60	2050 001 225	Ph Cr 6-19 x 3/8 Lg Valve Solenoid 24 VDC	8
60 61	2950-001-225	Sensor Solenoid 24 VDC	1
61	2950-001-224		1
62 62	2950-001-219	Motor, 24 VDC	1
63	2950-001-255	Lock Twist Nylon, .3 Bundle Dia	1
64 65	2950-001-256	Lock Twist Nylon, .5 Bundle Dia	3
65 66	2950-001-257	Lock Twist Nylon, .8 Bundle Dia	6
66 67	2950-001-505	O-Ring, Buna	2
67 68	2950-001-506	Screw, Ph Mach, with Nylock Patch	4
68	2950-001-303	Valve Assembly Solenoid Manifold	1
69	2950-001-302	CPR Dump Assembly (see page 94)	1

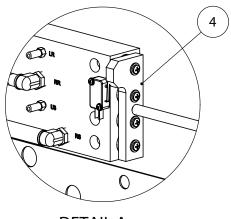
Part Number: 2950-001-208 Left 2950-001-213 Right



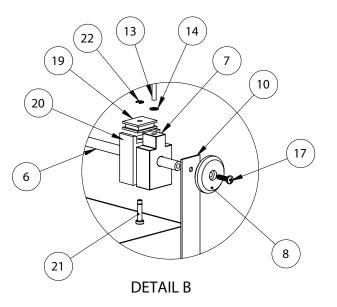
Item	Part No.	Part Name	Qty.
1	2950-003-601	Diaphragm Support Assembly	1
2	2950-003-602	Diaphragm Support Plate	1
3	2950-003-603	Diaphragm	2
4	2950-003-604	Diaphragm Clamp Ring	1
5	2950-003-606	Connecting Rod Assembly	1
6	2950-003-607	Slip Disc	2
7	2950-003-608	Cylinder Base Right Hand	1
8	2950-003-609	Cylinder Base Left (not shown)	1
9	2950-003-611	Plastic Pipe Sealant	0
10	2950-003-612	Plain Washer, SAE SST #8	6
11	2950-003-613	Plain Flat Washer, SAE S/S #10	2
12	2950-003-614	10-24 Elastic Locknut	2
13	2950-003-616	Nylon Fitting	1
14	2950-003-617	#8 x 3/4 Lg Screw	6

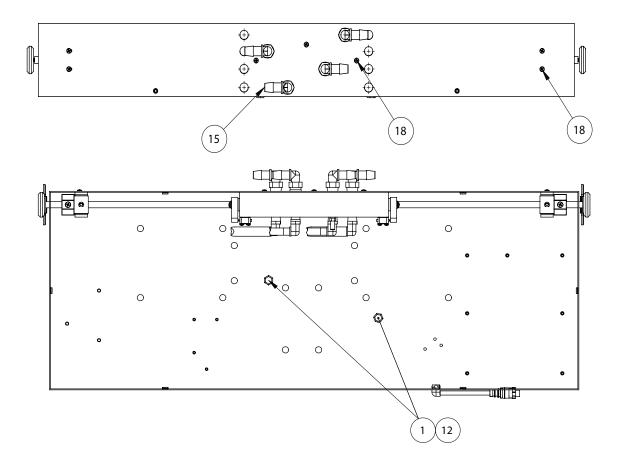
Part Number 2950-001-302 (reference only)





DETAIL A

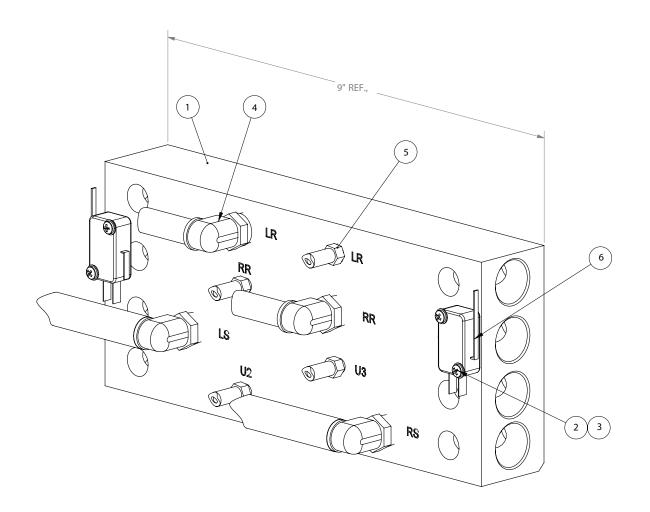




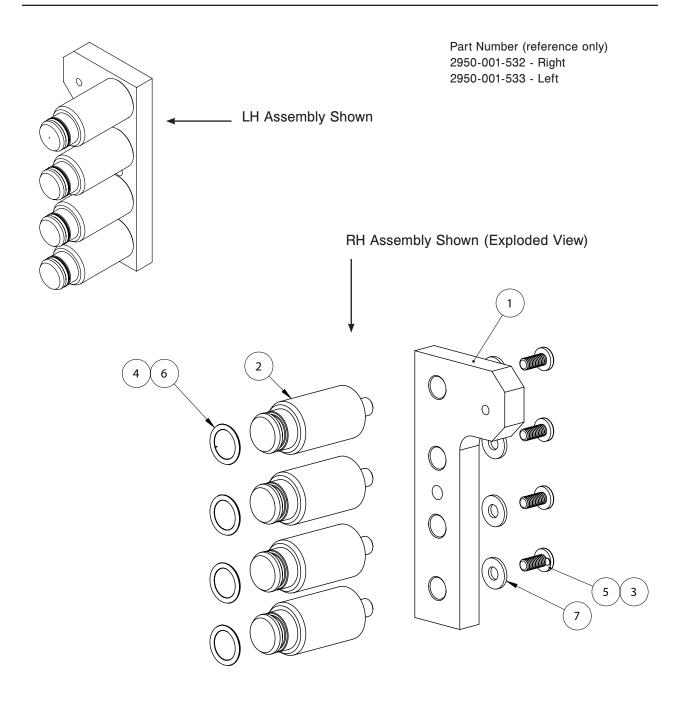
CPR Dump Assembly - 2950-001-302 (reference only)

Item	Part No.	Part Name	Qty.
1	2950-001-531	Standoff Hex 4 in.	2
2	2950-001-243	Wire Harness Assembly, Blue	1
3	2950-002-805	Wire Harness Assembly, Yellow	1
4	2950-001-532	Guide Plate Assembly, Right (see page 97)	1
5	2950-001-533	Guide Plate Assembly, Left (see page 97)	1
6	2950-001-512	Push Rod	2
7	2950-001-535	Stop Block	2
8	2950-001-536	Knob Delrin	2
9	2950-001-250	Manifold Assembly (see page 96)	1
10	2950-001-539	Strap Assembly	2
13	2950-003-503	8-32 x 1-1/4 Screw	2
14	2950-003-504	Lock Washer	2
15	2950-001-542	90° Elbow Fitting	4
16	2950-001-133	90° Bushing, Strain Relief	2
17	2950-001-543	10-32 x 5/8 Screw	2
18	2950-001-545	6-19 x 3/8 Plastite Screw	7
19	2950-001-546	Magnet	2
20	2950-001-534	Guide block magnet mount	2
21	2950-003-501	Grooved Clevis Pin	2
22	2950-003-502	External Retaining Ring	2
23	2950-001-300	Head Box Assembly (see page 85)	1

Part Number 2950-001-250 (reference only)



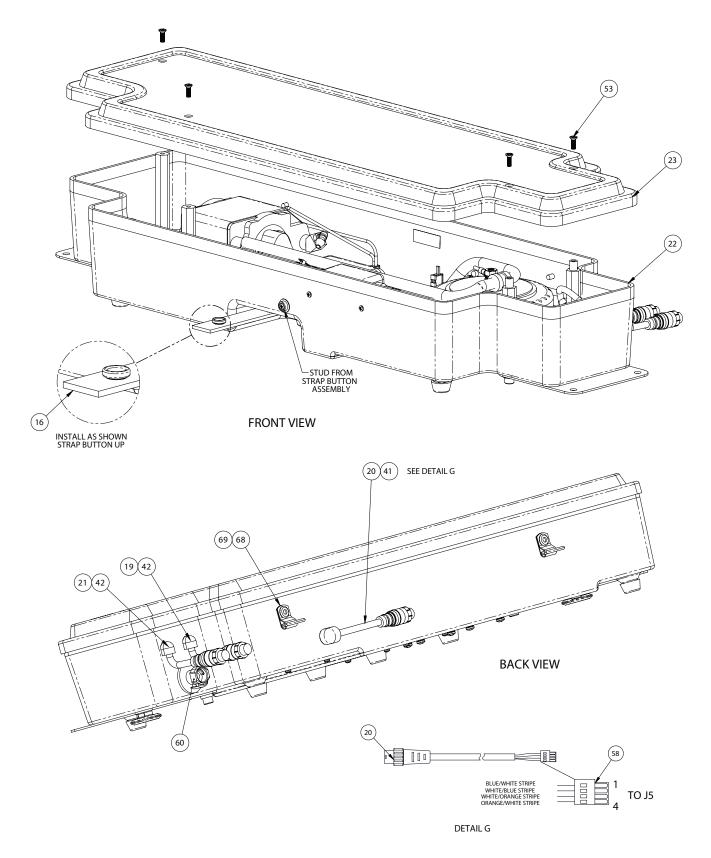
Item	Part No.	Part Name	Qty.
1	2950-001-524	Manifold	1
2	2950-001-525	4-40 X 3/4 Screw	4
3	2950-001-526	Lockwasher	4
4	2950-001-527	90° Elbow Fitting - 3/8 ID	4
5	2950-001-528	1/4 -28 UNF x 1/8 ID Fitting	4
6	2950-001-310	Switch, snap acting	2

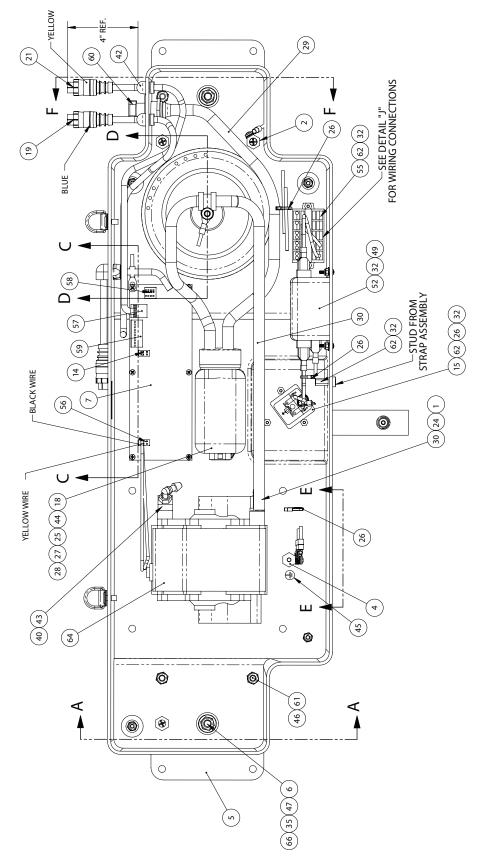


Item	Part No.	Part Name	Qty.
1	2950-001-510	Guide Plate	2
2	2950-001-511	Plunger, CPR Dump	8
5	2950-001-513	Pan Head Machine Screw	
		8-32 x 3/8 SST	8
6	2950-001-515	O-Ring	8
7	2950-001-514	Washer Plain # 8 SST	8

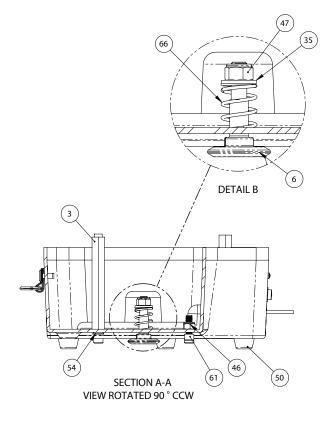
Note: item 3 is Loctite and item 4 is Grease used in assembly.

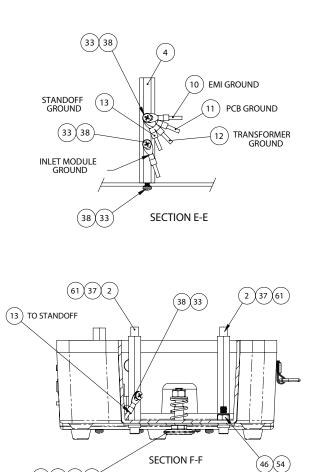
Part Number 2950-001-311 (reference only)



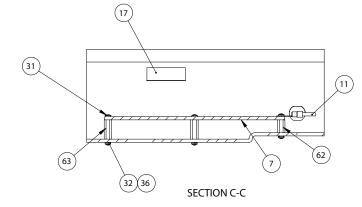


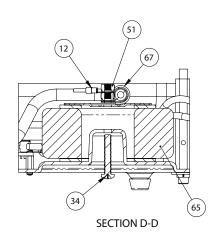
Foot Box Assembly



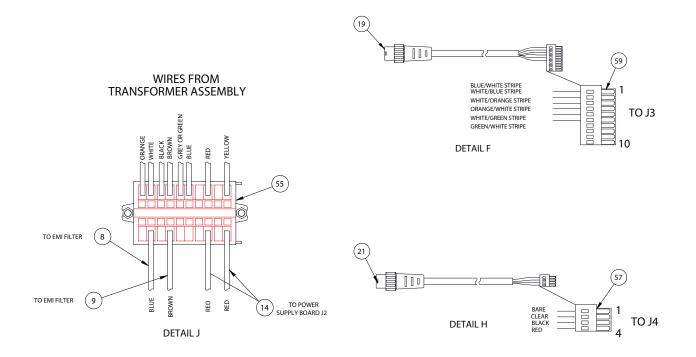


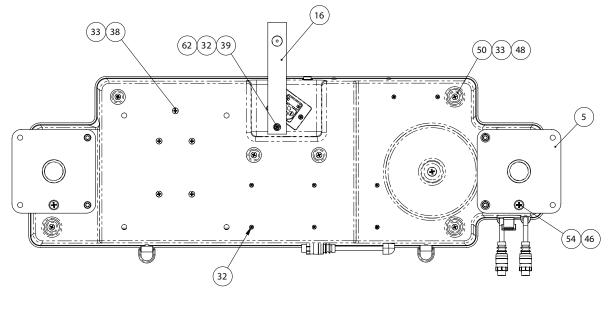
(47) 35 (66) (6)





VIEW ROTATED 90 ° CW





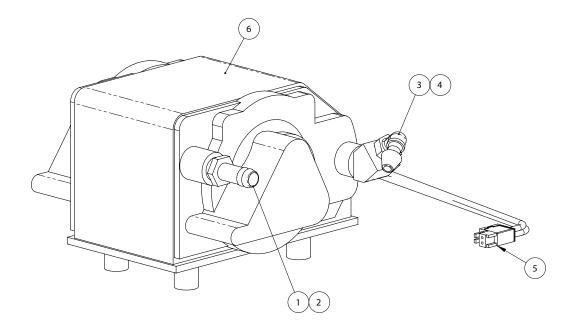
BOTTOM VIEW

Foot Box Assembly - 2950-001-311 (reference only)

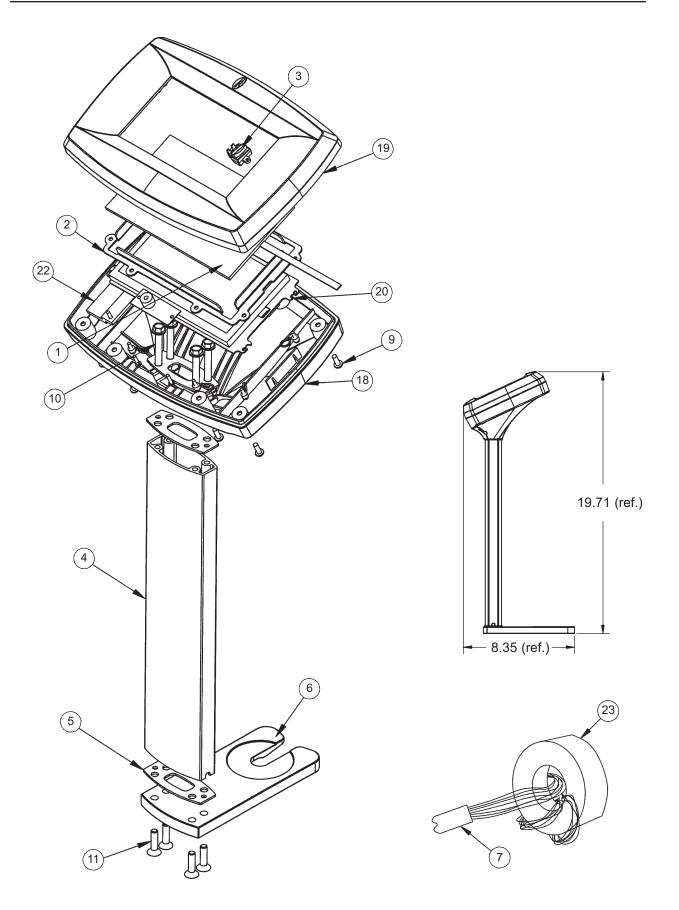
Item	Part No.	Part Name	Qty.
1	2950-001-128	Fitting, Straight Brass 1/8 NPT, 5/16 Tube	1
2	2950-001-115	Standoff, 3/4 Hex x 3.79 Lg	2
3	2950-001-151	Standoff, 1/2 Hex x 3.67 Lg	1
4	2950-001-313	Standoff, 4 Lg	1
5	2950-001-112	Plate, Pendant Mount	2
6	2950-001-113	Pin, Retaining	2
7	2950-001-116	Power Supply Board Assembly	1
8	2950-001-142	Wire Harness Assembly	1
9	2950-001-143	Wire Harness Assembly	1
10	2950-001-144	Wire Harness Assembly, EMI Ground	1
11	2950-001-145	Wire Harness Assembly, PC Board Ground	1
12	2950-001-146	Wire Harness Assembly, Transformer Ground	1
13	2950-001-147	Wire Harness Assembly, Standoff Ground	1
14	2950-001-148	Wire Harness Assembly, Transformer Jumper	· 1
15	2950-001-124	Inlet Power Harness	1
16	2950-001-149	Strap, With Button Socket	1
17	2950-001-141	Label, Fuse Ratings XPRT	1
18	2950-001-129	Bottle, Square altered	1
19	2950-001-136	Wire Harness Foot Box, 17 Lg, Blue	1
20	2950-001-135	Wire Harness Foot Box, 14 Lg, Black	1
21	2950-002-804	Wire Harness, Foot Box, 17 Lg, Yellow	1
22	2950-101-101	Foot Box, Bottom, Molded	1
23	2950-101-102	Foot Box, Top, Molded	1
24	N/A	Teflon Tape, 1/2"	0
25	, 2950-003-611	Plastic Pipe Sealant	0
26	2950-001-120	Tie Wrap Self Locking 8 in.	10
27	2950-001-131	Fastener, Hook 1-1/2 in. w x 2 in Lg	
		with adhesive back	1
28	2950-001-130	Fastener, Loop, 2 in w x 1-3/4 Lg	
		with adhesive back & bottle	1
29	2950-001-150	Tubing, 1/4 ID x 15 Lg	1
30	2950-001-153	Tubing, Silicone 1/4 ID x 24 Lg	1
31	2950-001-521	Screw, Mach Ph Cr 4-40	
		UNC 2A x 1/4 Lg SST	6
32	2950-001-152	Screw, Mach Pan Cr 4-40	
		UNC 2A x 1/2 Lg SST	14
33	2950-001-154	Screw, Mach Ph Cr 8-32	
		UNC 2A x 1/2 Lg SST	11
34	2950-001-155	Screw, Mach PH Cr 1/4-20	
		UNC 2A x 1-1/2 Lg SST	1
35	2950-001-161	Washer Plain 5/6 SST	2
36	2950-001-162	Lockwasher, Spring No. 4 SST	6
37	2950-001-164	Lockwasher, Spring 1/4 SST	6
38	2950-001-166	Lockwasher External Tooth, No. 8 SST	1
39	2950-001-163	Washer Finishing No. 4	1
40	2950-001-127	Fitting 90° Elbow 1/8-27 NPT to 3/8 Lg	-
		Barbed	1
41	2950-000-174	Bushing Strain Relief	1
42	2950-001-133	Bushing Strain Relief 90°	2
43	2950-001-125	Elbow 45° Brass 1/8 Male, 1/8 Female NPT	1
45	2950-001-111	Label Ground Identification	1
			•

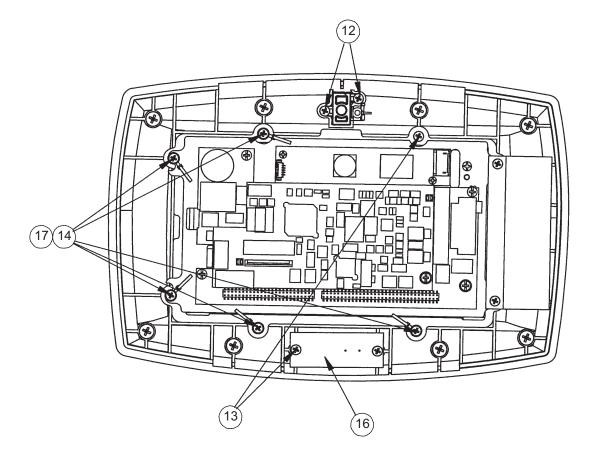
Foot Box Assembly - 2950-001-311 (reference only) (Continued)

	-		
Item	Part No.	Part Name	Qty.
46	2950-001-169	Locknut Elastic 1/4-20 UNC SST	3
47	2950-001-170	Locknut, Elastic 5/6-18 UNC SST	2
48	2950-001-171	Locknut, Elastic, 8-32 UNC SST	6
49	2950-001-167	Locknut, Elastic, 4-40 UNC SST	2
50	2950-001-103	Foot, Polyastamer Gray	6
51	2950-001-168	Nut with Lockwasher 1/4-20 UNC 2B SST	2
52	2950-001-123	Filter, EMI Power Line	1
53	2950-001-159	Screw, Mach 82° FH Cr 8-32	
		UNC 2A x 1/2 Lg	7
54	2950-001-156	Screw, Mach 82° FH Cr 1/4-20	
		UNC-2A x 3/4 Lg	2
55	2950-001-122	Block Terminal Front entry	1
56	2950-001-137	Block Terminal Connector Female 2 Pin	1
57	2950-001-138	Block Terminal Connector Female 4 Pin	1
58	2950-001-139	Block Terminal Connector Female 4 Pin	1
59	2950-001-140	Block Terminal Connector Female 10 Pin	1
60	2950-001-132	Coupling Bulkhead, Panel Mount	1
61	2950-001-157	Screw, Cap Socket Head	
		1/3-20 UNC 3A x 3/4 Lg SST	4
62	2950-001-117	Standoff Hex Threaded	
		4-40 UNC x 1/2 Lg	8
63	2950-001-118	Standoff, Hex Threaded	
		4-40 UNC x 1/4 Lg	4
64	2950-001-312	Pump Assembly, 24 VDC	1
65	2950-001-119	Transformer Assembly	1
66	2950-001-114	Spring Die, Medium Duty 3/4 in.	2
67	2950-001-121	Strap Rubber Cushion	1
68	2950-001-522	Clip and Dee Assembly	2
69	2950-001-523	Rivet, Plastic	2



Item	Part No.	Part Name	Qty.
1	2950-001-128	Connector Hose, 1/2" Hex Brass 1/8" x 5/16"	1
2	N/A	Teflon Tape, 1/4" Wide	1
3	2950-001-127	Fitting, 90° Elbow 1/2" NPT to 3/8" ID Hose	1
4	2950-001-125	Elbow 45º Brass, 1/8" Male, 1/8" Female	1
5	2950-001-137	Block, Terminal, Conn. Female, 3.5mm 2 Pin	1
6	2950-001-312	Pump Assembly, 24 VDC	1

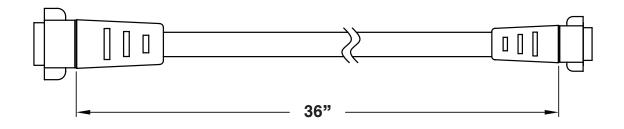




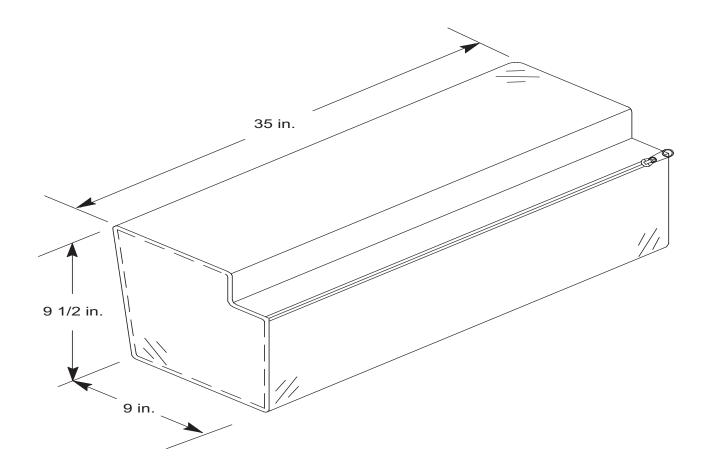
Pendant Assembly - 2950-047-000

Item	Part No.	Part Name	Qty.
1	2950-047-001	Touch Screen	1
2	2950-001-009	Screen Clamp	1
3	2950-001-003	LED Lens	1
4	2950-001-007	Column	1
5	2950-001-008	Mount Plate	3
6	2950-001-005	Base Mount	1
7	2950-001-804	Main Cable	1
8	2950-001-805	Inner Cable (not shown)	1
9	2950-047-006	Pan Head Screw	8
10	2950-047-007	Hex Head Flange	4
11	2950-047-008	Socket Head Cap Screw	4
12	0050-050-000	Screw	2
13	0050-063-000	Screw	10
14	0011-199-000	Shim Washer	5
15	0036-640-000	Generic Label (not shown)	2
16	2950-001-800	Buzzer Board	1
17	2950-047-009	Tie Clamp	5
18	2950-001-002	Bottom	1
19	2950-001-001	Тор	1
20	5400-050-060	Display Assembly	1
21	0072-002-061	GE RTV 108 Sealant (not shown)	
22	2950-047-020	Bracket	1
23	2950-060-801	Ferrite	1

For FL27 InTouch Beds Only



For 2030 / 2040 Beds Only



LIMITED WARRANTY

Stryker Medical Division, a division of Stryker Corporation, warrants to the original purchaser the XPRT Powered Mattress Replacement System to be free from defects in material and workmanship for a period of two (2) years after date of delivery. Stryker's obligation under this warranty is expressly limited to supplying replacement parts and labor for, or replacing, at its option, any product which is, in the sole discretion of Stryker, found to be defective. If requested by Stryker, products or parts for which a warranty claim is made shall be returned prepaid to the factory. Any improper use or any alteration or repair by others in such manner as in Stryker's judgment affects the product materially and adversely shall void this warranty. Any repair of Stryker products using parts not provided or authorized by Stryker shall void this warranty. No employee or representative of Stryker is authorized to change this warranty in any way.

Stryker Medical XPRT Powered Mattress Replacement System products are designed for a five (5) year expected service life under normal use, conditions, and with appropriate periodic maintenance as described in the maintenance manual for each device.

This statement constitutes Stryker's entire warranty with respect to the aforesaid equipment. Stryker makes no other warranty or representation, either expressed or implied, except as set forth herein. There is no warranty of merchantability and there are no warranties of fitness for any particular purpose. In no event shall Stryker be liable here under for incidental or consequential damages arising from or in any manner related to sales or use of any such equipment.

TO OBTAIN PARTS AND SERVICE

Stryker products are supported by a nationwide network of dedicated Stryker Field Service Representatives. These representatives are factory trained, available locally, and carry a substantial spare parts inventory to minimize repair time. Simply call your local representative, or call Stryker Customer Service USA at 1-800-327-0770, Canada 1-888-233-6888.

SERVICE CONTRACT COVERAGE

Stryker has developed a comprehensive program of service contract options designed to keep your equipment operating at peak performance at the same time it eliminates unexpected costs. We recommend that these programs be activated before the expiration of the new product warranty to eliminate the potential of additional equipment upgrade charges.

A Service Contract helps to:

- Ensure equipment reliability
- Stabilize maintenance budgets
- Diminish downtime
- Establish documentation for JCAHO
- Increase product life
- Enhance trade-in value
- Address risk management and safety

SERVICE CONTRACT PROGRAMS

Stryker offers the following service contract programs:

Service Agreement Options *	Gold	Silver	Parts	Labor	PM
Annually scheduled preventative maintenance	X				Х
All parts	X	X	Х		
All labor and travel	X	X		X	
Unlimited emergency service calls	X	X		X	
Priority one contact: two hour phone response	X	X	Х	X	
Most repairs completed within 3 days	X	X		X	
JCAHO documentation	X	X		X	Х
On-site record of PM & emergency service	X				Х
Factory-trained Stryker service technician	X	X		X	Х
Stryker authorized parts used	X	X	Х	X	Х
Service during regular business hours (8-5)	X	X	Х	X	Х

* Does not include maintenance due to abuse or for any disposable items. Stryker reserves the right to change options without notice.

Stryker Medical also offers personalized service contracts. Pricing is determined by age, location, model and condition of product.

For more information on our service contracts, please call your local representative.

RETURN AUTHORIZATION

Merchandise cannot be returned without approval from the Stryker Customer Service Department. An authorization number will be provided which must be printed on the returned merchandise. Stryker reserves the right to charge shipping and restocking fees on returned items. **Special, modified, or discontinued items not subject to return.**

DAMAGED MERCHANDISE

ICC Regulations require that 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. Claim 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) day period following the delivery of the merchandise, or the damage was not noted on the delivery receipt 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 thirty (30) days of invoice.

INTERNATIONAL WARRANTY CLAUSE

This warranty reflects U.S. and Canada domestic policy. Warranty outside the U.S. and Canada may vary by country. Please contact your local Stryker Medical representative for additional information.

XPRT THERAPY MATTRESS

Guidance and Manufacturer's declaration - Electromagnetic Immunity				
The XPRT is suitable for use in the electromagnetic environment specified below. The customer or the user of the XPRT should assure that it is used in such an environment.				
Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment Guidance	
Electrostatic Discharge (ESD) IEC 61000-4-2	<u>+</u> 6 kV contact <u>+</u> 8 kV air	<u>+</u> 6 kV contact <u>+</u> 8 kV air	Floors should be wood, concrete, or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.	
Electrostatic fast Transient/burst IEC61000-4-4	<u>+2</u> kV for power supply lines <u>+1</u> kV for input/ output lines	<u>+2</u> kV for power supply lines <u>+1</u> kV for input/ output lines	Main power quality should be that of a typical commercial or hospital environment.	
Surge IEC 61000-4-5	<u>+8 kV differential mode</u> <u>+</u> 2 kV common mode	<u>+8 kV differential mode</u> <u>+</u> 2 kV common mode	Main power quality is that of a typical commercial and/or hospital environment.	
Voltage dips, voltage variations and short interruptions on power supply input lines IEC 61000-4-11	<5%Ut (95% dipUt) for 0,5 cycle 40%Ut (60% dop in Ut) for 5 cycles 70%Ut (30% dip in Ut) for 25 cycles. <5% Ut (>95% dip in Ut) for 5 sec.	<5%Ut (95% dipUt) for 0,5 cycle 40%Ut (60% dop in Ut) for 5 cycles 70%Ut (30% dip in Ut) for 25 cycles. <5% Ut (>95% dip in Ut) for 5 sec.	Main power quality should be that of a typical commercial and/or hospital environment. If the user of the XPRT requires continued operation during power main interruptions, it is recommended that the device be powered from an uninterrupted power supply or a battery.	
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	3 A/m	3 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial and/or hospital environment.	

Note: U_{T} is the a.c. mains voltage prior to applications of the test level.

XPRT THERAPY MATTRESS (CONTINUED)

Recommended separation distances between portable and mobile RF communications equipment and the XPRT.

The XPRT is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the XPRT can help prevent electromagnetic interferences by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the XPRT as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter	Separation distance according to frequency of transmitter m			
W				
	150 kHz to 8∩ MH≠ d=1,2 ∫ ₽	80 MHz to 800 MHz d=1,2 /p	8000 MHz to 2.5 GHz d=2,3 Д р	
0,01	1,12	0,12	0,23	
0,1	0,38	0,38	0,73	
1	1,2	1,2	2,3	
10	3,8	3,8	7,3	
100	12	12	23	

For transmitters rated at a maximum output power not listed above, the recommended separation distance d in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

NOTE 1

At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.

NOTE 2

These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

XPRT THERAPY MATTRESS (CONTINUED)

Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment - Guidanc
Conducted RF IEC 6100-4-6 Radiated RF IEC 61000-4-3	3 Vrms 150 kHz to 80 MHz 3 V/m 80 MHz to 2,5 GHz	3 Vrms 3 V/m	Portable and mobile RF communication equipment should be used no closer to a part of the XPRT, including cables, than the recommended separation distance calculated from the equation appropriate for the frequency of the transmitter. Recommended Separation Distance d=1,2 JF d=1,2 d=1,2 d=2,3 JF (())

NOTE 1

At 80 MHz and 800 MHz, the higher frequency range applies.

NOTE 2

These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

^aField strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast, and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the XPRT is used exceeds the applicable RF compliance level above, the XPRT should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the XPRT.

^bOver the frequency range 150 kHz to 80 MHz, field strengths are less than 3 V/m.

XPRT THERAPY MATTRESS (CONTINUED)

Guidance and Manufacturer's declaration - Electromagnetic Emissions				
The XPRT is intended for use in an electromagnetic environment specified below. The customer or the user of the XPRT should assure that it is used in such an environment.				
Emissions Test	Emissions Test Compliance Electromagnetic Environment			
RF Emissions CISPR 11	Group 1	The XPRT uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.		
RF Emissions CISPR 11	Class A	The XPRT is suitable for use in all establishments other than domestic and those directly connected to the public low voltage power supply network that supplies buildings used for domestic purposes.		
Harmonic Emissions IEC 61000-3-2	Class A			
Voltage Fluctuations Flicker Emissions IEC 6100-3-3	Complies			

UNITED STATES Stryker Medical 3800 E. Centre Ave., Portage, Michigan USA 49002

CANADA Stryker Canada 45 Innovation Drive Hamilton, Ontario Canada L9H 7L8

