InTouch Critical Care Bed

Operations Manual

REF FL27 (2151/2152)
Version 6.0 with Isolibrium (2972) support surface

EN

2151-609-005 Rev AA.1 2024-09

Global symbol glossary

See the Global Symbol Glossary at ifu.stryker.com for symbol definitions.

Symbols

	General warning
	Caution
	Consult instructions for use
	No pushing
REF	Catalogue number
SN	Serial number
MD	European medical device
UDI	Unique device identifier
CE	CE mark
	Manufacturer
	Date of manufacture
	Safe working load
~	Alternating current
	Dangerous voltage
	Unit provides terminal for connection of a potential equalization conductor. The potential equalization conductor provides direct connection between the unit and potential equalization busbar of the electrical installation.
	Protective Earth terminal
IPX4	Protection from liquid splash

	Type B applied part
	Medical Equipment Classified by Underwriters Laboratories Inc. With Respect to Electric Shock, Fire, and Mechanical Hazards Only in Accordance with ANSI/AAMI ES60601-1: 2005 and CAN/CSA-C22.2 No. 60601-1:08.
	In accordance with European Directive 2012/19/EU on Waste Electrical and Electronic Equipment (WEEE) as amended, this symbol indicates that the product should be collected separately for recycling. Do not dispose of as unsorted municipal waste. Contact local distributor for disposal information. Ensure infected equipment is decontaminated prior to recycling.
	Non-ionizing radiation
	Support surface call maintenance

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Warning/Caution/Note Definition

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

WARNING

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

CAUTION

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 product 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 - Provides special information to make maintenance easier or important instructions clearer.

Summary of safety precautions

Always read and strictly follow the warnings and cautions listed on this page. Service only by qualified personnel.

WARNING

- Always allow the product to reach room temperature before you conduct any setup or test functional operations to prevent permanent product damage.
- Always operate the product when all operators are clear of the mechanisms.
- Always plug the product into a grounded, hospital-grade wall outlet. You can only achieve grounding reliability when you use a hospital-grade wall outlet. This product is equipped with a hospital-grade plug for protection against electric shock hazard.
- Always avoid the risk of entanglement, damage to the power cord, or potential shock hazards when you handle the power cord. If the power cord is damaged, immediately remove the product from service and contact the appropriate maintenance personnel.
- Do not attach the power cord to any moving parts of **InTouch**.
- Always unplug the product power cord from the wall when you use oxygen administered equipment. Possible fire hazard exists when this product is used with oxygen administering equipment other than nasal, mask type, or half bed-length tent type.
- Always unplug the power cord, turn the battery switch to the **OFF (O)** position, press **N/Brake Off**, and call maintenance if unanticipated motion occurs.
- Always wash your hands after handling a battery. Battery posts, terminals and related accessories contain lead and lead compounds, chemicals known to the State of California to cause cancer and birth defects or other reproductive harm. Properly dispose of batteries when required.
- Power save mode activates after one hour on battery power with no motion release switch activation. Bed exit, scale, and product motion stop operating when the product enters the power save mode.
- Always keep feet clear from the area above the base cover or below the base cover when you lower the product or when you apply or release the brakes.
- Always apply the brakes when a patient is getting in or out of the product to avoid instability.
- Always apply the brakes when the patient is unattended.
- Do not apply the brake to slow or stop the product while it is in motion.
- Always lock the siderails in the full up position with the sleep surface horizontal in the lowest position when transporting a patient.
- Do not use the **Zoom** motorized drive when the batteries become discharged. Press **N/Brake Off** to place the drive wheel in neutral and push the product manually. Recharge the batteries before using the **Zoom** motorized drive again to avoid the risk of battery damage and the drive wheel getting stuck in the down position.
- Use caution while maneuvering the product with the drive wheel activated. Always make sure that there are no obstacles near the product while the **Zoom** motorized drive is activated. Injury to the patient, user or bystanders or damage to the frame or surrounding equipment could occur if you collide with an obstacle.

- Make sure that the brakes are completely released before attempting to move the product. Attempting to move the product with the brakes applied could result in injury to the patient or operator.
- Do not attempt to move the product manually when you activate the Zoom motorized drive. Always place the drive wheel into the neutral position and release the brakes before attempting to move the product manually.
- Do not attempt to move the product laterally after you apply the **Zoom** motorized drive. The the **Zoom** motorized drive cannot swivel.
- Do not use the brake to slow or stop the product while it is in motion.
- Always make sure that all persons and equipment are away from the area below and around the product before you activate the CPR release. The CPR release is for emergency use only.
- Always determine the proper use of the restraint straps and restraint strap locations. Improperly adjusted restraint straps can cause serious injury to a patient. Stryker is not responsible for the type or use of restraint straps on any of Stryker's products.
- Only use hospital-grade electric equipment consuming 5A or less with the auxiliary power outlet option. The use of standard electric equipment may bring the current leakage to a level unacceptable for hospital equipment.
- Always lock the siderails in the highest height position with the sleep surface horizontal in the lowest position. Always lock the siderails unless a patient's condition requires extra safety measures.
- Do not use siderails as restraint devices to keep the patient from exiting the product. The design of the siderails keep the patient from rolling off the product. The operator must determine the degree of restraint necessary to make sure that the patient is safe. Failure to use the siderails as intended could result in serious patient injury.
- Always keep the siderails outside of the oxygen tent.
- The scale system is intended to assist in the monitoring of the patient's weight variation. Under no circumstances should its reading be used as sole reference for medical treatment.
- Bed exit is intended only to aid in the detection of a patient exiting **InTouch**. It is not intended to replace patient monitoring protocol.
- Bed exit is not designed to be used with patients weighing less than 50 lb (23 kg).
- Power save mode activates after one hour on battery power with no motion release switch activation. Bed exit, scale, and product motion stop operating when the product enters the power save mode.
- Do not use extension cords with support surfaces. Support surfaces are only intended to be powered by **InTouch** with the supplied power cord.
- Do not route cables between the support surface and **InTouch**.
- Do not exceed the safe working load of the **Isolibrium** support surface. Excess weight could cause unpredictable safety and performance of this system.
- Always center the patient on the support surface. Align the patient's head toward the headboard before starting functions. Check the patient frequently to make sure that you maintain the proper positioning.
- Always make sure that the tubing and wiring that is connected to the patient is long enough, stable, and secure during Lateral Rotation or Turn Assist.
- Always raise all of the bed siderails before you begin Turn Assist or Lateral Rotation.
- Always use extra caution when reading radiology images taken of a patient on a support surface because internal components can cause artifacts and distort readings.
- Do not extubate or intubate patients during Lateral Rotation or Turn Assist. The functions could interfere with the performance of the ancillary devices.
- Do not zero the bed scales or weigh the patient with Lateral Rotation or Turn Assist active. Motion from the support surface functions may adversely affect the scale system performance.
- Do not arm bed exit with Lateral Rotation or Turn Assist active. The patient motion and position that results from the support surface may adversely affect bed exit system performance.
- Always deflate the **Isolibrium** support surface before you begin CPR.
- Do not leave the patient unattended during Turn Assist.
- Always lock the control panel when you leave the patient unattended. Always lock the control panel when the patient's condition requires extra safety measures.
- Do not use **iBed** Awareness as a lock indicator for siderails. **iBed** Awareness is only intended to detect the position of the siderails. It is not intended to replace patient monitoring protocol.
- The **iBed** Awareness LED light bars are only intended to monitor the product status and parameter conditions. It is not intended to replace patient monitoring protocol.
- You must physically verify that the siderails are locked before arming **iBed** Awareness.

- Always securely set the footboard connector on the bed extender option into the footboard connector slot at the foot end of the product.
- Do not pinch the power cord or cables when you attach the bed extender option.
- Do not sit on the bed extender option. This may cause the product to tip.
- Do not allow the line management clip option to interfere with a mechanical or electronic mechanism of the product.
- Do not pinch tubes inside the clip.
- Do not clean the clip with a liquid solution.
- Do not allow the patient control pendant clip option to interfere with a mechanical or electronic mechanism of the product.
- Always adjust the scale or bed exit system if you add an option while the scale or bed exit system is armed.
- Do not place objects that exceed 40 lb (18 kg) onto the monitor tray option.
- Do not exceed the 150 lb (68 kg) load capacity for the tray support pole.
- Do not clean, service, or perform maintenance while the product is in use.
- Always unplug the power cord and turn the battery switch to the OFF (O) position before cleaning, servicing, or performing maintenance.
- Always unplug the power cord from the wall outlet when large spills occur near the circuit boards, cables, and motors. Remove the patient from the product, clean up the fluid, and have service personnel inspect the product. Fluids can cause unpredictable operation and decreased functionality of any electrical product. Do not return the product to service until it is dry and tested for safe operation.

CAUTION

- Improper usage of the product can cause injury to the patient or operator. Operate the product only as described in this manual.
- Do not modify the product or any components of the product. Modifying the product can cause unpredictable operation resulting in injury to patient or operator. Modifying the product also voids its warranty.
- Always plug the product into a wall outlet (regulated AC power source) when not in use to maintain a sufficient battery charge and to maximize product performance while operating on battery power.
- Always immediately replace batteries that have corrosion at the terminals, display cracking, have expanded or bulging sides, or no longer can maintain a full charge.
- Always use only Stryker authorized batteries when replacing the batteries. Use of non-Stryker batteries may lead to unpredictable system performance.
- Upon a Battery Low alarm (Battery Low LED on Footboard and audible beep), stop using the **Zoom** motorized drive and recharge the batteries immediately. Ignoring the Battery Low alarms may cause your batteries to degrade quicker than normal and may decrease battery life.
- Always clean hook and loop fasteners after each use. Saturate hook and loop fasteners with disinfectant and allow disinfectant to evaporate. Appropriate disinfectant for nylon hook and loop fasteners should be determined by the hospital.
- Do not move footboards from one product to another. Individual products may have different options. Mixing footboards could result in unpredictable operation of the product.
- Do not use the siderails to move the product. Always move the product using the integrated handles in the headboard and footboard.
- Do not use the **Zoom** motorized drive when you hear a battery low alarm (Battery Low LED on Footboard and audible beep). Stop using the **Zoom** motorized drive and recharge the batteries immediately. If you ignore the battery low alarms, the batteries may degrade quicker than normal and may decrease battery life.
- Do not use pencils, pen caps, pen tips, or other pointed objects to tap the touch screen display. Using excessive pressure may damage the footboard control panel and the touch screen display.
- Do not allow sharp objects to come into contact with the support surface that could puncture, tear, or cut the cover.
- Do not allow sharp edges from the X-ray plate to come in contact with the support surface cover. The recommendation is you cover the X-ray plate with a pillow case or other device before placement under the patient. If damaged, remove the support surface cover from service immediately to prevent cross contamination.
- Make sure that you set the desired product parameters before enabling **iBed** Awareness.
- Do not use accessories that cover the footboard and outside siderail LED light bars.
- Do not turn off the **iBed** Awareness alarm. You will lose access to the event manager that displays the compromised parameter condition.
- Do not hang IV bags that exceed 40 lb (18 kg) onto the IV pole.

- Always make sure that the IV pole is at a low height to pass safely through door openings.
- Do not use the IV pole as a push/pull device.
- Always make sure that the clip is stable when attached.
- Do not insert tubes that are larger than 0.75 in. into the line management clip.
- Always sterilize the clip after each use.
- Always unplug the product before you clean or service.
- Always unplug the product, set the brakes, and place blocks under the litter frame for support when you work under the product.
- Always make sure that you wipe each product with clean water and dry each product after cleaning. Some cleaning products are corrosive in nature and may cause damage to the product if you do not use them as intended. If you do not rinse and dry the product, a corrosive residue may be left on the surface of the product that could cause premature corrosion of critical components. Failure to follow these cleaning instructions may void your warranty.
- Do not steam clean, pressure wash, ultrasonically clean, or immerse any part of the product in water. Exposure to water may damage the internal electric parts. These methods of cleaning are not recommended and may void this product's warranty.

Introduction

This manual assists you with the operation or maintenance of your Stryker product. Read this manual before operating or maintaining this product. Set methods and procedures to educate and train your staff on the safe operation or maintenance of this product.

CAUTION

- Improper usage of the product can cause injury to the patient or operator. Operate the product only as described in this manual.
- Do not modify the product or any components of the product. Modifying the product can cause unpredictable operation resulting in injury to patient or operator. Modifying the product also voids its warranty.

Note

- This manual is a permanent part of the product and should remain with the product even if the product is sold.
- Stryker continually seeks advancements in product design and quality. This manual contains the most current product information available at the time of printing. There may be minor discrepancies between your product and this manual. If you have any questions, contact Stryker Customer Service or Technical Support at 1-800-327-0770.

Product description

The Stryker Model FL27 **InTouch** is an AC-powered, adjustable hospital bed designed to position human patients for procedures, therapy, and recovery in a healthcare environment, and transport patients between bays and procedural rooms. **InTouch** measures and displays patient weight. The scale output is not intended to be used to determine diagnosis or treatment. The nurse call allows patients to alert an operator when the patient requires assistance. There is a 30° head of bed (HOB) button that puts the patient at a 30° angle that is calculated relative to the base to assist in ventilator-associated pneumonia (VAP) prevention. When the **Chaperone** bed exit system is active, it monitors a chosen zone, and alerts the operator of a deliberate or non-deliberate bed exit. **InTouch** has 39 prerecorded clinical phrases in 24 languages, and a sound feature that offers various environmental and musical selections.

Intended use: InTouch Critical Care bed

InTouch is intended for use by patients in an acute care setting. The safe working load (the sum of the patient, the mattress, and accessory weight) for **InTouch** is 550 lb (249 kg).

InTouch is intended to support a human patient. The frame can come in contact with human skin, but a patient should never be on the frame without a support surface in use.

InTouch is intended for use in acute care. These settings may include critical care, step down, progressive care, med/surg, sub-acute care, and post anesthesia care unit (PACU), or other locations, as prescribed. Intended operators are healthcare professionals (nurses, nurse aids, doctors) that can use all bed operations (such as bed motion functions, nurse call, siderail communications, bed exit, therapy options), patient and bystander that can use bed motion functions, nurse call and siderail communications, and trained professionals for installation, service, and calibration.

The product is intended for use in a healthcare environment, including hospitals, surgery centers, long term acute care centers, and rehabilitation centers.

The product is compatible with 35 in. x 84 in. support surfaces, the facility nurse call system, standard med/surg equipment, and the facility infrastructure. **InTouch** is intended for use with a 6 in. to 8.5 in. support surface. You may use a support surface or overlay greater than 6 in. that offers therapeutic value with added patient supervision.

The **Chaperone** bed exit system is intended only to aid in the detection of a patient exiting the product. It is not intended to replace patient monitoring protocol.

Contraindications

InTouch is not intended to:

- be used without a support surface
- use the scale output to determine diagnosis or treatment
- be used with an oxygen tent
- support more than one individual at a time
- be used with patients that are 35 in. or less
- be used with patients that weigh 50 lb or less
- be used on patients less than two years old
- be used in a home healthcare environment
- be used in the presence of flammable anesthetics

Expected service life

InTouch has a 10 year expected service life under normal use conditions and with appropriate periodic maintenance.

Specifications

	Safe working load **Note** - Safe working load indicates the sum of the patient, mattress, and accessory weight	550 lb	249 kg
Product weight		750 lb	340,2 kg
Product length		90 in.	228,6 cm
Product width	Siderails up	42 in.	106,7 cm
	Siderails down	40 in.	102,9 cm
Base	Under product clearance	5 in.	12,7 cm
Litter	Patient surface • Width • Length • Length (with optional bed extender)	 • 35 in. • 84 in. • 90 in.	 • 88,9 cm • 213,4 cm • 228,6 cm
	Seat depth	18.5 in.	47 cm
	Foot • Length • Angle	 • 29 in. • 0° to 50° (± 5°)	 • 73,7 cm • 0° to 50° (± 5°)
	Fowler width	36 in.	91,4 cm
	Fowler length	34 in. to 35 in.	86,4 cm - 88,9 cm

	Fowler angle	• 0° to 70° • (0°-40° and 50°-70° ± 3°) • (40°-50° ± 5°)	• 0° to 70° • (0°-40° and 50°-70° ± 3°) • (40°-50° ± 5°)
	Gatch • Width • Length • Angle	• 18 in. • 34 in. to 35 in. • 0° to 15° (± 3°)	• 45,7 cm • 86,4 cm - 88,9 cm • 0° to 15° (± 3°)
	Cardiac chair position • Standard • Enhanced	• Head: 65°, Seat: 17°, Foot: 30°, Trend: 3° • Head: 70°, Seat: 19°, Foot: 47°, Trend: 3°	
Fowler	Length	36.5 in.	92,7 cm
Lift system	Height (high) to top of litter	33 in.	83,8 cm
	Height (low) to top of litter	16 in.	40,6 cm
	Trendelenburg/Reverse Trendelenburg	12° (± 2°)	
	Product lift time	35 seconds maximum from lowest to highest position	
Scale system	Capacity	550 lb	249 kg
	Accuracy: • For weight from 100 lb to 550 lb • For weight from 100 lb to 550 lb • For weight under 100 lb • For weight under 100 lb	± 2% when in Trendelenburg or Reverse Trendelenburg ± 2% when flat ± 2 lb when in Trendelenburg or Reverse Trendelenburg ± 2 lb when flat	
CPR system	Speed to level product from any position • Fowler • Foot and seat	• 15 seconds • 60 seconds	
Zoom motorized drive (Model 2152) (option)	Speed • Forward • Backward	• 2.98 mph • 1.79 mph	• 4.8 km/h • 2.88 km/h
Maximum currency consumption	Without optional auxiliary outlet (120 V~ only)	4.0 Amps	
	With optional auxiliary outlets (120 V~ only)	9.8 Amps	

Electrical requirements	All electrical requirements meet CSA C22.2 No. 601.1, UL 60601-1 and IEC 60601-1.60601-2-38 specifications	230 V ~, 50-60Hz, 4.0 A (with auxiliary outlet) - Two 250 V, 10A fuses
Battery	12 V, 17.6 Ahr, sealed lead-acid battery (part number QDF9188) 3.0 V 220mAh lithium battery, size 20mm - Varta Int. CR2032 Coin cell PC battery holder, size 20mm - MDP Int. BA2032	

Note - For **Isolibrium** specifications, see the **Isolibrium** operations/maintenance manual.

Recommended support surface size	35 in. x 84 in. x 6 in.	88,9 cm x 213,4 cm x 15,2 cm
Recommended air support surface size	35 in. x 84 in. x 6 in. - 8.5 in.	88,9 cm x 213,4 cm x 15,2 cm - 21,6 cm

Environmental conditions	Operation	Storage and transportation
Ambient temperature	104 ˚F (40 ˚C) 50 ˚F (10 ˚C)	158 ˚F (70 ˚C) -40 ˚F (-40 ˚C)
Relative humidity (Non-condensing)	75% 30%	95% 10%
Atmospheric pressure	1060 hPa 700 hPa	1060 hPa 500 hPa
Scale accuracy	77 ˚F (25 ˚C) 64 ˚F (18 ˚C)	

Specifications listed are approximate and may vary slightly from product to product or by power supply fluctuations.

Stryker reserves the right to change specifications without notice.

Product illustration

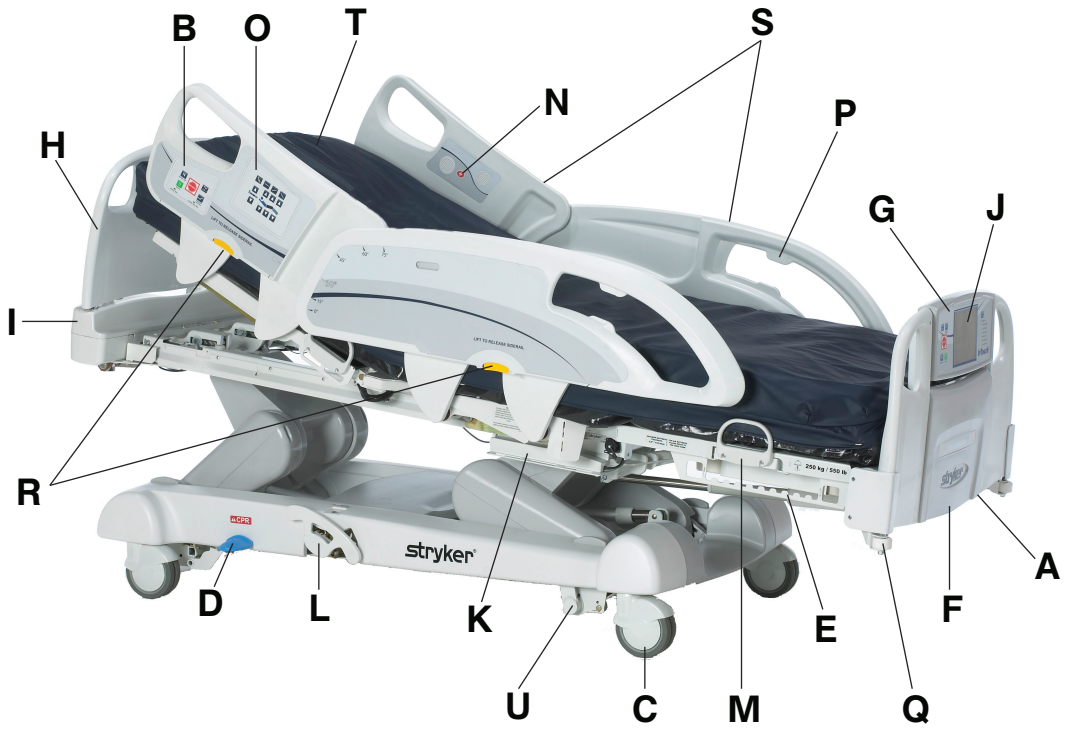


Figure 1 – InTouch Critical Care bed

A	120V outlet option
B	Brake control panel (outside siderail)
C	Caster
D	CPR release pedal
E	Foley bag hook
F	Footboard
G	Footboard control panel
H	Headboard
I	Head end control panel option
J	**InTouch** touch screen
K	Isolated Foley bag hook

L	Manual backup brake
M	Support surface retainer
N	Nurse call (inside siderail) option
O	Motion control panel (outside siderail)
P	Pendant holder
Q	Roller bumper
R	Siderail release lever
S	Siderail
T	Support surface option
U	**Zoom** motorized drive (Model 2152) option

Contact information

Contact Stryker Customer Service or Technical Support at: 1-800-327-0770.

Stryker Medical
3800 E. Centre Avenue
Portage, MI 49002
USA

To view your operations or maintenance manual online, see https://techweb.stryker.com/.

Have the serial number (A) of your Stryker product available when calling Stryker Customer Service or Technical Support. Include the serial number in all written communication.

Serial number location

You can find the serial number plate behind the patient right siderail near the foot end of the product.

Figure 2 – Serial number location

Specification label location

You can find the specification label behind the head end cover on the patient right side of the product.

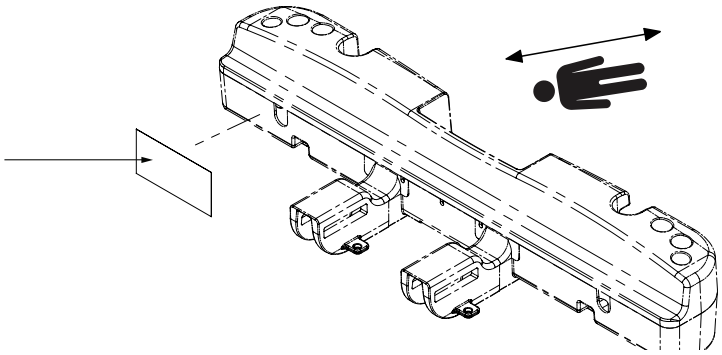


Figure 3 – Specification label location

Setup

To unpack your product, see the unpacking instructions that are attached to the product inside of the shipping crate.

WARNING

- Always allow the product to reach room temperature before you conduct any setup or test functional operations to prevent permanent product damage.
- Always operate the product when all operators are clear of the mechanisms.
- Always plug the product into a grounded, hospital-grade wall outlet. You can only achieve grounding reliability when you use a hospital-grade wall outlet. This product is equipped with a hospital-grade plug for protection against electric shock hazard.
- Always avoid the risk of entanglement, damage to the power cord, or potential shock hazards when you handle the power cord. If the power cord is damaged, immediately remove the product from service and contact the appropriate maintenance personnel.
- Do not attach the power cord to any moving parts of **InTouch**.
- Always unplug the product power cord from the wall when you use oxygen administered equipment. Possible fire hazard exists when this product is used with oxygen administering equipment other than nasal, mask type, or half bed-length tent type.
- Always unplug the power cord, turn the battery switch to the **OFF (O)** position, press **N/Brake Off**, and call maintenance if unanticipated motion occurs.

To turn on the product:

1. Plug the power cord into a wall outlet.
2. Turn the battery switch to the **ON (|)** position.

Before you place the product into service, make sure that these components work:

1. Visually inspect the product for any signs of shipping damage.
2. Flip down and press down on the manual brake pedal and make sure that the neutral, drive, and brake functions of the manual brake pedal hold.
3. Press **BRAKE** on each control panel and make sure that the neutral, drive, and brake functions of the electric brake hold.
4. Test the **Zoom** motorized drive option.
5. Raise and lower the siderails to make sure that they move and lock in the highest height position.
6. Press each button on the head end control panel option, motion control panel, brake control panel, footboard control panel, and patient control pendant option to make sure that each function works.
7. Make sure that the footboard works.
8. Make sure that the scale system works.
9. Make sure that the bed exit system works.
10. Make sure that the CPR release pedal works.
11. Make sure that the support surface option works.

    Note - To attach the **Isolibrium** support surface option onto **InTouch**, see the setup instructions in the **Isolibrium** support surface operations manual.
12. Make sure that accessory options are installed and work.

Operation

Battery modes

InTouch is equipped with two batteries that charge when the product is plugged into a wall outlet. The battery back-up functionality activates when you unplug the product or during a power failure.

WARNING

- Always wash your hands after handling a battery. Battery posts, terminals and related accessories contain lead and lead compounds, chemicals known to the State of California to cause cancer and birth defects or other reproductive harm. Properly dispose of batteries when required.
- Power save mode activates after one hour on battery power with no motion release switch activation. Bed exit, scale, and product motion stop operating when the product enters the power save mode.

CAUTION

- Always plug the product into a wall outlet (regulated AC power source) when not in use to maintain a sufficient battery charge and to maximize product performance while operating on battery power.
- Always immediately replace batteries that have corrosion at the terminals, display cracking, have expanded or bulging sides, or no longer can maintain a full charge.
- Always use only Stryker authorized batteries when replacing the batteries. Use of non-Stryker batteries may lead to unpredictable system performance.
- Upon a Battery Low alarm (Battery Low LED on Footboard and audible beep), stop using the **Zoom** motorized drive and recharge the batteries immediately. Ignoring the Battery Low alarms may cause your batteries to degrade quicker than normal and may decrease battery life.

Note - The settings for lockout controls, scale calibration data, and bed exit are preserved when the product is unplugged, or during a power failure.

The **InTouch** batteries cycle through various operation modes:

Mode	Operation
Sleep	Occurs if no power is being supplied to the product, if no control panel or touch screen activity has been detected within five minutes, or if no product activity is detected while on DC power within one hour
Alarm mode before dead	Occurs if the batteries are weak, bed exit is armed during sleep mode, or if no control panel activity is detected within four hours
Dead	Occurs if power is not restored to the product or no control panel activity has been detected within 15 minutes after the product has been in alarm mode before dead mode, if the batteries are weak, bed exit is not armed during sleep mode, or if no control panel activity is detected within one hour
Power up	Occurs if power is restored to the product. The product exits dead mode and enters power up mode if the batteries are charging. After the batteries are fully charged, the product returns to normal mode.
Normal	Occurs if power is restored to the product, control panel activity is detected, or the touch screen is not in calibration mode

Applying or releasing the manual brake

WARNING

- Always keep feet clear from the area above the base cover or below the base cover when you lower the product or when you apply or release the brakes.
- Always apply the brakes when a patient is getting in or out of the product to avoid instability.

- Always apply the brakes when the patient is unattended.
- Do not apply the brake to slow or stop the product while it is in motion.

InTouch is equipped with both a manual and an electric braking system.

You can find the manual brake pedal on the patient right side of the product.

To apply the manual brakes:

1. Flip down the brake pedal (A) (Figure 5).
2. Press down the brake pedal (A) until **Brake** appears in the brake pedal window (B) (Figure 6).

Note
- The **Brake** button and **Brake Set** LED illuminate when you apply the brakes.
- If you set the brakes manually, the brakes can be released electronically.

To release the manual brakes, press down the pedal until **Neutral** or **Drive** appears in the brake pedal window (B) (Figure 6).

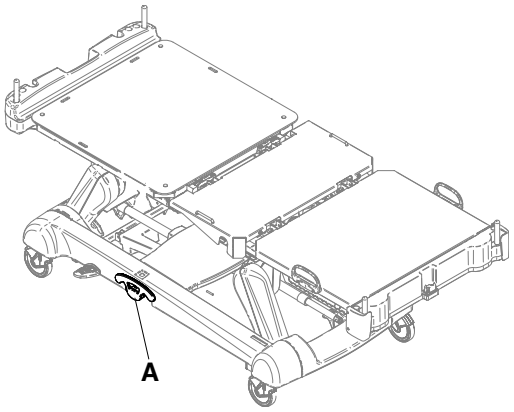


Figure 4 – Manual brake pedal

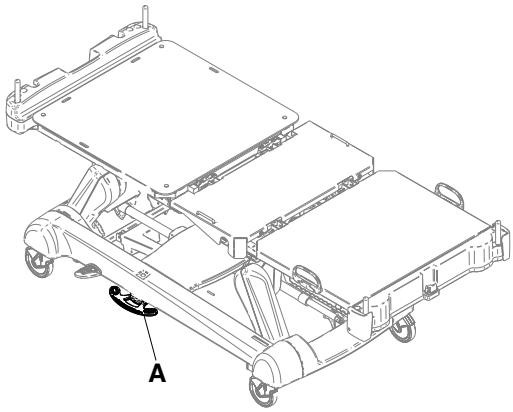


Figure 5 – Flipped manual brake pedal

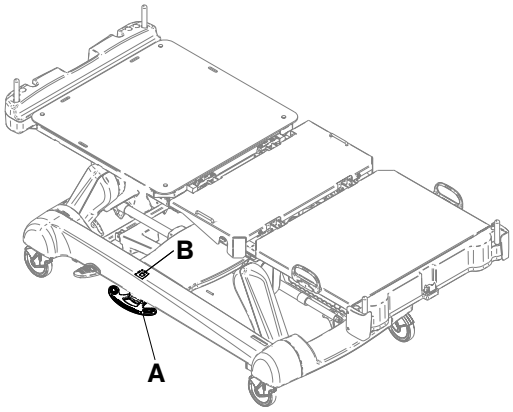


Figure 6 – Brake pedal window

Applying or releasing the electric brakes

WARNING
- Always keep feet clear from the area above the base cover or below the base cover when you lower the product or when you apply or release the brakes.

- Always apply the brakes when a patient is getting in or out of the product to avoid instability.
- Always apply the brakes when the patient is unattended.
- Do not apply the brake to slow or stop the product while it is in motion.

The electric brakes are available on the brake control panel (see *Brake control panel (outside siderail)* (page 25)), footboard control panel (see *Footboard control panel* (page 28)), or head end control panel (optional) (see *Head end control panel option* (page 27)).

To apply the electric brakes, press **Brake**.

Note - The **Brake** button and **Brake Set** LED illuminate when you apply the brakes.

To release the electric brakes, press **N/Brake Off**.

Note
- The **N/Brake Off** button and **Brake Not Set** LED illuminate when you release the brakes.
- If you set the brakes electronically, they can be released manually.

Transporting InTouch with Steer-Lock (Model 2151)

WARNING - Always lock the siderails in the full up position with the sleep surface horizontal in the lowest position when transporting a patient.

Note
- The Steer-Lock function locks both of the foot end casters for better tracking of the product when transporting a patient.
- The Steer-Lock function is available on the brake control panel (see *Brake control panel (outside siderail)* (page 25)), footboard control panel (see *Footboard control panel* (page 28)), or head end control panel (optional) (see *Head end control panel option* (page 27)).

To transport **InTouch** with Steer-Lock, press **D/Drive**.

To release Steer-Lock, press **N/Brake Off**.

Transporting InTouch by using the Zoom motorized drive (Model 2152) (option)

WARNING
- Do not use the **Zoom** motorized drive when the batteries become discharged. Press **N/Brake Off** to place the drive wheel in neutral and push the product manually. Recharge the batteries before using the **Zoom** motorized drive again to avoid the risk of battery damage and the drive wheel getting stuck in the down position.
- Use caution while maneuvering the product with the drive wheel activated. Always make sure that there are no obstacles near the product while the **Zoom** motorized drive is activated. Injury to the patient, user or bystanders or damage to the frame or surrounding equipment could occur if you collide with an obstacle.
- Make sure that the brakes are completely released before attempting to move the product. Attempting to move the product with the brakes applied could result in injury to the patient or operator.
- Always lock the siderails in the full up position with the sleep surface horizontal in the lowest position when transporting a patient.
- Do not attempt to move the product manually when you activate the Zoom motorized drive. Always place the drive wheel into the neutral position and release the brakes before attempting to move the product manually.
- Do not attempt to move the product laterally after you apply the **Zoom** motorized drive. The the **Zoom** motorized drive cannot swivel.

Note - To move the product in any direction, including laterally, press **N/Brake Off** on the brake control panel (see *Brake control panel (outside siderail)* (page 25)), footboard control panel (see *Footboard control panel* (page 28)), or head end control panel (optional) (see *Head end control panel option* (page 27)).

InTouch may be equipped with a **Zoom** motorized drive. The **Zoom** motorized drive provides mobility and efficient transport of the product.

To transport **InTouch** using the drive wheel:

1. Unplug the power cord from the wall outlet.

   Note - The **Zoom** motorized drive does not operate if the power cord is plugged into a wall outlet.

2. Store the power cord on the Zoom handle brackets.
3. Unfold the drive handles from the head end of the product (Figure 7). Make sure that the drive handles lock into the upright position.

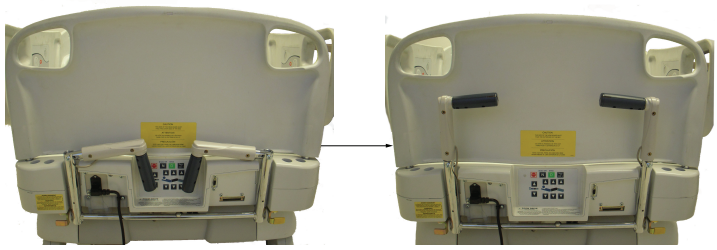


Figure 7 – Unfolding the Zoom motorized drive handles

4. Press **N/Brake Off** to release the brakes.
5. Press **D/Drive** on the brake control panel, footboard control panel, or head end control panel (optional).

   Note - The **D/Drive** button illuminates when the drive wheel is activated.

6. Make sure that the product is ready for driving.

   Two LEDs on the drive handle indicate whether the product is ready for driving (Figure 8):

Figure 8 – Zoom motorized drive handle LEDs

   Note
   - If the green LED is on, the battery is charged, and you may use the Zoom motorized drive for driving.
   - If the amber LED is on and the battery is at low charge, the **Zoom** motorized drive should not be used. **InTouch** requires two 12 volt batteries to provide power to the **Zoom** motorized drive. The **Zoom** motorized drive will not operate properly if the batteries are not sufficiently charged. Plug **InTouch** into a wall outlet to charge the batteries before using the **Zoom** motorized drive.

7. Grasp the yellow triggers on the Zoom drive handles.

   Note - You can squeeze one or both triggers to enable movement, but you must release both triggers to stop movement.

8. While squeezing the triggers, push the handles away from you or pull the handles toward you to initiate motion in the desired direction. The speed increases proportionally to the amount of force applied to the drive handles. When you reach the desired speed, the Zoom motorized drive maintains the speed and direction with no extra push force.
9. To accelerate, push or pull the handles again until you reach the desired speed.
10. Relax the force to a neutral position to maintain speed.
11. To slow down, push or pull the handles in the opposite direction the product is currently moving.
12. To stop motion, you must release both triggers on the drive handles.

WARNING - Do not use the brake to slow or stop the product while it is in motion.

Activating the CPR release pedal

WARNING - Always make sure that all persons and equipment are away from the area below and around the product before you activate the CPR release. The CPR release is for emergency use only.

When the product is raised and quick access to the patient is needed, you can activate the CPR release to position **InTouch** to 0°.

Two instant CPR release pedals are located at the head end section on both the left and right sides of the litter (A) (Figure 9).

To activate the CPR release pedal, press down the CPR pedal. The product flattens to 0°.

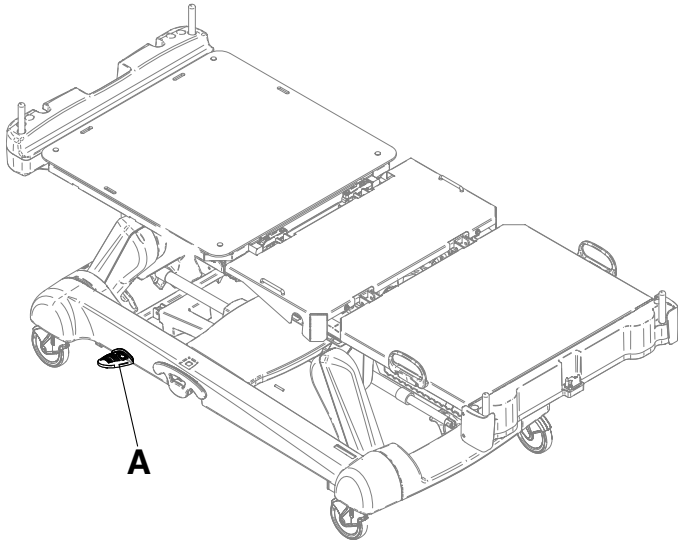


Figure 9 – CPR release pedal

Locating the foley bag hooks

There are two isolated foley bag hooks under the seat section (B) on both sides of the product (Figure 10). If you weigh the patient with the scale system, the isolated foley bag weight is not included with the patient weight.

There are four foley bag hooks under the Fowler section (A) and foot section (C) on both sides of the product. If you weigh the patient with the scale system, the foley bag weight is included with the patient weight.

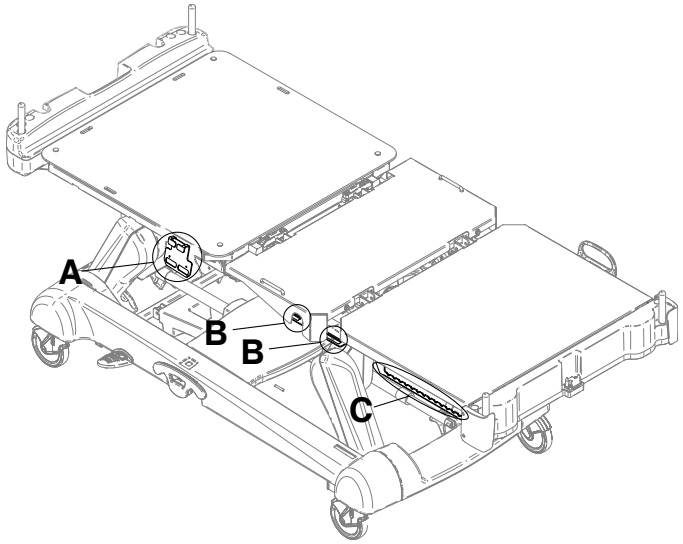


Figure 10 – Foley bag hooks

Locating the patient restraint strap tie-ins

WARNING - Always determine the proper use of the restraint straps and restraint strap locations. Improperly adjusted restraint straps can cause serious injury to a patient. Stryker is not responsible for the type or use of restraint straps on any of Stryker's products.

CAUTION - Always clean hook and loop fasteners after each use. Saturate hook and loop fasteners with disinfectant and allow disinfectant to evaporate. Appropriate disinfectant for nylon hook and loop fasteners should be determined by the hospital.

There are eight patient restraint strap tie-in locations on the litter assembly for installing patient restraint straps. Four of them are located on the Fowler section, two are located on the seat section, and two are on the support surface retainers located on the foot section (Figure 11).

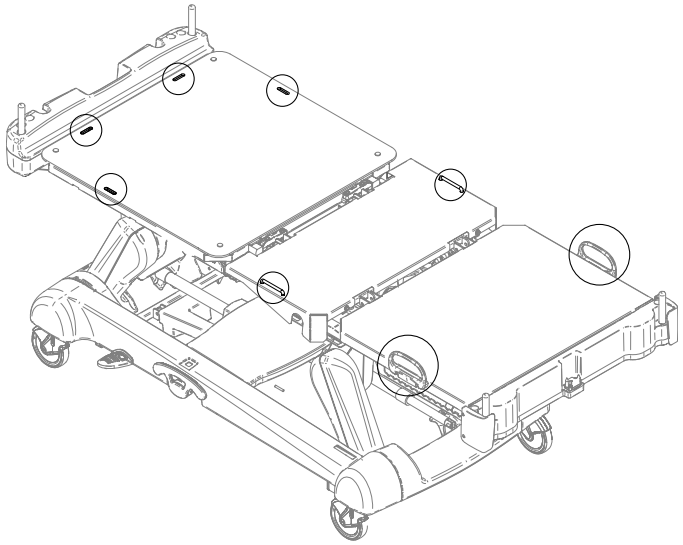


Figure 11 – Restraint strap tie-in locations

Operating nurse call option

Nurse call allows a patient to alert an operator when they require assistance.

To activate nurse call, press the **Nurse call** button on the inside siderail (N) (see Product Illustration) or on the patient control pendant option (*Patient control pendant option* (page 26)). Communication between the patient and the nurse station is established when the nursing staff responds to the nurse call signal.

Note - If the communication between the product and the nurse station is interrupted following a power failure, the disconnection of the nurse call communication cable, or the switching off of **InTouch**, the nurse call system automatically sends a signal to the nurse station.

Connecting peripheral equipment to the built-in 120 volt auxiliary power outlet option and the auxiliary mattress connector

WARNING - Only use hospital-grade electric equipment consuming 5A or less with the auxiliary power outlet option. The use of standard electric equipment may bring the current leakage to a level unacceptable for hospital equipment.

You can use the 120 volt **InTouch** auxiliary power outlet as a built-in power source for peripheral equipment. The outlet is located beneath the foot end on the patient left side of the product (A) (see Product illustration). There is a one and two plug option for the **InTouch** auxiliary outlet (A) (Figure 12).

There is also an auxiliary mattress connector outlet for connecting a support surface option to **InTouch** (B) (Figure 12). A 5A breaker is also integrated into this power outlet.

Note - To install a support surface option onto **InTouch**, see the installation instructions in the support surface operations manual.

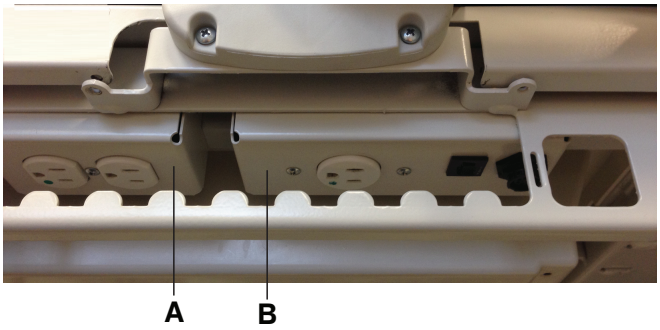


Figure 12 – InTouch auxiliary outlet options

Removing or replacing the headboard

You can remove the headboard for patient accessibility and cleaning.

To remove the headboard, grasp the handles and lift the headboard straight up and off the product (Figure 13).

To replace the headboard, align the bottom of the headboard with the pegs at the head end of the product, and then lower the headboard until it seats onto the pegs (Figure 14).

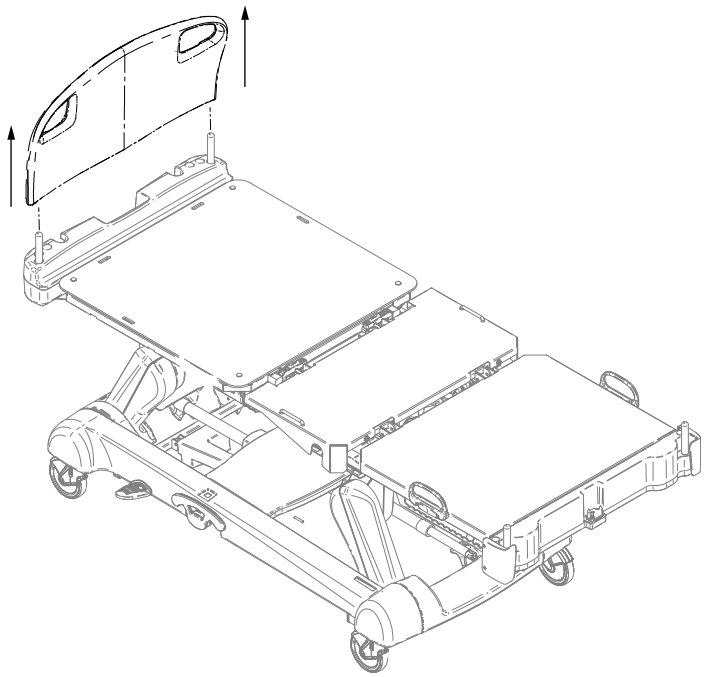


Figure 13 – Removing the headboard

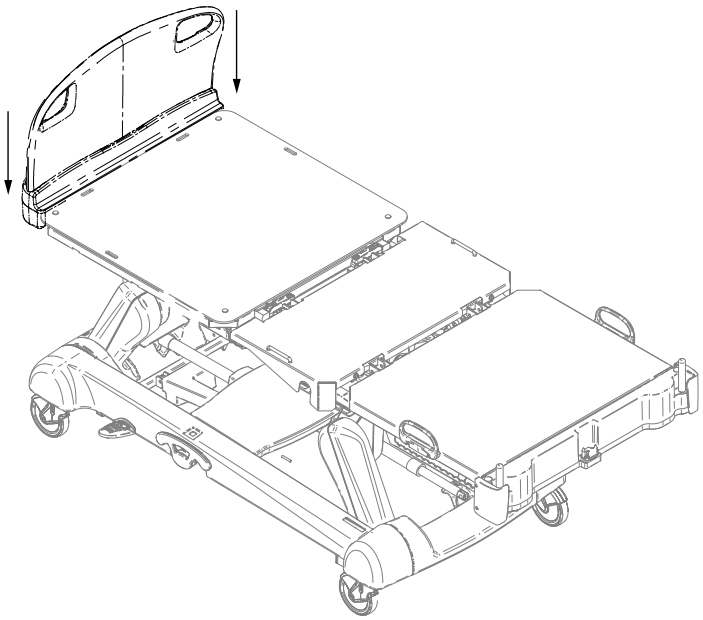


Figure 14 – Replacing the headboard

Removing or replacing the footboard

CAUTION - Do not move footboards from one product to another. Individual products may have different options. Mixing footboards could result in unpredictable operation of the product.

Note - Do not lock the control panel functions from the footboard if you must access the control panel functionality when you remove the footboard.

You can easily remove the footboard for patient accessibility, cleaning, and attachment of the bed extender option.

To remove the footboard, grasp the handles and lift the footboard straight up and off the product (Figure 15).

To replace the footboard, lower the footboard onto the footboard connector. Make sure that the footboard fits onto the footboard connector on the foot end of the litter (Figure 16).

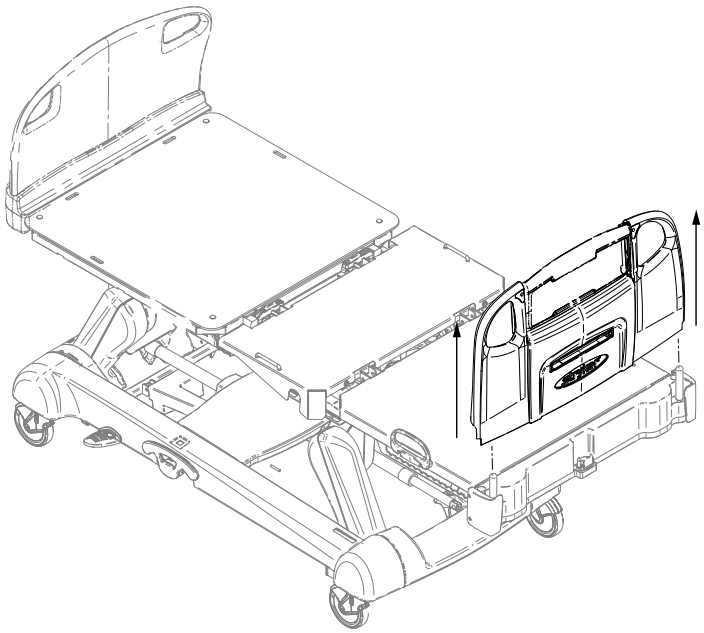


Figure 15 – Removing the footboard

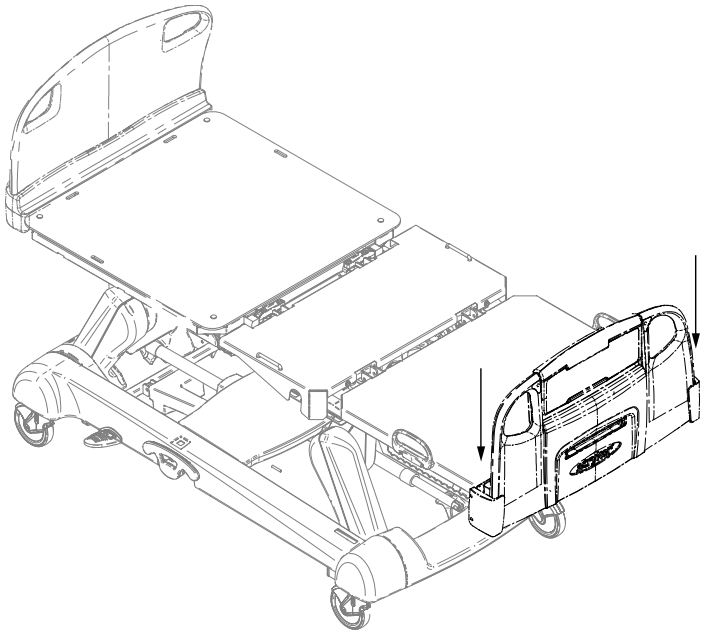


Figure 16 – Replacing the footboard

Raising or lowering the siderails

WARNING

- Always lock the siderails in the highest height position with the sleep surface horizontal in the lowest position. Always lock the siderails unless a patient's condition requires extra safety measures.
- Do not use siderails as restraint devices to keep the patient from exiting the product. The design of the siderails keep the patient from rolling off the product. The operator must determine the degree of restraint necessary to make sure that the patient is safe. Failure to use the siderails as intended could result in serious patient injury.
- Always keep the siderails outside of the oxygen tent.

CAUTION - Do not use the siderails to move the product. Always move the product using the integrated handles in the headboard and footboard.

You can lower both the head end and foot end siderails with only one hand. Siderails only lock in the highest height position.

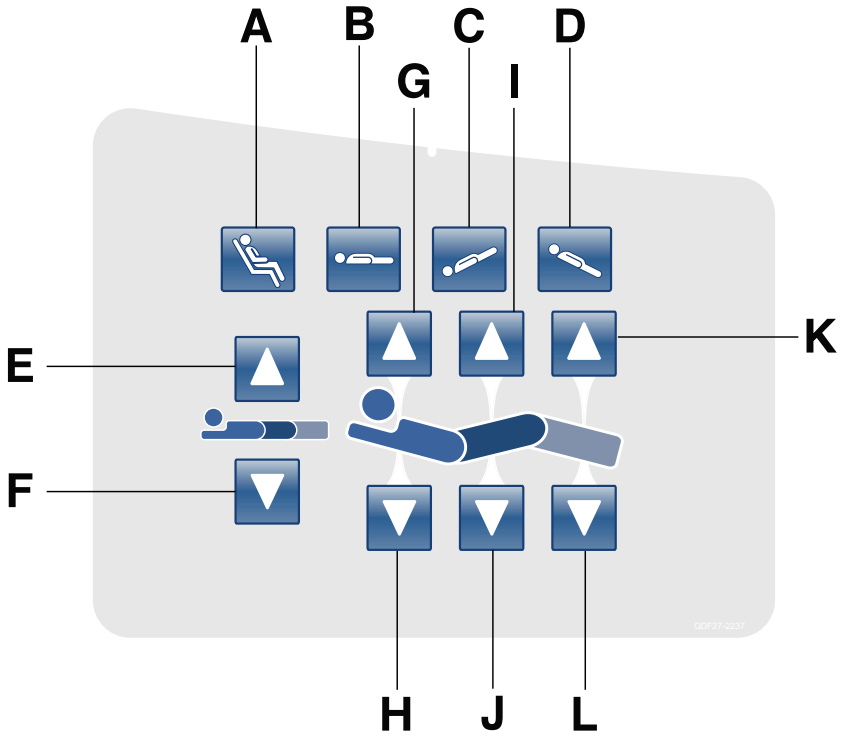
When you raise the siderails, listen for the click that indicates that the siderail is locked in the raised position. Pull on the siderail to make sure that it is locked into position.

To raise the siderails, grasp the yellow release latch (A) (Figure 17) and rotate the siderail backward.

To lower the siderails, grasp the yellow release latch (A) (Figure 17) and rotate the siderail forward.

Figure 17 – Raising or lowering the siderails

Motion control panel, outside siderail



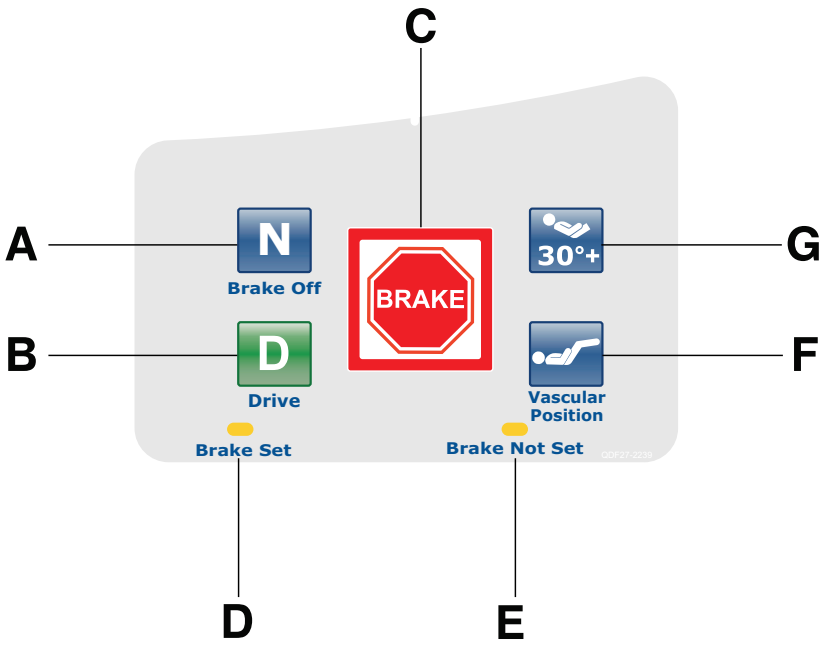
	Name	Function
A	Cardiac chair/Enhanced cardiac chair position	Press and hold once to place the product into the cardiac chair position. Press and hold a second time to place the product into the enhanced cardiac chair position.
B	Flat position	Places the product into the flat position (0°)
C	Trendelenburg	Places the product into the Trendelenburg position (head down with foot up)

	Name	Function
D	Reverse Trendelenburg	Places the product into the Reverse Trendelenburg position (head up with foot down)
E	Litter up	Raises the litter
F	Litter down	Lowers the litter
G	Fowler up	Raises the Fowler section
H	Fowler down	Lowers the Fowler section
I	Gatch up	Raises the Gatch section
J	Gatch down	Lowers the Gatch section
K	Foot up	Raises the foot section
L	Foot down	Lowers the foot section

Note

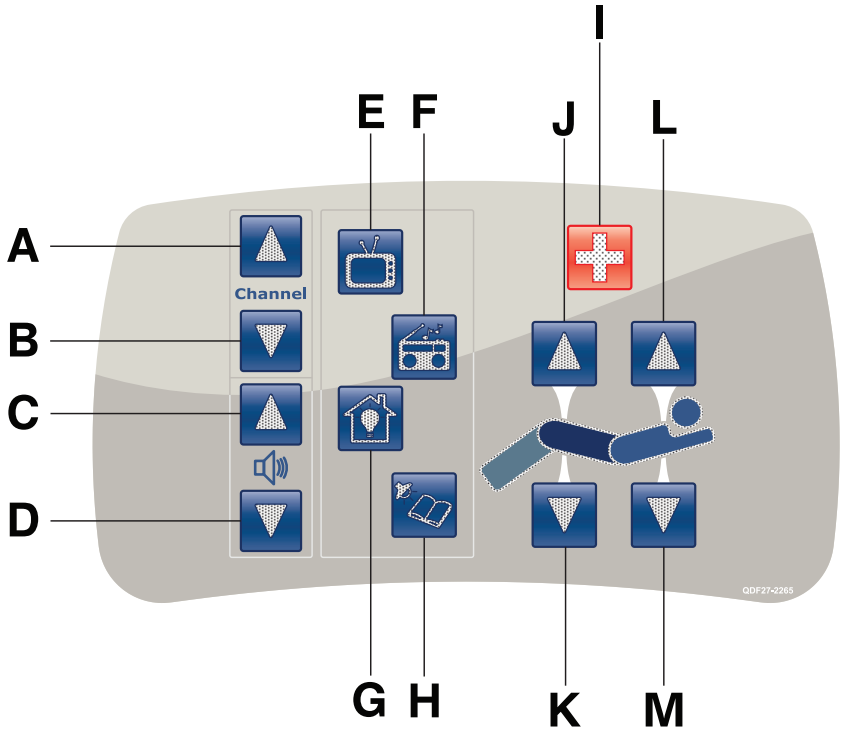
- Do not lock the motion control panel functions from the footboard if you must access the motion control panel functionality when you remove the footboard.
- The addition of accessories affects the motion of the bed.
- Foot end section mobility stops when you insert an accessory into the traction socket at the foot end of the product.
- The maximum angle of inclination during the Trendelenburg and Reverse Trendelenburg position is 15°.
- You must have a minimum clearance of 20 in. for the Trendelenburg and Reverse Trendelenburg positions.
- You can lower the height while in Trendelenburg without changing the angle.

Brake control panel (outside siderail)



	Name	Function
A	Neutral/Brake Off (N/Brake Off)	• **Model 2151**: releases the brakes and the steer function • **Model 2152**: releases the brakes and releases the **Zoom** motorized drive **Note** - The **N/Brake Off** button and **Brake Not Set** LED illuminate when you release the brakes.
B	D/Drive (Steer-Lock activation/ **Zoom** motorized drive activation)	• **Model 2151**: releases the brakes and locks the foot end casters for the Steer-Lock function • **Model 2152**: activates the **Zoom** motorized drive **Note** - The **Drive** button illuminates when you activate Steer-Lock or the **Zoom** motorized drive.
C	Brake	Applies the electric brakes. **Note** - The **Brake** button and **Brake Set** LED illuminate when you apply the brakes.
D	Brake set LED	Illuminates amber when you apply the brakes
E	Brake not set LED	Flashes amber when you release the brakes
F	Vascular Position	Raises the foot section to the vascular position
G	HOB 30° position	Raises the fowler section/head of bed (HOB) to 30°

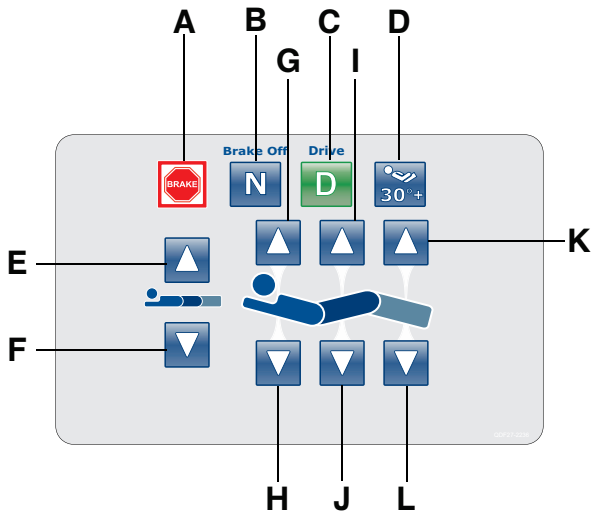
Patient control pendant option



(All options shown)

	Name	Function
A	Channel up	Changes the TV channel up
B	Channel down	Changes the TV channel down
C	Volume up	Increases the volume
D	Volume down	Decreases the volume
E	TV	Turns the TV on or off
F	Radio	Turns the radio on or off
G	Room light	Turns the room light on or off
H	Reading light	Turns the reading light on or off
I	Nurse call	Activates nurse call
J	Gatch up	Raises the Gatch section
K	Gatch down	Lowers the Gatch section
L	Fowler up	Raises the Fowler section
M	Fowler down	Lowers the Fowler section

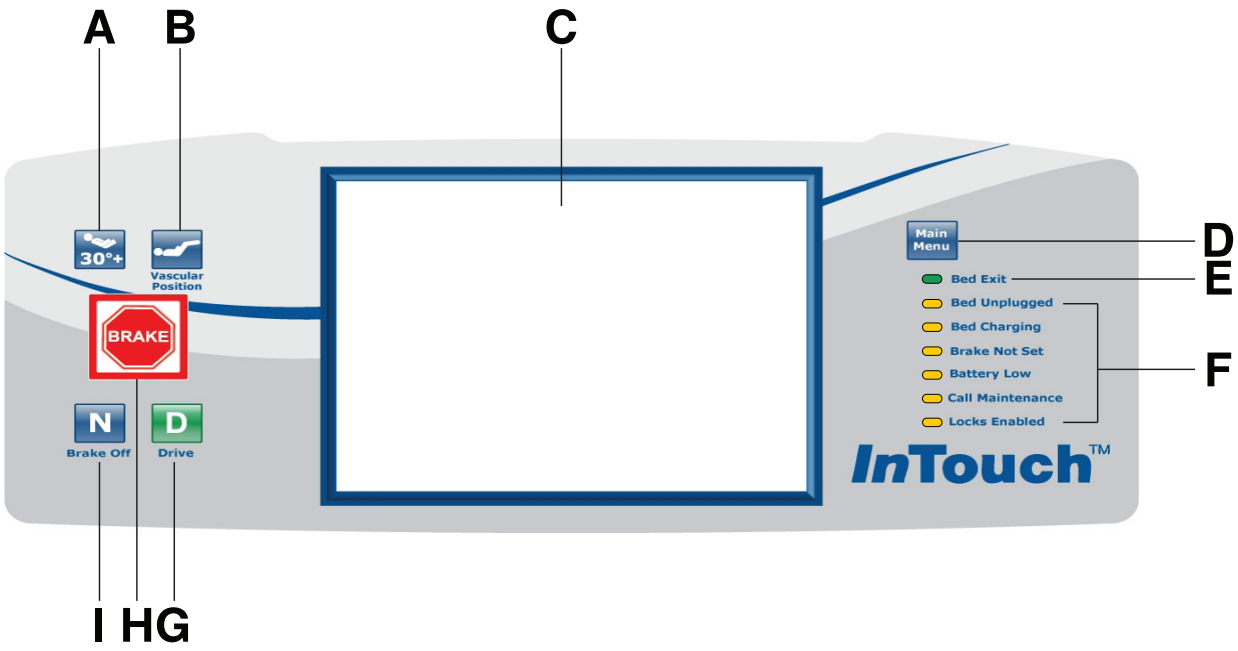
Head end control panel option



	Name	Function
A	Brake	Applies the electric brakes. **Note** - The **Brake** button and **Brake Set** LED illuminate when you apply the brakes.
B	Neutral/Brake Off (N/Brake Off)	• **Model 2151:** releases the brakes and the steer function • **Model 2152:** releases the brakes and releases the **Zoom** motorized drive **Note** - The **N/Brake Off** button and **Brake Not Set** LED illuminate when you release the brakes.

	Name	Function
C	D/Drive (Steer-Lock activation/ **Zoom** motorized drive activation)	• **Model 2151**: releases the brakes and locks the foot end casters for the Steer-Lock function • **Model 2152**: activates the **Zoom** motorized drive **Note** - The **Drive** button illuminates when you activate Steer-Lock or the **Zoom** motorized drive.
D	HOB 30° position	Raises the fowler section/head of bed (HOB) to 30°
E	Litter up	Raises the litter
F	Litter down	Lowers the litter
G	Fowler up	Raises the fowler section
H	Fowler down	Lowers the fowler section
I	Gatch up	Raises the gatch section
J	Gatch down	Lowers the gatch section
K	Foot up	Raises the foot section
L	Foot down	Lowers the foot section

Footboard control panel



	Name	Function
A	HOB 30° position	Raises the fowler section/head of bed (HOB) to 30°
B	Vascular Position	Raises foot section to the vascular position
C	Touch screen display	Displays **InTouch** features and functions

	Name	Function
D	Main menu	Returns to the Patient Information screen or awakens the touch screen from sleep mode
E	Bed exit indicator	Illuminates green when you arm Bed Exit
F	Footboard LED indicators	Indicates current product state (see *Footboard LED indicators* (page 29))
G	D/Drive (Steer-Lock activation/ **Zoom** motorized drive activation)	• **Model 2151:** releases the brakes and locks the foot end casters for the Steer-Lock function • **Model 2152:** activates the **Zoom** motorized drive **Note** - The **Drive** button illuminates when you activate Steer-Lock or the **Zoom** motorized drive.
H	Brake	Applies the electric brakes. **Note** - The **Brake** button and **Brake Set** LED illuminate when you apply the brakes.
I	Neutral/Brake Off (N/Brake Off)	• **Model 2151:** releases the brakes and the steer function • **Model 2152:** releases the brakes and releases the **Zoom** motorized drive **Note** - The **N/Brake Off** button and **Brake Not Set** LED illuminate when you release the brakes.

Footboard LED indicators

The LED indicators on the footboard control panel illuminate when there is a parameter change on the product.

LED	Indicator
Bed unplugged	Illuminates amber when you unplug the product. Battery back-up functionality engages when you unplug the product. **CAUTION** - Always plug the product into a wall outlet (regulated AC power source) when not in use to maintain a sufficient battery charge and to maximize product performance while operating on battery power.
Bed charging	Illuminates amber when you connect the product to a wall outlet and the batteries are recharging. The batteries fully charge in approximately eight hours. When the batteries are fully charged, the LED no longer illuminates. If the batteries are not connected, or if the battery switch is in the **OFF** position (O), the LED indicator does not illuminate.
Brake not set	Flashes amber when you release the brakes
Battery low	Flashes amber when the battery charge is low To recharge the **InTouch** batteries, plug the power cord into a properly grounded, hospital-grade wall outlet. **CAUTION** - Do not use the **Zoom** motorized drive when you hear a battery low alarm (Battery Low LED on Footboard and audible beep). Stop using the **Zoom** motorized drive and recharge the batteries immediately. If you ignore the battery low alarms, the batteries may degrade quicker than normal and may decrease battery life.

LED	Indicator
Call maintenance	Illuminates amber when the product requires maintenance or repairs. Contact the appropriate maintenance personnel to restore proper functionality.
Locks enabled	Illuminates amber on the footboard control panel when one lock or a total lockout is set (see *Main menu: Lockouts* (page 63)).

Accessing functions and features with the touch screen display and navigation bar

CAUTION - Do not use pencils, pen caps, pen tips, or other pointed objects to tap the touch screen display. Using excessive pressure may damage the footboard control panel and the touch screen display.

The **InTouch** footboard control panel has a touchable user interface (touch screen display) that displays the main menu for **InTouch** functions and features.

To access a main menu option, tap the menu item in the **Navigation bar** (Figure 18).

Figure 18 – Navigation bar

Note

- Unless a submenu or a notification is open, the navigation bar is always available for navigation.
- If no control panel or touch screen activity is detected within two minutes, the touch screen lighting dims to 10%.
- If no control panel or touch screen activity is detected within four minutes, the touch screen enters sleep mode.

To awaken the touch screen from sleep mode, press any button on the footboard control panel or tap the touch screen display.

Note - The touch screen display shows the **Patient Information** screen by default when the screen awakes from sleep mode.

Main menu: Patient information

Figure 19 – Patient information

	Name	Function
A	Patient ID	Displays patient name and date admitted
B	Weight	Displays patient weight
C	Height	Displays patient height
D	BMI	Displays the patient's body mass index (BMI)
E	Braden Scale for Predicting Pressure Sore Risk[1]	Displays the patient's last Braden Scale score and the time and date the score was recorded. Tap the pencil to enter the Braden Scale menu.
F	Unit/Rm	Tap the pencil to enter unit/room number
G	Configure privacy	Configures the visibility of patient information displayed on the Patient Information screen
H	Patient note	Tap the pencil to enter patient notes

[1]Copyright. Barbara Braden and Nancy Bergstrom, 1988. Reprinted with permission.

Clearing and entering new patient information

Clear all previous product parameters and patient history before placing a new patient onto **InTouch**.

To enter new patient information, tap **New** (Figure 19).

To clear previous product parameters and patient history:

1. Tap the option that you want to clear.

   Note - Options change from blue (deactivated) to green (activated) when tapped.

2. Tap **Ok**.

To enter a new Patient ID:

1. Tap the pencil (Figure 20).
2. Enter the Patient ID.
3. Tap **Ok**.

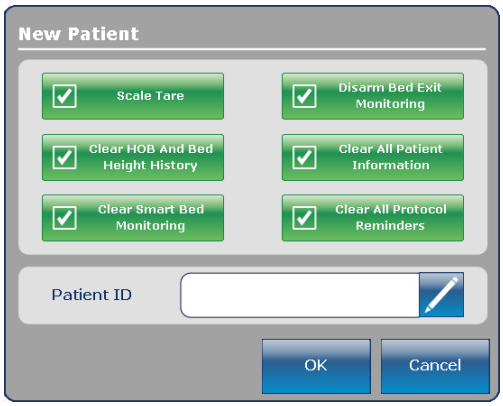


Figure 20 – New patient

Configuring the visibility of patient information

The **Configure** screen allows you to choose what patient information is displayed on the **Patient Information** screen.

To configure the visibility of patient information, tap **Configure privacy** (Figure 19).

To enable visibility of patient information on the Patient Information screen:

1. Tap the option in the **Configure** screen that you want to display (Figure 21).

   Note - Options change from blue (deactivated) to green (activated) when tapped.

2. Tap **Ok**.

Note - If the option is not tapped to enable visibility of patient information, dashes are displayed for the missing value in the **Patient Information** screen.

Display Height: Displays the patient's height.

- To increase patient height by 1 (in. or cm), tap the up arrow.
- To decrease patient height by 1 (in. or cm), tap the down arrow.

Calculate BMI: Displays the patient's body mass index (BMI).

Display Last Braden Scale Score: Displays the patient's last Braden Scale score and the time and date the score was recorded. If no score has been measured, dashes are displayed for the missing value.

Display Patient ID: Displays the Patient ID. You can enter the Patient ID on the **New Patient** screen (Figure 20).

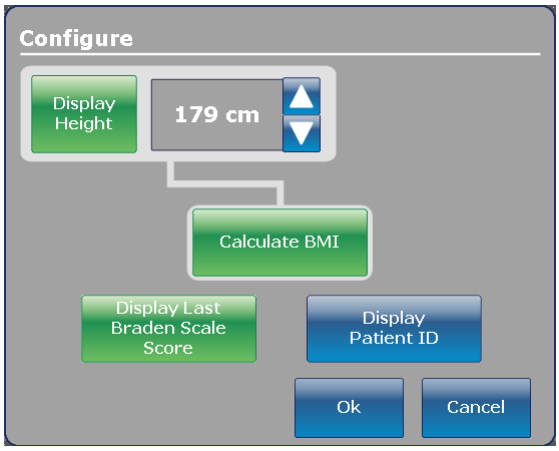
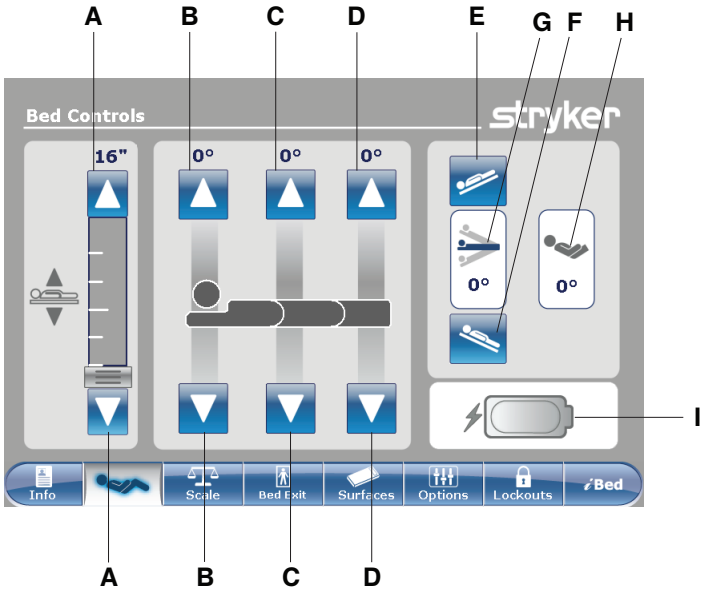


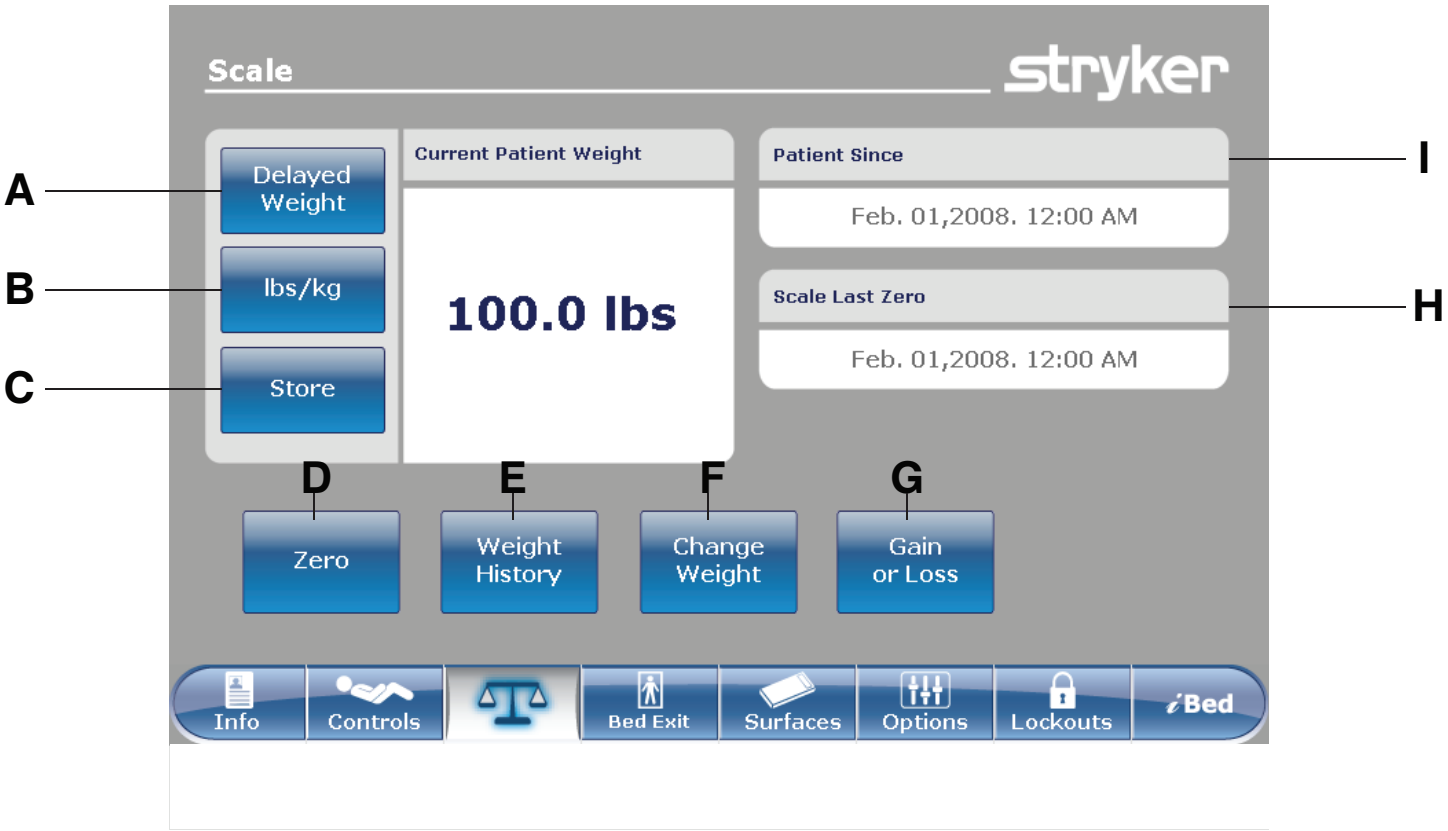
Figure 21 – Configuring private patient information

Main menu: Bed controls



	Name	Function
A	Bed height up/down	Raises or lowers the litter
B	Fowler up/down	Raises or lowers the fowler
C	Gatch up/down	Raises or lowers the gatch
D	Foot up/down	Raises or lowers the foot section
E	Trendelenburg	Places the product into the Trendelenburg position (head down with foot up)
F	Reverse Trendelenburg	Places the product into the Reverse Trendelenburg position (head up with foot down)
G	Angle indicator	Shows the angle of Trendelenburg or Reverse Trendelenburg
H	HOB angle indicator	Shows the angle of head of bed (HOB)
I	Battery status indicator	Indicates the charge left in the battery

Main menu: Scale



	Name	Function
A	Delayed Weight	Records patient weight with a delay. Tap to start a delayed weight measurement.
B	lbs/kg	Changes the displayed measuring unit (lbs or kg)
C	Store	Tap to store the current weight reading

	Name	Function
D	Zero	Zeros the scale settings
E	Weight History	Accesses stored patient weight history
F	Change Weight	Change the weight of a patient
G	Gain or Loss	Displays the initial patient weight measured, current patient weight, and weight the patient has gained or lost from the initial patient weight
H	Scale Last Zero	Date and time of the last zero of the scale
I	Patient Since	Patient's admittance date

WARNING - The scale system is intended to assist in the monitoring of the patient's weight variation. Under no circumstances should its reading be used as sole reference for medical treatment.

Recording patient weight with a delay

Note

- The delayed time is set to 15 seconds.
- The patient must be still while the scale records their weight. If the scale cannot measure a stable weight value, no weight entry is recorded.

To record patient weight with a delay:

1. Tap **Delayed Weight** (see *Main menu: Scale* (page 34)).

   Note - The 15 second timer starts.

2. Remove or lift up any equipment you do not want calculated into the patient's weight. This includes anything lying on the product or resting on the patient.

   Note - To cancel the request, tap **Cancel** (Figure 22).

   - The scale beeps after 10 seconds elapses.
   - The scale calculates the weight of the patient for the next five seconds.
   - The scale beeps again, and then the **Delayed Weight** screen appears (Figure 23).

3. Return the equipment to its original position.

To change the displayed measuring unit, tap **lbs/kg** (Figure 23).

To return to the **Scale** screen, tap **Close** (Figure 23).

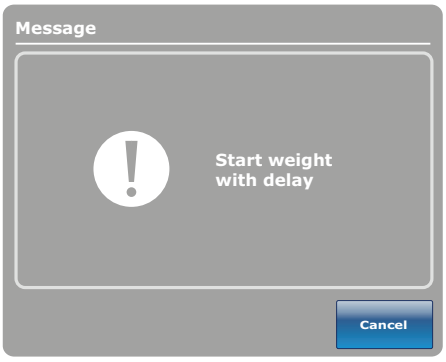


Figure 22 – Start weight with delay

Figure 23 – Delayed Weight

Setting the scale to zero

The zero function resets all of the stored values for weight history, change patient weight, and gain or loss.

To set the scale to zero:

1. Tap **Zero** (*Main menu: Scale* (page 34)).
2. To confirm setting the scale to zero, tap **Ok** (Figure 24).

To cancel the request, tap **Cancel** (Figure 24).

Note - The request is cancelled if the bed goes into auto shutoff.

Figure 24 – Scale Zero?

After confirming setting the scale to zero, a notification appears (Figure 25).

Note - To cancel the request, tap **Close**.

Figure 25 – Do not touch bed

A confirmation notification indicates that setting the scale to zero was successful (Figure 26).

Figure 26 – Zero success!

Viewing weight history

Weight history displays measured and stored weight values. The system stores a maximum of 50 weight measurements. Any new measurement taken after the fiftieth measurement deletes the oldest measurement taken.

To view weight history, tap **Weight History**.

To reset the stored weight histories, tap **Reset** (Figure 27).

To change the displayed measuring unit, tap **lbs/kg** (Figure 27).

To view values that are not currently visible on the screen, tap the arrows to scroll from the left to right. The cursor only moves by one value at a time.

To store the current weight reading, tap **Store** (Figure 27).

To return to the **Scale** screen, tap **Close** (Figure 27).

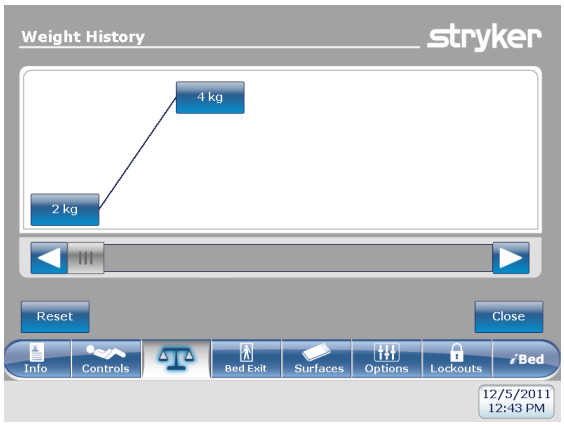


Figure 27 – Weight history

To view specific weight history information:

1. Tap a weight value in the weight history screen (Figure 27). When tapped, each value displays the time and date of the measurement (Figure 28).
2. Tap **Previous** to see the previous weight measured (Figure 28).
3. Tap **Next** to see the next weight measured (Figure 28).
4. To return to the **Weight History** screen, tap **Cancel** (Figure 28).

Figure 28 – Weight history information

Changing the patient weight

To change the patient weight:

Tap **Change Weight** (*Main menu: Scale* (page 34)).

To confirm changing the patient weight, tap **Ok** (Figure 29).

To cancel the request, tap **Cancel** (Figure 29).

Note - The request is cancelled if the bed goes into auto shutoff.

Figure 29 – Change patient weight?

While changing patient weight, a notification appears (Figure 30).

Note - To cancel the request, tap **Close**.

Figure 30 – Do not touch bed

After the scale calibration, you can change the patient weight (Figure 31).

- To increase patient weight by .1 (lb or kg), tap the up arrow.
- To decrease patient weight by .1 (lb or kg), tap the down arrow.
- To increase patient weight by 1.0 (lb or kg), hold the up arrow.
- To decrease patient weight by 1.0 (lb or kg), hold the down arrow.
- To save the desired weight, tap **Ok**.
- To cancel the request, tap **Cancel**.

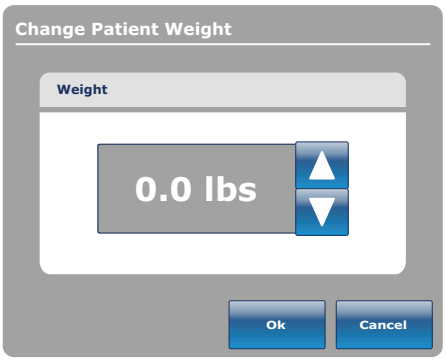


Figure 31 – Change patient weight

Measuring weight gain or loss

The gain or loss function compares the initial patient weight to the current patient weight. It then displays the weight the patient has gained or lost since the initial patient weight reading.

To view gain or loss, tap **Gain or Loss** (see *Main menu: Scale* (page 34)).

To change the displayed measuring unit, tap **lbs/kg** (Figure 32).

To reset the gain or loss measurement, tap **Reset** (Figure 32).

To return to the **Scale** screen, tap **Close** (Figure 32).

Figure 32 – Gain or loss

To reset the gain or loss measurement, tap **Ok** (Figure 33).

To cancel the request, tap **Cancel** (Figure 33).

Note - The request is cancelled if the bed goes into auto shutoff.

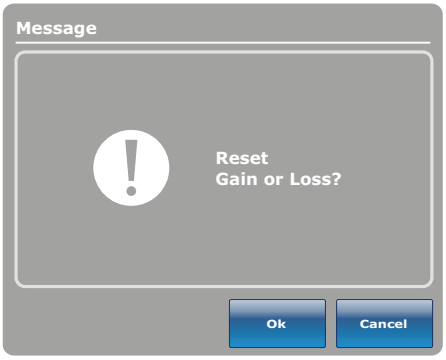


Figure 33 – Reset gain or loss?

A confirmation notification indicates that the resetting of the gain or loss is complete (Figure 34).

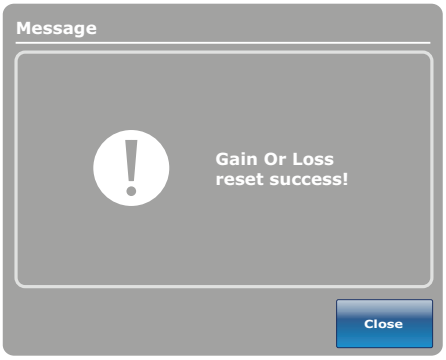
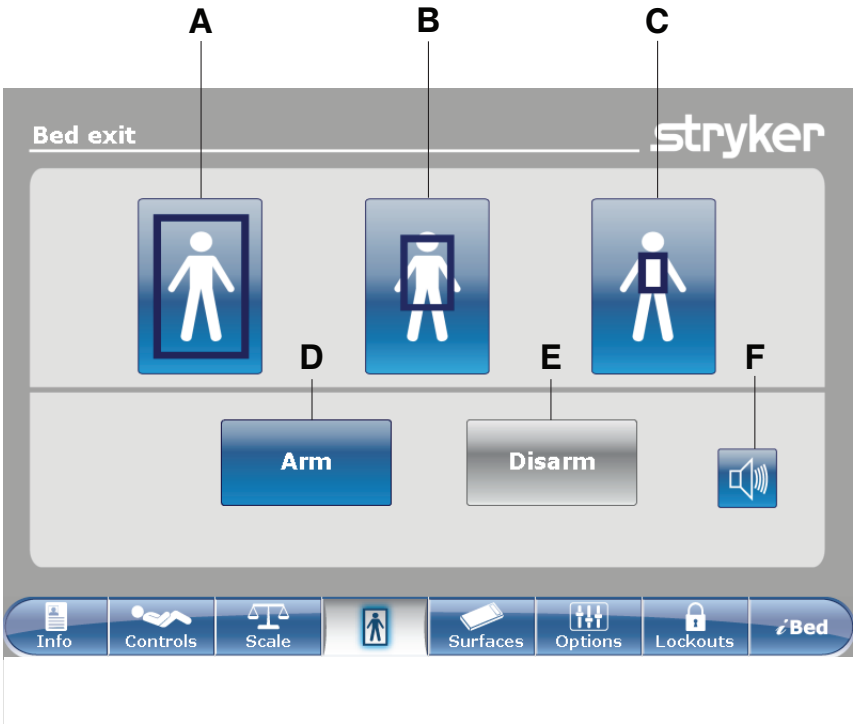


Figure 34 – Gain or loss reset success!

Main menu: Chaperone Bed exit



	Name	Function
A	Zone 1	The patient can move freely, but the alarm sounds when the patient attempts to leave the product.
B	Zone 2	The patient can move with limited movement. The alarm sounds when the patient approaches the siderails or moves toward the foot end.
C	Zone 3	The patient can move with minimal movement. The alarm sounds when the patient moves out of the center of gravity.
D	Arm	Arms the bed exit detection system
E	Disarm	Disarms the bed exit detection system
F	Alarm	Accesses the alarm settings menu

WARNING

- Bed exit is intended only to aid in the detection of a patient exiting **InTouch**. It is not intended to replace patient monitoring protocol.
- Bed exit is not designed to be used with patients weighing less than 50 lb (23 kg).
- Power save mode activates after one hour on battery power with no motion release switch activation. Bed exit, scale, and product motion stop operating when the product enters the power save mode.

Arming or disarming Chaperone Bed exit

When armed, Chaperone® Bed Exit monitors the patient's position on the product.

Note - A notification appears if there is not enough weight on the product to arm bed exit.

To arm bed exit:

1. Tap the desired zone (see *Main menu: Chaperone Bed exit* (page 40)).

2. Tap **Arm** (D) (see *Main menu: Chaperone Bed exit* (page 40)).

After arming bed exit, the LED light bars on the outside siderails and footboard illuminate green, the bed exit indicator LED on the footboard control panel illuminates, and the selected zone in the **Bed exit** screen is highlighted green.

If the patient moves from the armed zone and compromises the bed exit parameter, the LED light bars on the outside siderails and footboard flash amber, the bed exit indicator LED on the footboard control panel flashes, a sound alarm is triggered, the compromised zone is highlighted red, and the **Event Manager** screen appears (Figure 85).

Note - If **InTouch** is equipped with the optional *i*Audio feature, voice alarms are available. Voice alarms replace the buzzer alarm and play through the inside siderail speakers.

To disarm bed exit, tap **Disarm**.

Setting the alarm tones

InTouch has 10 alarm tone settings.

Note - If **InTouch** is equipped with the *i*Audio feature option, voice alarms are available. Voice alarms replace the buzzer alarm and play through the inside siderail speakers.

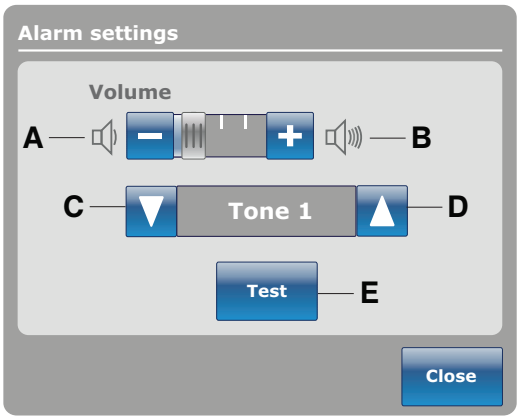


Figure 35 – Alarm settings

	Name	Function
A	Volume down	Decreases the volume
B	Volume up	Increases the volume
C	Change tone	Scrolls to the next tone
D	Change tone	Scrolls to the previous tone
E	Test	Tests the selected volume and tone setting

Connecting a support surface to InTouch

WARNING

- Do not use extension cords with support surfaces. Support surfaces are only intended to be powered by **InTouch** with the supplied power cord.
- Do not route cables between the support surface and **InTouch**.

1. Install the support surface onto **InTouch**.

Note - To install a support surface option onto **InTouch**, see the installation procedures in the appropriate support surface operations manual.

2. Connect the integration cable from the support surface to the auxiliary mattress connector (B) (Figure 36).
3. Plug the support surface power cord into the auxiliary mattress connector outlet (A).

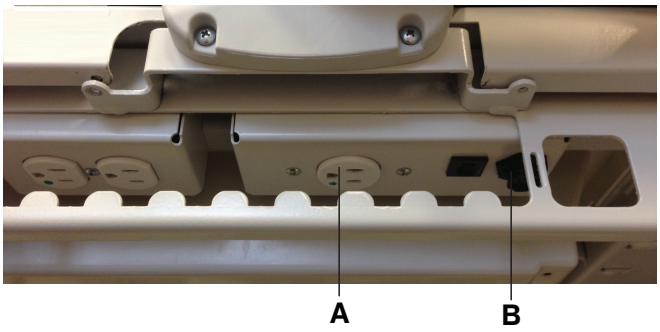


Figure 36 – Auxiliary mattress connector outlet

Main menu: Surfaces

InTouch can detect if a support surface is connected to the auxiliary mattress connector.

If you tap **Surfaces** on the navigation bar (Figure 38) and there is no support surface connected to **InTouch**, a notification appears (Figure 37).

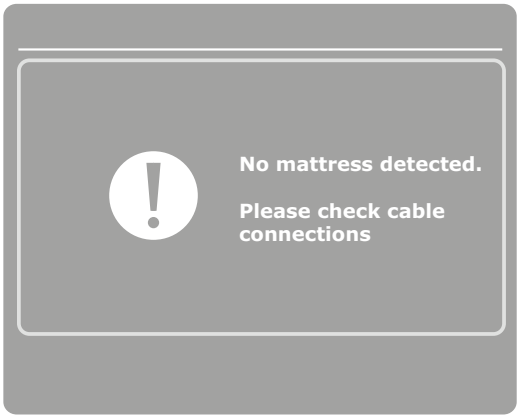


Figure 37 – No mattress detected

Figure 38 – Navigation Bar

Restarting a support surface function

A notification appears (Figure 39) after **InTouch** has reset and the Turn Assist or Max Inflate support surface functions were active. You may need to restart the interrupted function after you receive this message.

To restart an **Isolibrium** support surface function, see *Starting and stopping Turn Assist* (page 51) or *Starting and stopping Max Inflate* (page 52).

Note

- The Pressure Redistribution settings for **Isolibrium** are preserved when the product resets.

- The settings for Protocol Reminders are lost when the product resets.

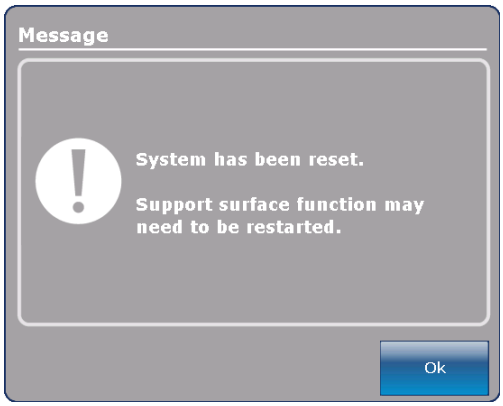


Figure 39 – System reset message

Main support surface screen for Isolibrium

The main support surface screen for **Isolibrium** displays when you tap **Support Surface** on the **InTouch** navigation bar (*Connecting a support surface to InTouch* (page 41)). Active functions are displayed or upon initial entry (Figure 40). Available operator functions include:

- Low Air Loss (LAL)
- Screen Lockout
- Therapy History
- Max Inflate
- Surface Settings (from the Pressure Redistribution menu)

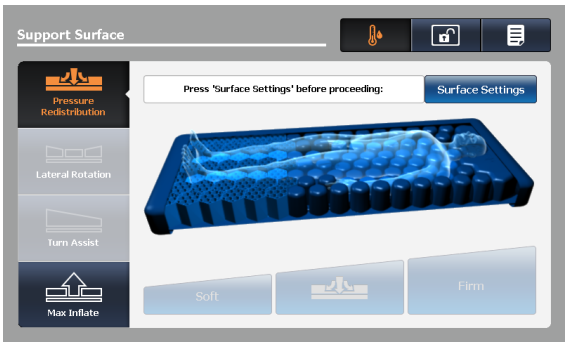


Figure 40 – First time entry

Note

- Pressure Redistribution, Lateral Rotation, and Turn Assist are not available until you complete the **Weight Range** selection through the **Surface Settings** screen.
- When you tap to select an icon, the icon illuminates orange.

Preparing Isolibrium for a new patient

WARNING - Do not exceed the safe working load of the **Isolibrium** support surface. Excess weight could cause unpredictable safety and performance of this system.

You can clear the therapy history from two locations:

- **New Patient** display

- Surface settings display (*Selecting to retain or clear therapy history* (page 47))

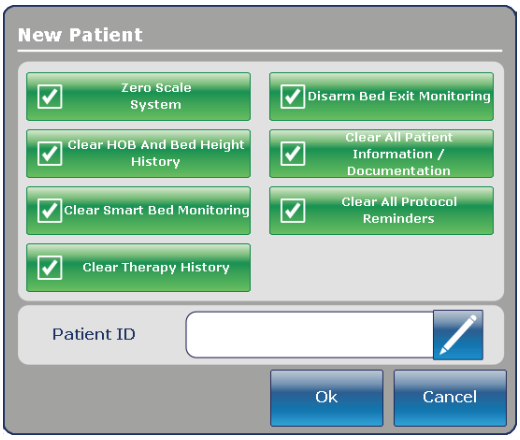


Figure 41 – InTouch New Patient screen

Positioning a patient on the support surface

WARNING

- Always center the patient on the support surface. Align the patient's head toward the headboard before starting functions. Check the patient frequently to make sure that you maintain the proper positioning.
- Always make sure that the tubing and wiring that is connected to the patient is long enough, stable, and secure during Lateral Rotation or Turn Assist.
- Always raise all of the bed siderails before you begin Turn Assist or Lateral Rotation.
- Do not exceed the safe working load of the **Isolibrium** support surface. Excess weight could cause unpredictable safety and performance of this system.
- Always use extra caution when reading radiology images taken of a patient on a support surface because internal components can cause artifacts and distort readings.

CAUTION

- Do not allow sharp objects to come into contact with the support surface that could puncture, tear, or cut the cover.
- Do not allow sharp edges from the X-ray plate to come in contact with the support surface cover. The recommendation is you cover the X-ray plate with a pillow case or other device before placement under the patient. If damaged, remove the support surface cover from service immediately to prevent cross contamination.

To position the patient:

1. Max Inflate the support surface.
2. Position the patient in the center of the support surface, align the patient's head toward the head board (Figure 42).
3. Check the patient frequently during Lateral Rotation for proper positioning and support surface inflation (Figure 43 and Figure 44).

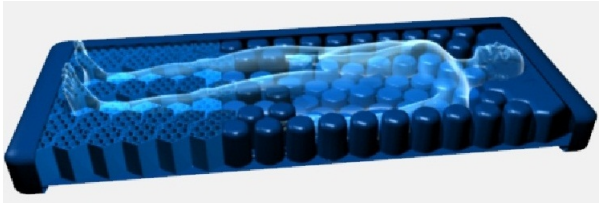


Figure 42 – Center the patient

Figure 43 – Correct patient positioning

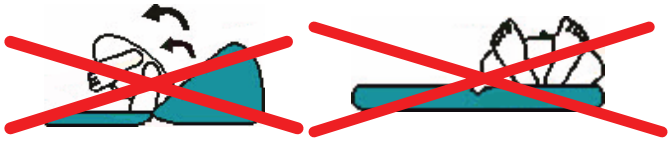


Figure 44 – Incorrect patient positioning

Preparing bed positions for support surface functions

To prepare bed positions:

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

Initializing Pressure Redistribution

Pressure Redistribution provides firmness for the patient based on the weight range and firmness settings.

To initialize Pressure Redistribution:

Tap **Pressure Redistribution** on the Pressure Redistribution screen (Figure 45).

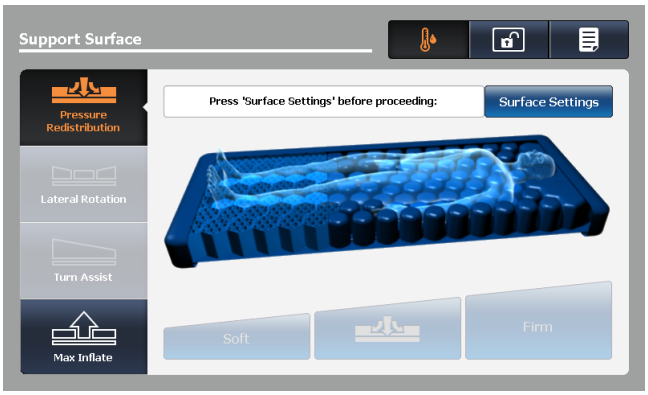


Figure 45 – Pressure redistribution

Selecting patient weight range

Tap **Surface Settings** on the Pressure Redistribution screen (A) (Figure 46).

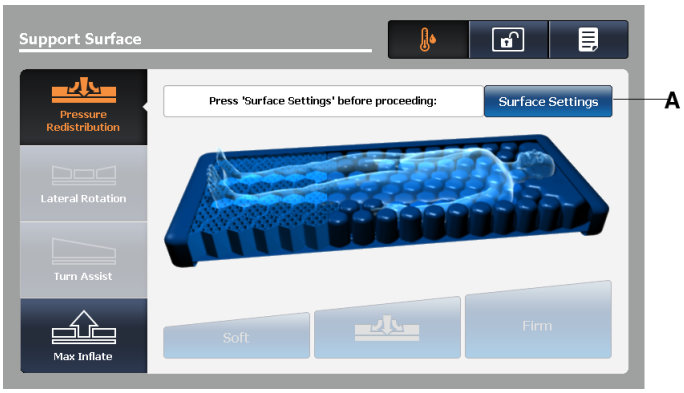


Figure 46 – Pressure redistribution screen

1. Tap the up and down arrows to select the desired weight range (Figure 47).

   Note - A healthcare professional should determine the use of the **Isolibrium** support surface and therapies outside of the therapeutic weight range of 50 lb to 350 lb (22.7 kg to 158.7 kg).

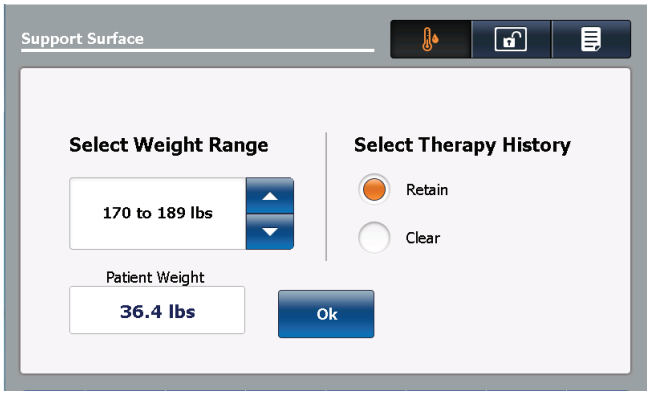


Figure 47 – Surface setting screen

2. Confirm patient weight range.

   Note

   - The patient weight range default is based on the weight that is measured by the **InTouch** scale when patient is stable.

- Patient weight is presented in pounds or kilograms based on the **InTouch** selection.
- The patient weight range selection is between 50 lb and 460 lb (22.7 kg and 208.7 kg) and is used as input for Pressure Redistribution.

Selecting to retain or clear therapy history

Tap **Retain** to keep therapy history (Figure 47).

Tap **Clear** to delete therapy history.

Note - **Retain** therapy history is the default setting.

Changing Pressure Redistribution

The default **Medium** setting is set from the Selected Weight Range.

To change pressure redistribution:

Tap **Soft** to decrease the firmness setting (Figure 48).

Tap **Firm** to increase the firmness setting.

Figure 48 – Pressure redistribution

Note - Always confirm patient weight (*Selecting patient weight range* (page 46)).

Preparing for Lateral Rotation

Lateral Rotation allows the operator to rotate the patient from left to right by increasing or decreasing the rotation levels and hold times.

WARNING

- Always make sure that the tubing and wiring that is connected to the patient is long enough, stable, and secure during Lateral Rotation or Turn Assist.
- Do not extubate or intubate patients during Lateral Rotation or Turn Assist. The functions could interfere with the performance of the ancillary devices.
- Always raise all of the bed siderails before you begin Turn Assist or Lateral Rotation.
- Do not zero the bed scales or weigh the patient with Lateral Rotation or Turn Assist active. Motion from the support surface functions may adversely affect the scale system performance.
- Do not arm bed exit with Lateral Rotation or Turn Assist active. The patient motion and position that results from the support surface may adversely affect bed exit system performance.
- Always deflate the **Isolibrium** support surface before you begin CPR.

- Always center the patient on the support surface. Align the patient's head toward the headboard before starting functions. Check the patient frequently to make sure that you maintain the proper positioning.

To prepare for lateral rotation:

1. Position the patient in the center of the support surface.
2. Raise all of the bed siderails.
3. Lower the bed height to the lowest position.
4. Set the head of bed angle between -5° to 60°.

Note

- A healthcare professional should determine the use of the **Isolibrium** support surface and therapies outside of the therapeutic weight range of 50 lb to 350 lb (22.7 kg to 158.7 kg).
- Lateral Rotation will not function if the siderails are down. Pressure Redistribution, Max Inflate and Turn Assist will activate without the siderails up. If a siderail is lowered or unlocked during Lateral Rotation, the function will automatically stop.

Starting Lateral Rotation

Note - The first Lateral Rotation cycle performs at a reduced angle before performing a full rotation.

To start lateral rotation:

1. Tap **Lateral Rotation** on the **Support Surface** screen.
2. Adjust the Lateral Rotation selections as needed (Figure 49):

   a. Tap the up and down arrows to increase or decrease the rotation level for patient left side or patient right side.

Figure 49 – Lateral rotation screen

Note

- You can only change the Lateral Rotation settings when the therapy stops. You cannot change the Lateral Rotation settings when the therapy is active or paused.
- If a rotation level for the patient left side or patient right side is set, the hold times become disabled and change to zero.
- If a rotation level for the patient left and patient right side is set, a notification appears.

   b. Tap the up and down arrows to increase or decrease the hold times for patient left, patient right, or surface flat position.

3. Raise all of the siderails to allow Lateral Rotation to start.

   Note - If you do not raise all of the siderails, a notification displays. Tap **Ok** to return to the previous screen.

4. Set the head of bed (HOB) angle before you start Lateral Rotation to allow the function to start. You cannot start a full rotation with the HOB angle greater than 35°.

Limitations due to HOB angle	Rotation level
-5° < HOB ≤ 35°	Full and reduced
35° < HOB < 60°	Maximum allowed rotation level is reduced
HOB ≤ -5° or HOB ≥ 60°	Rotation not allowed

Note - If the HOB is not within the specified range, a notification appears. Tap **Ok** to return to the previous screen.

5. Tap **Start** to initiate.

Starting a one-sided Lateral Rotation

To perform a one-sided Lateral Rotation:

1. Tap **Down** on the side that you do not want to rotate.

   Note - If you do not set a rotation level for the patient left side or patient right side, the hold times become disabled and change to zero.

2. Tap **Up** on the opposite side to the desired angle (Figure 50).
3. Set the desired hold time (Figure 50).
4. Tap **Start**.

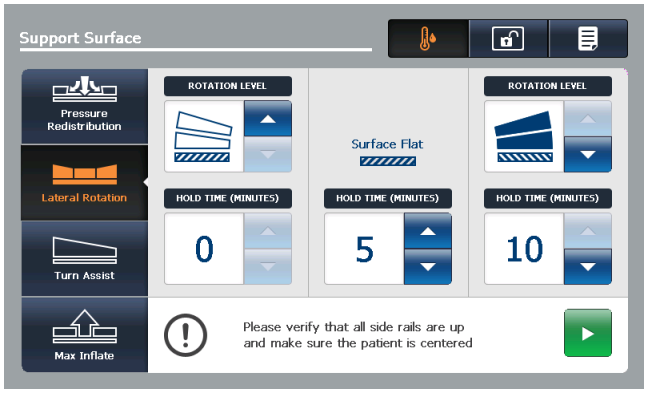


Figure 50 – Starting a one-sided Lateral Rotation

Pausing or stopping Lateral Rotation

To pause lateral rotation, tap **Pause** (Figure 51).

To resume lateral rotation from a paused state, tap **Start** (Figure 52).

To stop lateral rotation at any time, tap **Stop**.

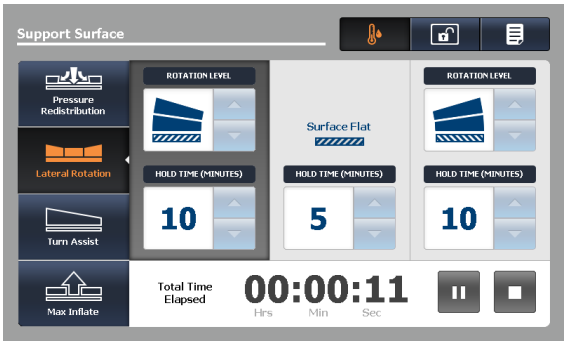


Figure 51 – Lateral rotation screen

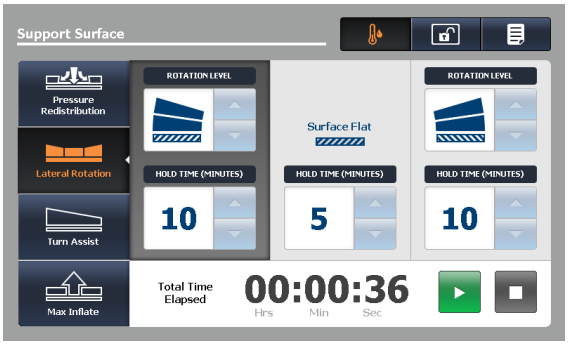


Figure 52 – Lateral rotation paused

Note

- You can only change the Lateral Rotation settings when the therapy stops. You cannot change the Lateral Rotation settings when the therapy is active or paused.
- Lateral Rotation will continue until you stop, pause the function, or reach the time limit of 100 hours.
- All therapy parameters are stored in the history until you clear the history (*Selecting to retain or clear therapy history* (page 47)).

Changing head of bed angle during Lateral Rotation

If during full Lateral Rotation the HOB angle is increased to > 35°, the level of rotation is automatically reduced. A notification of change is displayed. You have the following options:

To continue with lateral rotation at reduced rotation, tap **Ok**.

To change back to full rotation:

1. Tap **Ok**.
2. Stop therapy.
3. Lower the HOB to < 36°.
4. Increase the rotation level back to full.
5. Restart Lateral Rotation.

Timing duration Lateral Rotation

Lateral Rotation stops automatically when the duration of 100 hours is reached (Figure 53). The operator is notified that Lateral Rotation has been canceled.

To return to the Lateral Rotation screen, tap **Ok**.

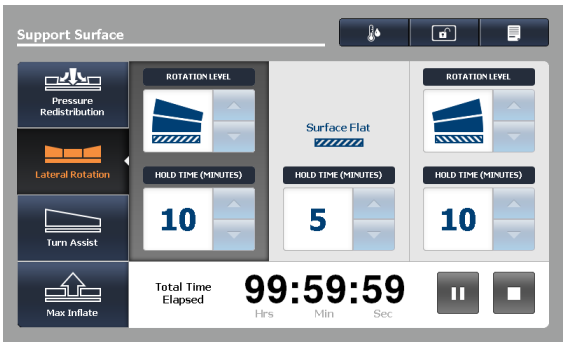


Figure 53 – Lateral rotation total time elapsed

Starting and stopping Turn Assist

WARNING

- Always make sure that the tubing and wiring that is connected to the patient is long enough, stable, and secure during Lateral Rotation or Turn Assist.
- Always raise all of the bed siderails before you begin Turn Assist or Lateral Rotation.
- Do not leave the patient unattended during Turn Assist.
- Do not zero the bed scales or weigh the patient with Lateral Rotation or Turn Assist active. Motion from the support surface functions may adversely affect the scale system performance.
- Do not arm bed exit with Lateral Rotation or Turn Assist active. The patient motion and position that results from the support surface may adversely affect bed exit system performance.

To start Turn Assist:

1. Raise all of the bed siderails.
2. Center the patient on the support surface.
3. Tap **Turn Assist** (Figure 54).

Figure 54 – Turn assist screen

4. Tap turn the patient left of patient right to select Hold Side.
5. Tap one of the three options to select Hold Time:

   a. **15 sec**

   b. **30 min**

   c. **120 min**

   Note - Make sure that the head of bed (HOB) angle is less than or equal to 60° to avoid the Therapy Cannot Be Started notification.

6. Tap **Start** to begin Turn Assist and hold time selected.

   Note - Tap **X** to cancel Turn Assist and return to the Turn Assist selection screen or do nothing to allow inflation to complete. The Inflation in progress window is displayed (Figure 55).

Figure 55 – Turn assist inflation in progress

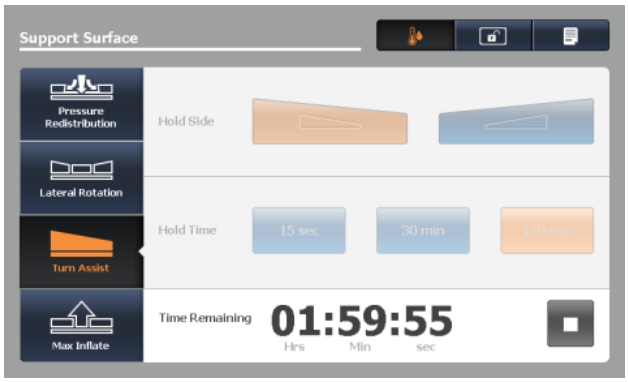


Figure 56 – Turn assist time remaining

   Note - When inflation is complete, the Turn Assist time remaining window is displayed and the selections are gray (Figure 56). The timer will count down to zero and then the support surface deflates.

To stop Turn Assist, tap **Stop**.

Starting and stopping Max Inflate

To start max inflate:

1. Tap **Max Inflate** (Figure 57).

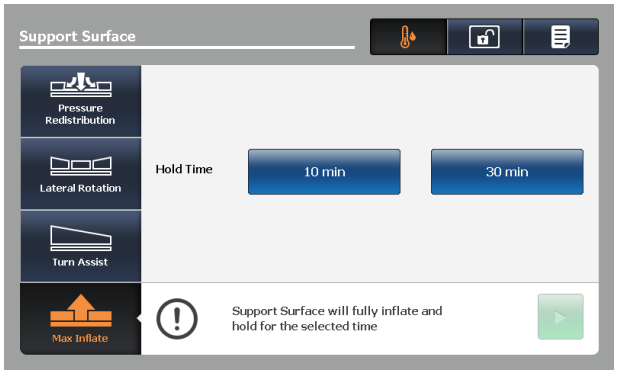


Figure 57 – Max inflate screen

2. Select Hold Time by tapping one of the two options:

   a. **10 min**

   b. **30 min**

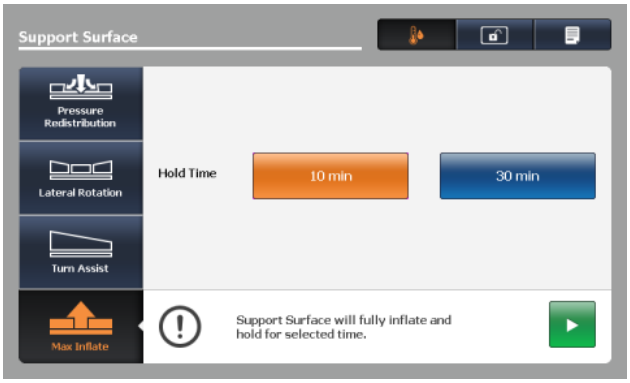


Figure 58 – Max inflate hold time selected

3. Tap **Start** to begin **Max Inflate** and hold for the time selected.

   Note - The Inflation in progress window is displayed.

   Note
   - Tap **X** to cancel Max Inflate and return to the Max Inflate selection screen or do nothing to allow inflation to complete.
   - When inflation is complete, the **Max Inflate** duration window displays and the selections are gray (Figure 59). The timer will count down to zero.

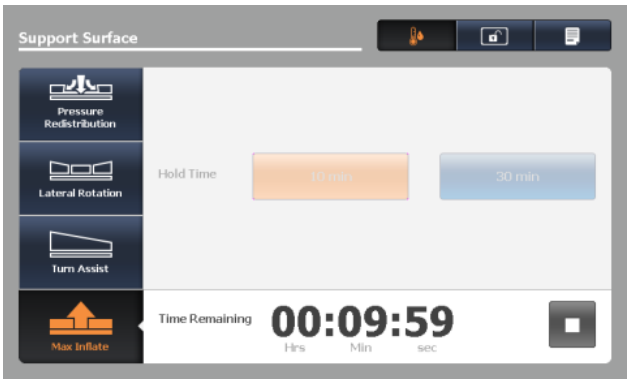


Figure 59 – Max inflate time remaining

To stop max inflate, tap **Stop**.

Activating and resetting CPR

WARNING - Always deflate the **Isolibrium** support surface before you begin CPR.

1. To activate CPR, choose one of the three options:
   - Pull either the patient left (Figure 61), patient right, or both CPR straps that are located at the foot end of the support surface until the strap locks.
   - Depress the **InTouch** CPR release pedal, located toward the head end of the bed to deflate the support surface and flatten the **InTouch** bed frame.
   - Both of the CPR straps and the **InTouch** CPR release pedal can be activated (Figure 62).
2. After you activate the CPR straps or CPR release pedal, the CPR Activated screen displays (Figure 60).

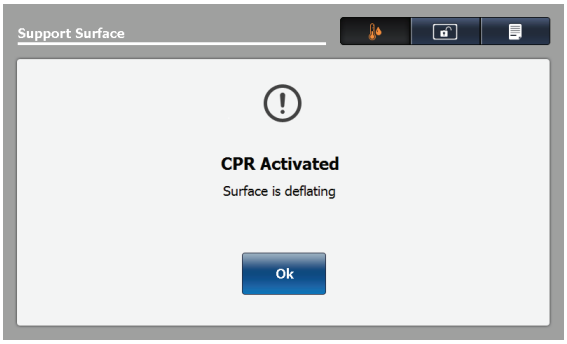


Figure 60 – CPR Activated — Surface is deflating

3. Tap **Ok** to confirm. The screen displays **CPR Activated** until you reset CPR (Figure 61 and Figure 62).

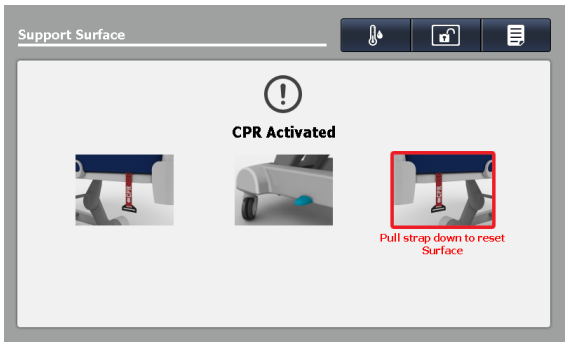


Figure 61 – CPR activated, patient left

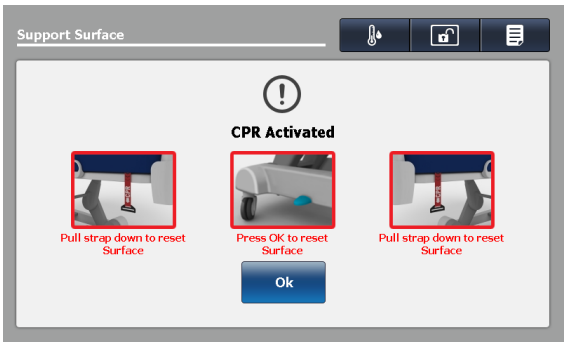


Figure 62 – CPR activated, both straps and pedal

To reset the CPR straps, pull down on the CPR straps until the straps snap back into their fully seated position.

To reset the **InTouch** CPR release pedal, tap **Ok** (Figure 62).

Canceling functions

The actions listed below will cancel a current function (**Lateral Rotation**, **Turn Assist**, or **Max Inflate**) and display the cancelation confirmation notice.

- You select a new function.
- You select Pressure Redistribution and change the firmness setting.
- You select Pressure Redistribution and change the patient weight range.

Click **Ok** to cancel function.

Note - If you choose not to cancel the current function, tap **X**.

Locking support surface functions

To lock all support surface functions:

Tap **Lock** at the top of the **Support Surface** display (Figure 63).

Figure 63 – Locked

Note - Active lock is orange.

Unlocking support surface functions

To unlock all of the support surface functions, tap **Lock** at the top of the **Support Surface** display (Figure 64).

Figure 64 – Unlocked

Note - Inactive lock is white.

Turning Low Air Loss (LAL) on or off

To turn LAL on, tap **LAL** at the top of the **Support Surface** display (Figure 65).

Figure 65 – Low Air Loss On

To turn LAL off, tap **LAL** at the top of the **Support Surface** display (Figure 66).

Figure 66 – Low Air Loss Off

Note

- Active LAL is orange. Inactive LAL is white.
- The LAL status is ON by default.

Viewing and clearing history

The **Therapy History** screen provides details about the therapies that were performed for a patient. This information resets when you tap **New Patient** (see *Preparing **Isolibrium** for a new patient* (page 43)) or **Clear History** (Figure 68).

To view therapy history, tap **Therapy History** (Figure 67). Tap the up and down arrows to the far right of the screen to scroll through the report (Figure 68).

Figure 67 – Therapy history button

To clear therapy history, tap **Clear History**.

To exit therapy history, tap **X** or tap **Therapy History**.

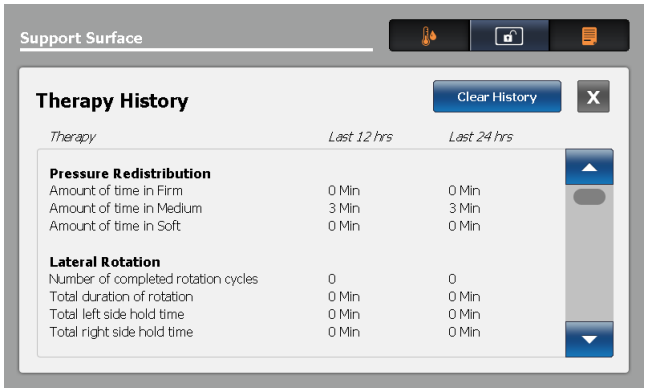


Figure 68 – View history or clear history

Support surface malfunctioning

If the support surface **Call Maintenance Quick Link** is active in the **InTouch** navigation bar (Figure 69), tap the button to display the **Support Surface** error condition message.

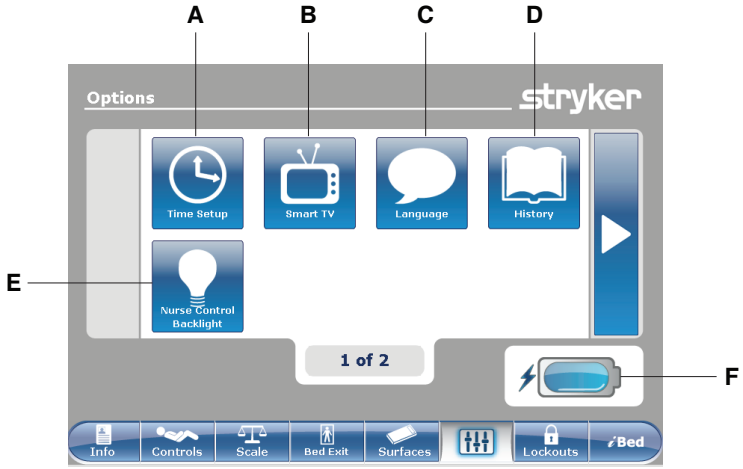
Figure 69 – Call Maintenance Quick Link active for Isolibrium

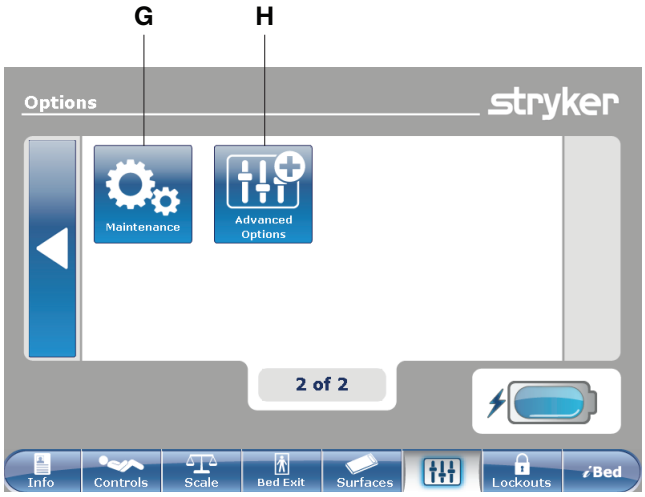
If the support surface malfunction message is displayed, the operator may have limited access to the support surface functions depending upon the malfunction.

If the support surface malfunction message is displayed:

1. Remove the patient from the support surface.
2. Remove the product from service.
3. Contact the appropriate maintenance personnel.

Main menu: Options





	Name	Function
A	Time Setup	Set up the time and date
B	Smart TV	Configure Smart TV
C	Language	Change the displayed language on the **InTouch** screen
D	History	View weight history, head of bed history, and bed height history
E	Nurse Control Backlight	Change the LED backlight intensity for the control panels
F	Battery status indicator	Indicates the charge left in the battery
G	Maintenance	View general status information for error codes and signal values
H	Advanced Options	Activate or deactivate alarms for Bed Exit, ***i*Bed** Awareness, and Protocol Reminders

Setting the time and date

To set the time or date:

Tap **Time Setup** (see Main menu: Options).

To increase the value, tap **+**.

To decrease the value, tap -.

To accept the changes, tap **Accept** (Figure 70).

To cancel the request, tap **Cancel** (Figure 70).

Note

- The request is cancelled if the bed goes into auto shutoff.
- Time setup does not automatically adjust for daylight savings time.

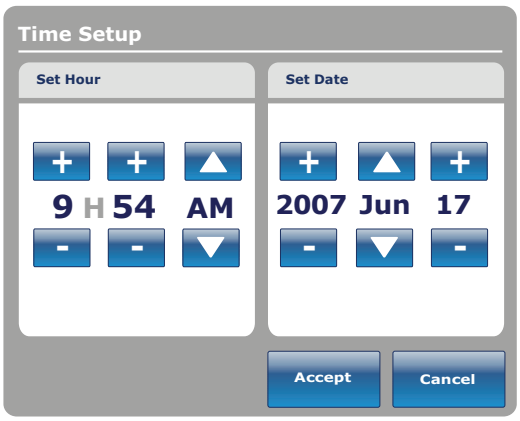


Figure 70 – Time setup

Configuring Smart TV option

Note - A smart TV board must be installed before configuring this option.

To configure smart TV:

Tap **Smart TV** (see Main menu: Options).

Tap the TV Configuration number that corresponds to the model of television (1–6) (Figure 71).

To configure smart TV automatically, tap **Autoconfig** (Figure 71).

To configure a digital TV automatically, tap **Auto Dig Vol** (Figure 71).

To accept the changes, tap **Accept** (Figure 71).

To cancel the request, tap **Cancel** (Figure 71).

Note - The request is cancelled if the bed goes into auto shutoff.

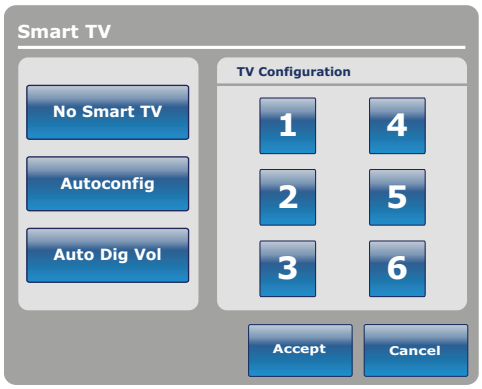


Figure 71 – Smart TV configuration

Changing the displayed screen language

To change the displayed language on the **InTouch** touch screens:

Tap **Language** (see Main menu: Options).

Tap the desired language (Figure 72).

Note - Options change from blue (deactivated) to green (activated) when tapped.

Tap **Close** (Figure 72).

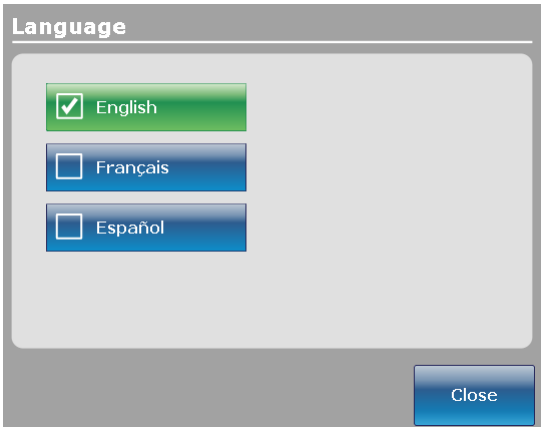


Figure 72 – Language

Viewing parameter history

The **History** option stores historical values for weight history of the scale, head of bed, and bed height.

To view the History options:

Tap **History** (D) (see Main menu: Options).

To view weight history, tap **Scale** (Figure 73).

To return to the **Options** screen, tap **Close**.

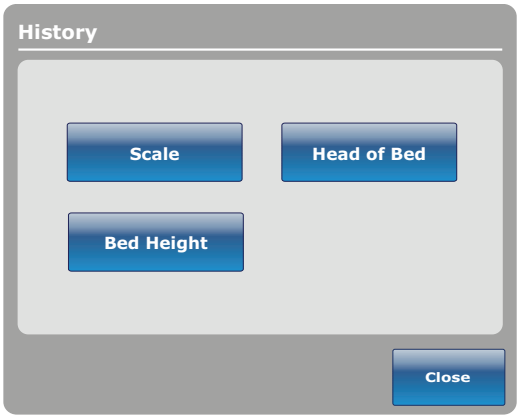


Figure 73 – History

Head of Bed history provides values for the date, time, and duration a specific angle was set.

To view head of bed history, tap **Head of Bed** (Figure 73).

Angle History provides values for specific angles and how long the angle was held within the last 12 to 24 hours.

Note - The maximum time frame for an angled position history is 30 days.

To view angle history, tap **Angle History** (Figure 74).

To reset the stored angle histories, tap **Reset** (Figure 75).

To return to the **History** screen, tap **Close**.

Figure 74 – Head of Bed

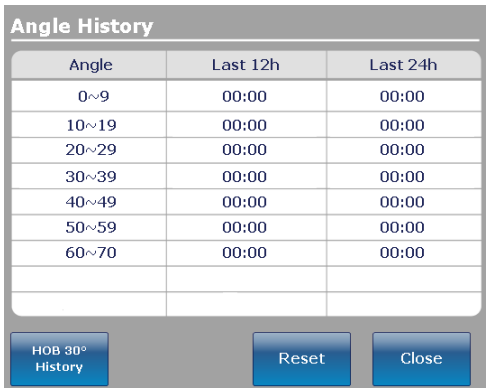


Figure 75 – Angle History

Bed Height history provides values for the date, time, and duration a specific bed height was set.

To view bed height history, tap **Bed Height** (Figure 73).

To return to the **History** screen, tap **Close**.

Height History provides values for specific heights and how long the height was held within the last 12 to 24 hours.

Note - The maximum time frame for a bed height history is 30 days.

To view height history, tap **Height History** (Figure 76).

To view Low height history, tap **Low height history** (Figure 77).

To reset the stored height histories, tap **Reset**.

To return to the **History** screen, tap **Close**.

Figure 76 – Bed Height

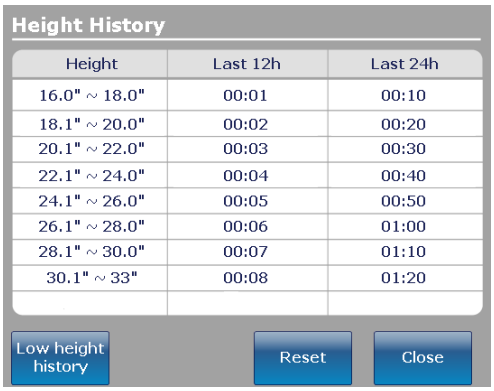


Figure 77 – Height History

Changing the control panel LED backlight intensity

The nurse control backlight changes the LED backlight intensity for all control panels (motion control panel, brake control panel, footboard control panel, and head end control panel (optional)).

Five settings are available for the control panel LED intensity (from left to right):

- Setting one: Off — no LED backlight appears when you push a control panel button
- Setting two: nurse call indicator only — only the nurse call LED backlight illuminates (inside siderails)
- Setting three: low LED intensity for control panels
- Setting four: medium LED intensity for control panels
- Setting five: high LED intensity for control panels

To change the intensity of the LED backlight:

1. Tap **Nurse Control Backlight** (see Main menu: Options).
2. Tap the left or right arrow (Figure 78).
3. To save the LED intensity setting, tap **Close** (Figure 78).

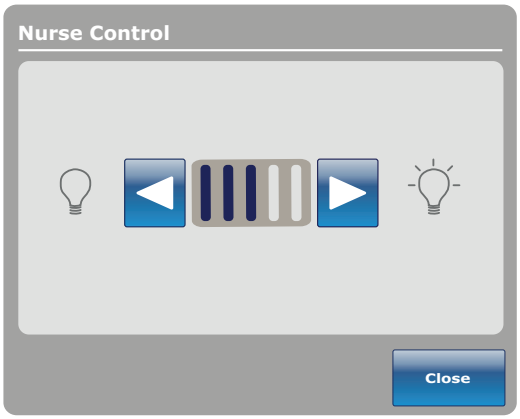


Figure 78 – Nurse control LED intensity

Viewing general maintenance status information

The **Maintenance** menu contains general status information for technicians and maintenance personnel to help troubleshoot **InTouch**. To view the full diagnostics menu or calibration information, see the **InTouch** maintenance manual.

To access the maintenance menu, tap **Maintenance** (see Main menu: Options).

Error Codes: Displays the current active errors and the error log (Figure 80). See the **InTouch** maintenance manual for the definition of the error codes.

Signal Values: Lists all the sensors and their current signal values (Figure 81).

For more detailed information about **Boards, Buttons Pressed, Bed Information,** and **Input States,** see the **InTouch** maintenance manual.

To return to the **Options** screen, tap **Close** (Figure 79).

To return to the **Maintenance** screen, tap **Back**.

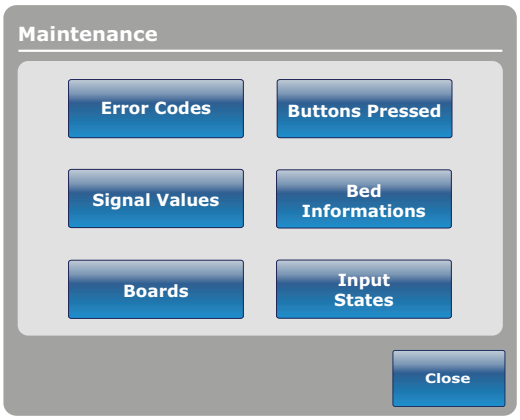


Figure 79 – Maintenance

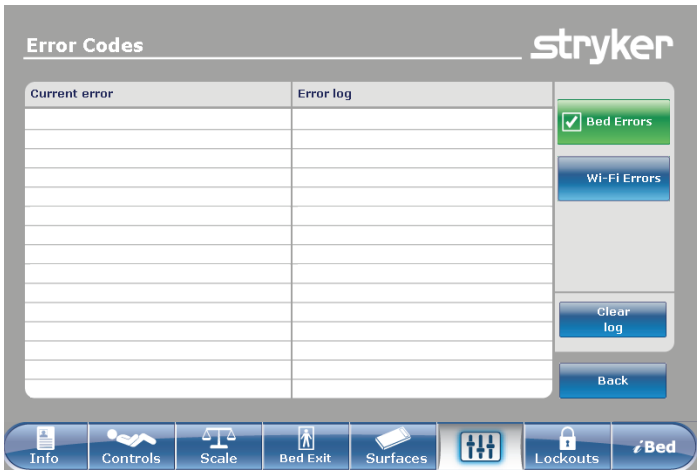


Figure 80 – Error Codes

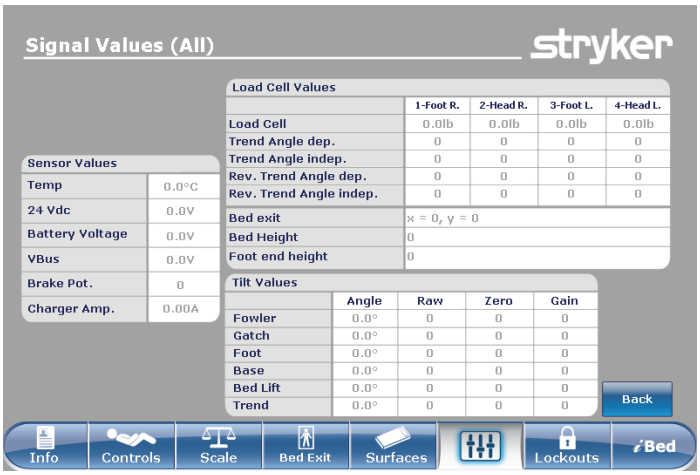


Figure 81 – Signal Values

Viewing advanced alarm options

Advanced options allows you to activate or deactivate alarms for Bed Exit, ***i*Bed** Awareness, and Protocol Reminders.

To access the advanced options, tap **Advanced Options** (see *Main menu: Options* (page 57)).

To activate an alarm, tap the alarm to activate it.

Note - Options change from blue (deactivated) to green (activated) when tapped.

Bed Exit: Always activated. **InTouch** sends a signal through the nurse call system when a parameter condition is compromised.

***i*Bed Awareness**: **InTouch** sends a signal through the nurse call system when a parameter condition is compromised.

Reminder: **InTouch** sends a signal through the nurse call system when a parameter condition is compromised.

Note

- Options that are not configured for your model are grayed out.
- If **InTouch** is equipped with the optional *i*Audio feature, voice alarms are available. Voice alarms replace the buzzer alarm and play through the inside siderail speakers.

To return to the **Options** main menu, tap **Back** (Figure 82).

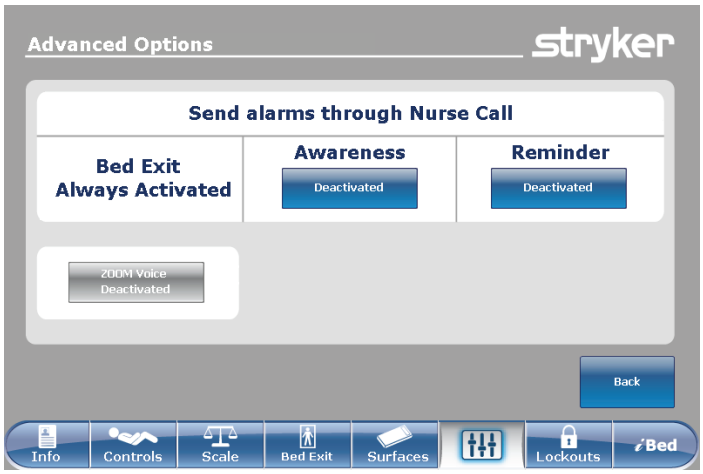
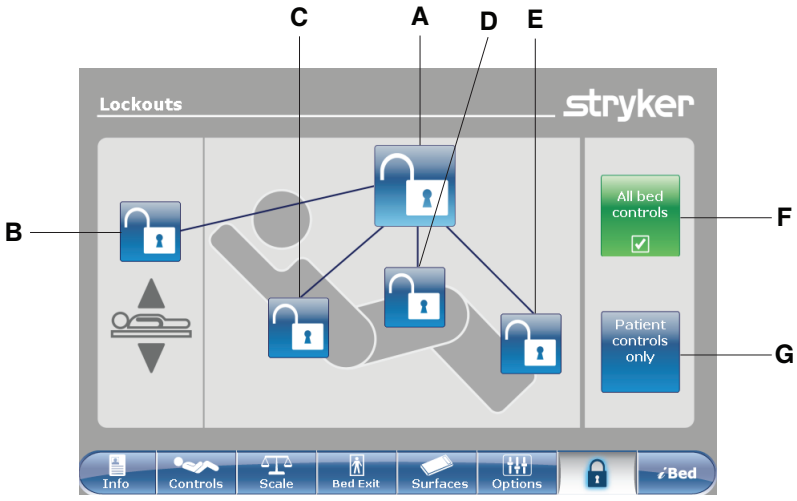


Figure 82 – Advanced Options

Main menu: Lockouts



	Name	Function
A	Total lockout	Locks all motion controls
B	Bed height lock	Enables or disables the lock for the bed height
C	Fowler lock	Enables or disables the lock of the fowler section
D	Gatch lock	Enables or disables the lock of the gatch section
E	Foot lock	Enables or disables the lock of the foot section

	Name	Function
F	All bed controls	Locks all bed controls
G	Patient controls only	Locks all patient controls

WARNING - Always lock the control panel when you leave the patient unattended. Always lock the control panel when the patient's condition requires extra safety measures.

Enabling or disabling lockouts

Lockouts can lock out product motion input from the motion control panel, footboard control panel, and head end control panel option. The brake control panel, Bed Exit, scale, and nurse call option features are still available.

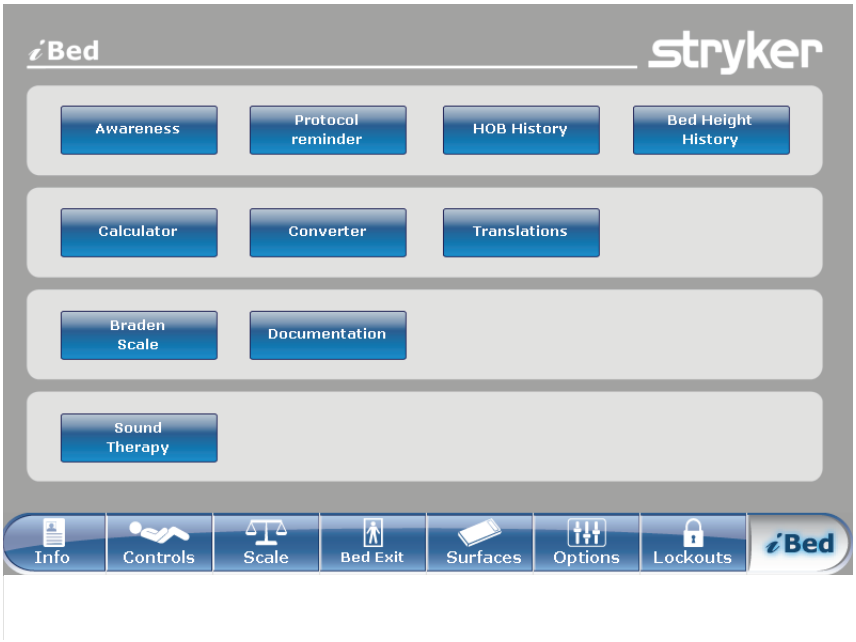
Note - Locks change from blue (deactivated) to amber (activated) when tapped.

- To perform a total lockout, tap **Total lockout** (A) (see Main menu: Lockouts).
- To lock the bed height, tap **Bed height lock** (B).
- To lock a specific litter section, tap the Fowler, Gatch, or foot lock (C, D, or E).
- To lock all bed controls, tap **All bed controls** (F). All lockout options appear.
- To lock all the patient controls, tap **Patient controls only** (G). only the total lockout, Fowler lock, and Gatch lock options appear.

Note

- If the product is held in a specific position when you enable a lock, the product is locked in that position.
- The **Locks Enabled** LED illuminates amber on the footboard control panel whether one lock or a total lockout is set.
- Lock parameters are saved when the product is unplugged, or during a power failure.
- Do not lock the control panel functions from the footboard if you must access the control panel functionality when you remove the footboard.

Main menu: iBed option



Name	Function
Awareness	Configure status and parameter conditions for the product
Protocol Reminder™	Set reminders for critical intervention practices
HOB History	Provides values for the date, time, and duration a specific angle was set
Bed Height History	Provides values for the date, time, and duration a specific bed height was set
Calculator	View the in-screen calculator
Converter	View the in-screen converter
Translations	View and listen to translations of clinical phrases to communicate with Limited English Proficiency (LEP) patients
Braden Scale	Take the Braden Scale for Predicting Pressure Sore Risk survey to assess a patient's risk of developing pressure ulcers
Documentation (optional)	View logged information from Bed Exit, protocol reminders, scale system, **iBed** Awareness, and **InTouch** bed system
Sound Therapy™ option	Listen to or create playlists of previously loaded music selections or sounds of nature

Note

- If your product is equipped with the **iBed** option, the **iBed** tab appears in the navigation bar.
- If your product is equipped with the Documentation option, the Documentation option appears in the **iBed** main menu.
- If your product is equipped with the iAudio option, the iAudio option appears in the **iBed** main menu.

Configuring iBed Awareness

When enabled, **iBed** Awareness helps to monitor **InTouch's** status and parameter conditions.

WARNING

- Do not use **iBed** Awareness as a lock indicator for siderails. **iBed** Awareness is only intended to detect the position of the siderails. It is not intended to replace patient monitoring protocol.
- The **iBed** Awareness LED light bars are only intended to monitor the product status and parameter conditions. It is not intended to replace patient monitoring protocol.
- You must physically verify that the siderails are locked before arming **iBed** Awareness.

CAUTION

- Make sure that you set the desired product parameters before enabling **iBed** Awareness.
- Do not use accessories that cover the footboard and outside siderail LED light bars.
- Do not turn off the **iBed** Awareness alarm. You will lose access to the event manager that displays the compromised parameter condition.

To enter the **Smart bed position** screen, tap **Awareness** (see Main menu: iBed option).

To monitor a parameter, tap the desired function to monitor (Figure 83).

Note - Options change from blue (deactivated) to green (activated) when tapped.

To monitor the product's currently monitored functions, tap **Monitor current bed situation** (Figure 83).

To stop monitoring a parameter, tap the activated parameter or tap **Deselect all**.

To set an alarm tone for **iBed** Awareness, tap the bell icon to access the alarm settings (*Setting the alarm tones* (page 41)).

Note - If **InTouch** is equipped with the *i*Audio feature option, voice alarms are available. Voice alarms replace the buzzer alarm and play through the inside siderail speakers.

To return to the **iBed** screen, tap **Back**.

Figure 83 – iBed Awareness

If no parameter conditions are selected for **iBed** Awareness, the LED light bars on the outside siderails and footboard do not activate.

If parameter conditions are selected for **iBed** Awareness, the LED light bars on the outside siderails and footboard illuminate green.

If the parameter conditions selected for **iBed** Awareness are compromised, the LED light bars on the outside siderails and footboard flash amber, a sound alarm is triggered, the compromised parameter condition is highlighted amber (Figure 84), and the **Event Manager** screen appears.

To return to the **iBed** screen, tap **Back**.

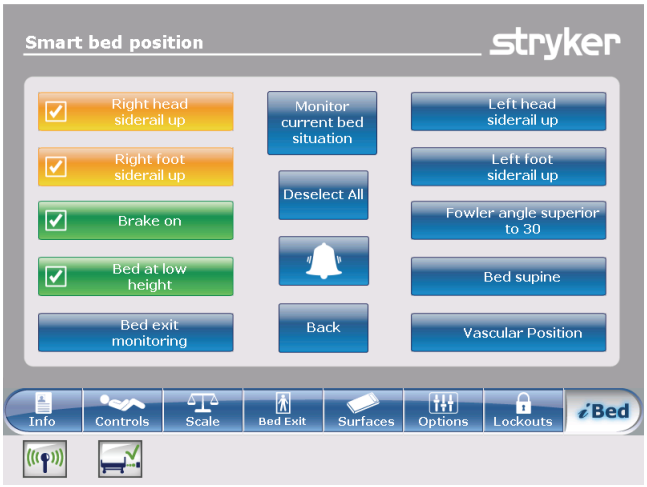


Figure 84 – iBed Awareness compromised

Acknowledging the event manager

The **Event Manager** screen displays the compromised parameter condition when an alarm is triggered. To disarm the alarm, the compromised parameter condition must be acknowledged and resolved in the event manager.

To acknowledge a compromised parameter condition, return the condition back to its original state, or tap:

Proceed to menu: Displays the menu related to the compromised parameter condition.

Close and Disarm: Disarms the alarm, and the parameter condition is no longer monitored.

Remind me in: Disarms the alarm, and the alarm sounds after the selected time interval elapses.

Note - If you tap a time interval, the compromised parameter condition stays highlighted amber.

After acknowledging and resolving the condition, the LED light bars illuminates green, the sound alarm stops, and the event manager window disappears.

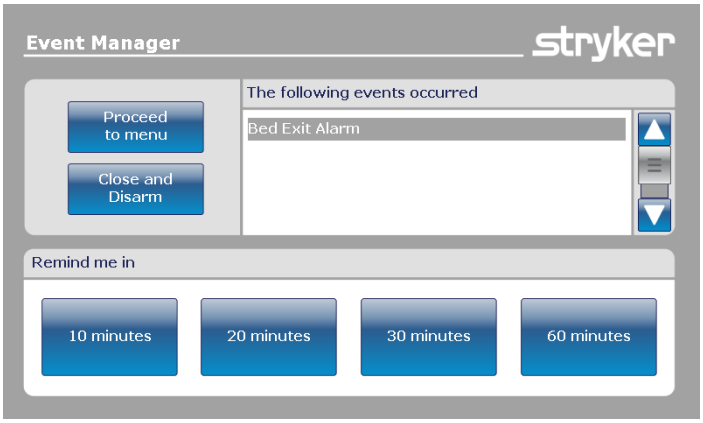


Figure 85 – Event Manager

Setting a protocol reminder

Protocol reminders allow you to set patient reminders to make sure that critical intervention practices are performed consistently.

There are nine groups of interventions that can be set, including a custom reminder. There are up to nine reminders in each intervention group. You can set a one-time reminder or a repeating reminder.

View reminders list: View a list of reminders and the values for the date, time, and reminder that was set (Figure 90).

View reminders log: View a list of reminders and the values for the date, time, and reminder that was logged (Figure 91).

To set an alarm tone for a reminder, tap the bell icon to access the alarm settings (*Setting the alarm tones* (page 41)).

Note - If **InTouch** is equipped with the iAudio feature option, voice alarms are available. Voice alarms replace the buzzer alarm and play through the inside siderail speakers.

To return to the **iBed** main menu, tap **Back**.

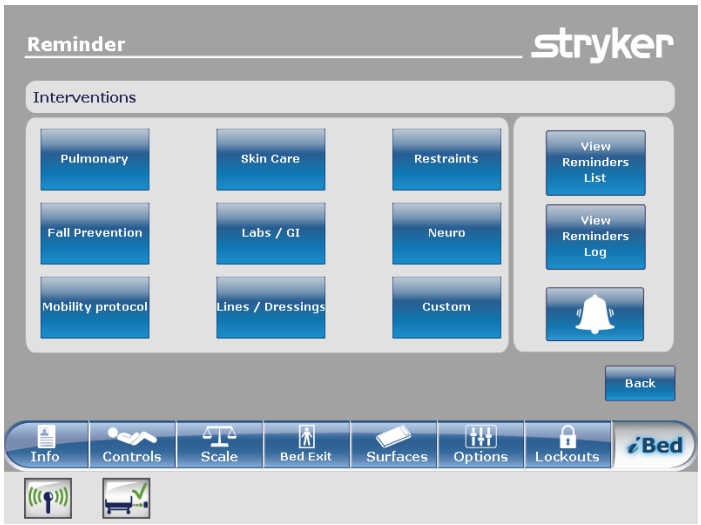


Figure 86 – Reminder interventions

To set a one-time reminder:

1. Tap **Protocol reminder** (see Main menu: iBed option).
2. Tap the intervention group (Figure 86).
3. Tap the reminder to be set.
4. Set the desired date and time of the reminder (Figure 87).
5. Tap **Add to reminders list**.

   Note - The reminder is added to the **Reminders List**.

Note - You can set up multiple reminders at a time.

To return to the **Reminder** screen, tap **Back**.

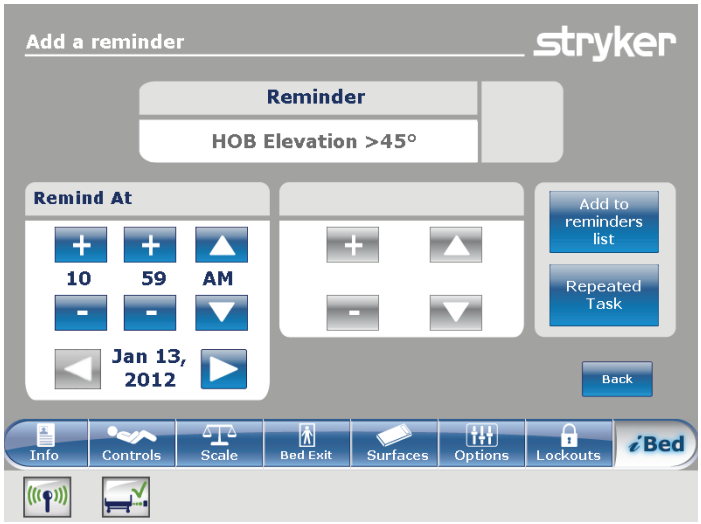


Figure 87 – Setting a one-time reminder

To set a repeating reminder:

1. Tap **Protocol reminder** (see Main menu: iBed option).
2. Tap the intervention group (Figure 86).
3. Tap the reminder to be set.
4. Set the desired date and time of the reminder (Figure 87).
5. Tap **Repeated Task**.
6. Set the desired time interval for the repeated reminder (Figure 88).

   Note - **Repeat Every** can be set to minutes, hours, or days.
7. Tap **Add to reminders list**.

   Note - The reminder is added to the **Reminders List**.

Note - You can set up multiple repeating reminders.

To return to the **Reminder** screen, tap **Back**.

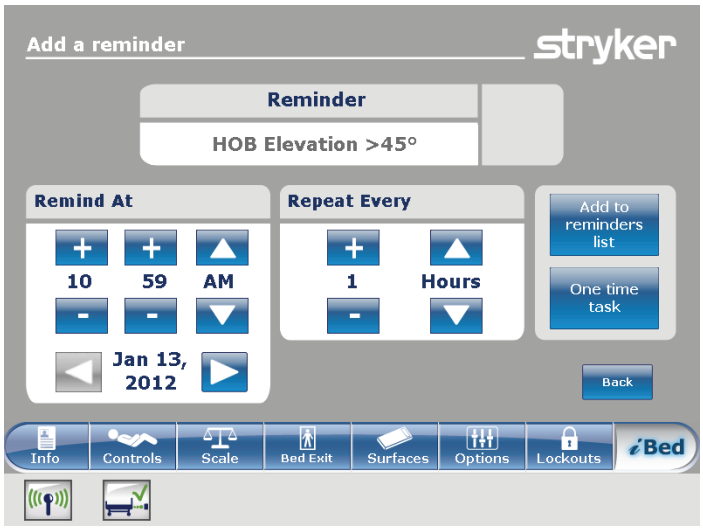


Figure 88 – Setting a repeating reminder

The reminder alarm displays the set reminder when a reminder time interval is reached. To disarm the alarm, the reminder must be acknowledged and resolved in the reminder alarm (Figure 89).

Have done / Will do the necessary action: Tap to acknowledge that the protocol reminder action has been performed on the patient. The reminder alarm is disarmed and the reminder is logged (Figure 91).

Did not / cannot do the necessary action: Tap to explain why the protocol reminder action cannot be performed on the patient. The reminder is not disarmed and the reminder is logged (Figure 91).

Remind me in: Disarms the alarm. The alarm sounds after the selected time interval elapses.

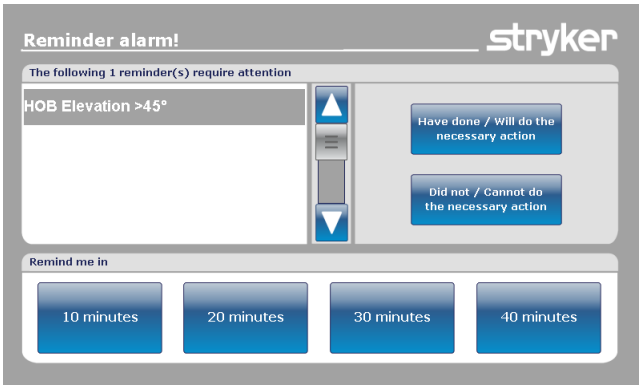


Figure 89 – Reminder alarm!

The **Reminders List** screen lists reminders and the values for the date, time, and reminder that was set (Figure 90).

To edit a time interval for a reminder, tap **Edit**.

To remove the highlighted reminder from the reminders list, tap **Remove from reminders**.

To remove all reminders from the reminders list, tap **Remove all reminders**.

To return to the **Reminder** screen, tap **Back**.

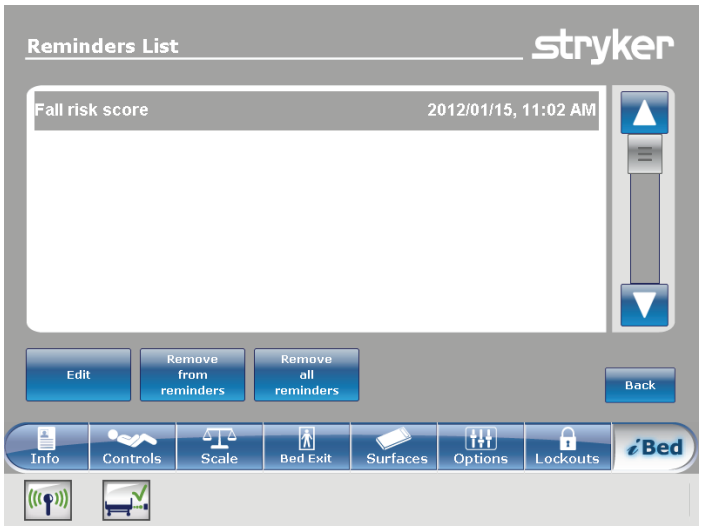


Figure 90 – Reminders List

The **Reminders Log** screen lists reminders and the values for the date, time, and reminder that was logged (Figure 91).

Logged reminders also include reminders that have alarmed on **InTouch** and alarms that were acknowledged (Figure 89).

To clear the highlighted reminder from the reminders log, tap **Clear log** (Figure 91).

To return to the **Reminder** screen, tap **Back**.

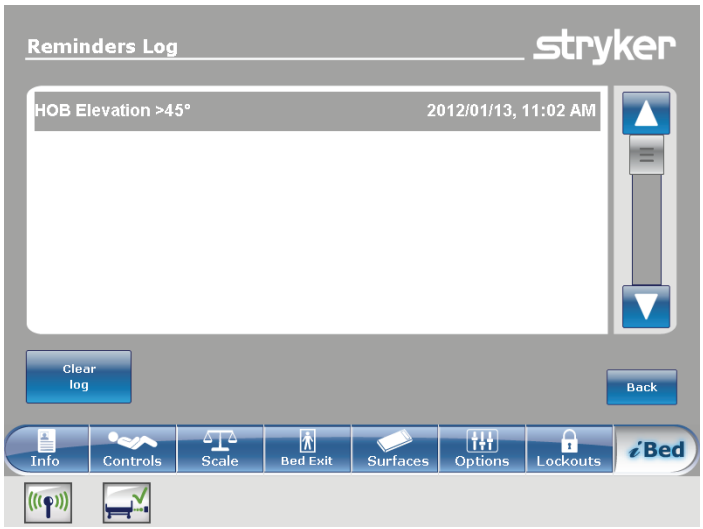


Figure 91 – Reminders Log

Accessing the in-screen calculator

An in-screen calculator is available so you can perform calculations at the bedside.

To access the in-screen calculator, tap **Calculator** (see *Main menu: iBed option* (page 64)).

Figure 92 – Calculator

Accessing the in-screen converter

The conversion calculator converts measurements to the measurement unit you need for temperature, liquid, solid, metric, and avoirdupois.

To access the in-screen converter:

Tap **Calculator** (see *Main menu: iBed option* (page 64)).

Tap **Converter** (Figure 92).

Figure 93 – Converter

Reading and listening to translated clinical phrases

InTouch is equipped with translated and spoken clinical phrases to help improve communication with Limited English Proficiency (LEP) patients at the point of care. These simple questions and patient commands can reduce the risk of injury to non-English speaking patients.

To view translated clinical phrases:

Tap **Translations** (see Main menu: iBed option).

Theme: The clinical phrases originate from seven themes.

To select a theme, tap the up and down arrows to scroll through the available themes in the **Theme** area (A) (Figure 94).

Note - The currently selected theme is highlighted in gray (B).

The clinical phrase related to the **Theme** appears in English in the **Theme:** area (C).

To select a clinical phrase, tap the up and down arrows to scroll through the available phrases in the **Theme:** area (C).

Note - The currently selected clinical phrase is highlighted in gray (D).

Language: Several languages are available for readable and spoken translations of the clinical phrases.

To select a language, tap the up and down arrows to scroll through the available languages in the **Language** area (E).

Note - The currently selected language is highlighted in gray (F).

Translation: A corresponding written translation of the clinical phrase from the **Themes:** area (C) appears in the **Translation** area (G).

Figure 94 – Translations

Note - The *i*Audio option must be equipped to hear the spoken translations.

- To decrease the volume of the spoken translation, tap -.
- To increase the volume of the spoken translation, tap **+**.
- To play the spoken translation, tap **Play**.
- To stop the spoken translation, tap **Stop**.
- To return to the **iBed** main menu, tap **Back**.

Taking the Braden Scale© for Predicting Pressure Sore Risk survey

The Braden Scale for Predicting Pressure Sore Risk is a survey used to assess a patient's risk of developing pressure ulcers.

To take the **Braden Scale for Predicting Pressure Sore Risk**[1] survey:

1. Tap **Braden scale** (see Main menu: iBed option).
2. Tap the corresponding value (1–4) in each category (Figure 95).

   Note - To view a complete description of a value, tap the magnifying glass icon (Figure 95). Another window appears with the complete value description (Figure 96).

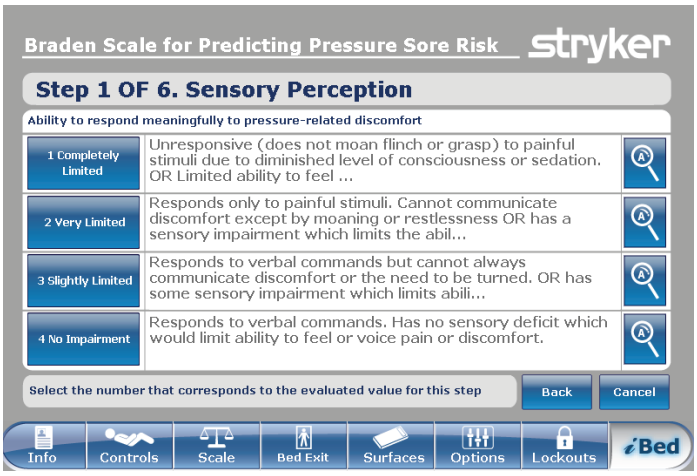


Figure 95 – Braden scale for predicting pressure sore risk

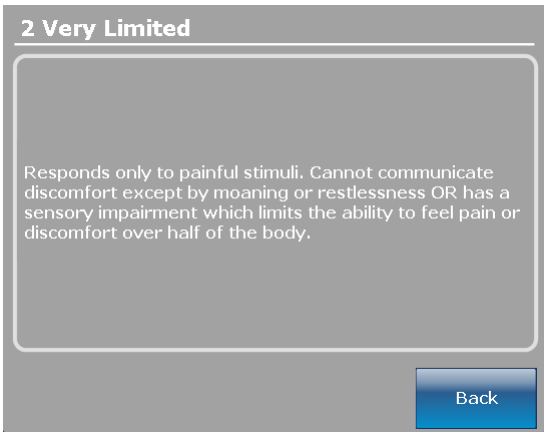


Figure 96 – Complete value information

After each category is completed, a result summary populates a score for each category and the total score (the Braden score) (Figure 97).

Note - The total score is the score displayed in the Braden Scale section of the **Patient Information** screen (see Main menu: Patient information). To configure whether this score is displayed, see Configuring the visibility of patient information.

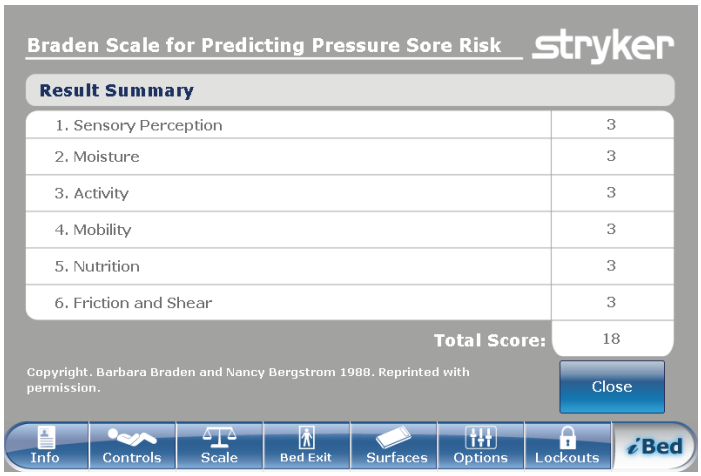


Figure 97 – Braden scale result summary

[1]Copyright. Barbara Braden and Nancy Bergstrom, 1988. Reprinted with permission.

Viewing logged information using Documentation option

The **InTouch** documentation feature logs all information and alarms generated from Bed Exit, protocol reminders, scale system, **iBed** Awareness, and the **InTouch** bed system.

The documentation feature logs the event, time of the event, and the details or actions taken when the event happened.

To view logged documentation, tap **Documentation** (see Main menu: iBed option).

To view from a specific date, enter the year, month, and day, and then tap **View** (Figure 98).

Note - A notification message appears if an entered date contains no information.

To display logged information from a specific feature, tap the feature in the **Display** area.

Note

- The documentation feature only logs information from the last 90 days.
- Only one day of documentation is viewable at a time.
- Events are recorded from 00:00 to 23:59.
- Logs are displayed in chronological order from the most recent to the least recent.

To sort the logged documentation, tap **Sort**.

To return to the **iBed** screen, tap **Back**.

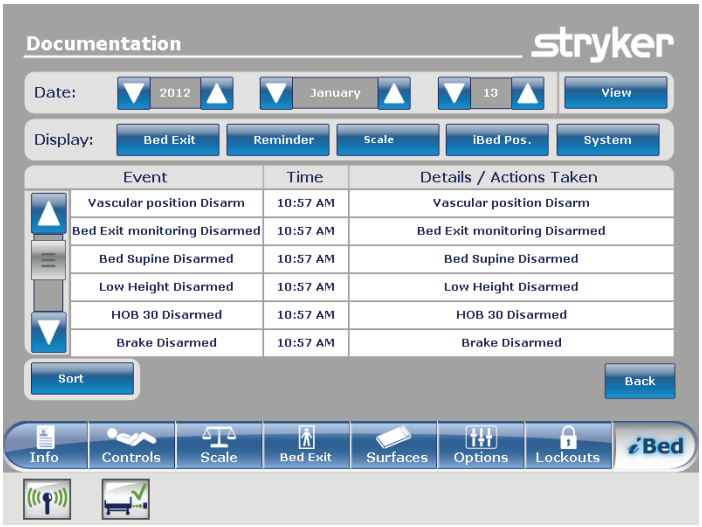


Figure 98 – Documentation

Playing music using sound therapy option

The **InTouch** sound therapy feature provides a choice of music selections or sounds of nature to help create a soothing environment.

To play a music selection or sound of nature:

1. Tap **Sound Therapy** (see Main menu: **iBed** option).
2. Tap the up and down arrows to select a genre (A) (Figure 99).
3. Tap the up and down arrows to scroll through the available songs in the **Song(s)** area (B).

   Note - The currently selected song is highlighted in gray (C).
4. Tap the up and down arrows to select a playback mode.
5. Tap the up and down arrows to select a desired time duration.

- To decrease the volume, tap -.
- To increase the volume, tap **+**.
- To play sound therapy, tap **Play**.
- To stop sound therapy, tap **Stop**.

To return to the **iBed** main menu, tap **Back**.

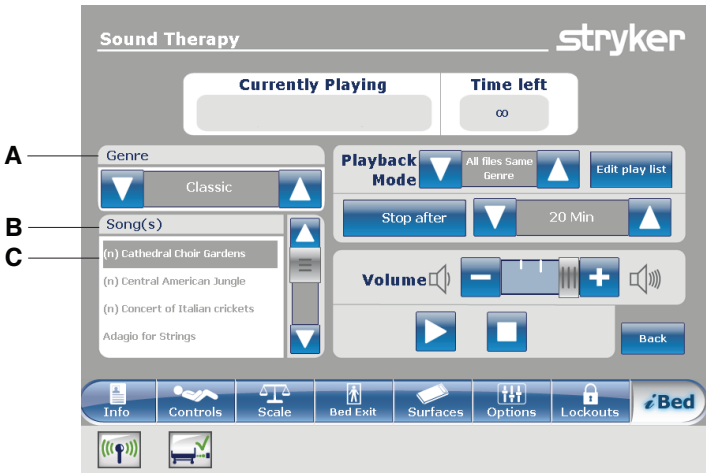


Figure 99 – Sound therapy

Creating or editing a playlist using sound therapy option

To create or edit a playlist:

Tap **Edit play list** (Figure 99).

Tap the up and down arrows to select a genre (A) (Figure 100).

Tap the up and down arrows to scroll through the available songs in the **Song(s)** area (B).

Note - The currently selected song is highlighted in gray (C).

Tap **Add** to add a song from the **Song(s)** area (B) to the **Play list** area (D).

Tap **Remove** to remove a song from the **Play list** area (D) to the **Song(s)** area (B).

Tap **Remove all** to remove all songs from the **Play list** area (D) to the **Song(s)** area (B).

Note - A music note icon appears at the bottom of the touch screen when music is playing (E).

To return to the **Sound therapy** screen, tap **Back**.

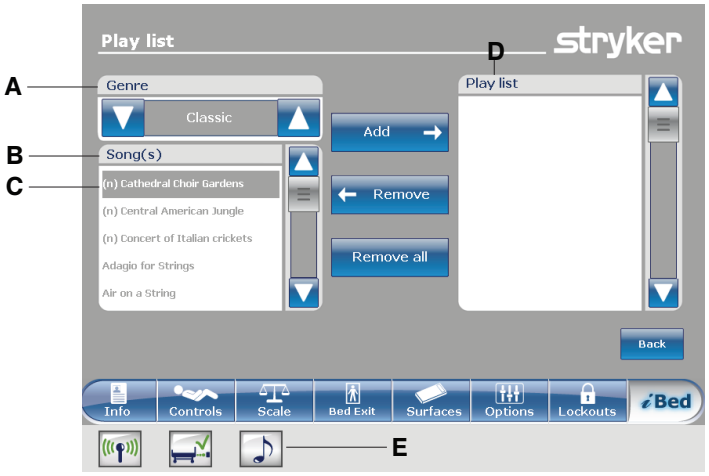


Figure 100 – Play list

Accessories

These accessories may be available for use with your product. Confirm availability for your configuration or region. Call Stryker Customer Service: 1-800-327-0770.

Name	Part number
Bed extender	FA64234-XXX
Bed extender gel pad 6 in.	2872-000-800
Foot end roller bumpers	OL270050
Havasu two-stage IV pole, permanent - Left	FA64221-XXX
Havasu two-stage IV pole, permanent - Right	FA64238-XXX
Havasu two-stage IV pole, dual head end permanently attached	FA64202-XXX
Line management clip	FA64210-XXX
Patient control pendant clip	FA64186-XXX
Monitor tray	FA64214-XXX
Upright oxygen bottle holder	FA64187-XXX
Right fit oxygen bottle holder	FA64203
Patient control pendant	FA64225-XXX through FA64228-XXX
Traction sleeve 4 in. x 1/2 in.	FA64215-XXX through FA64219-XXX
Traction sleeve 4 in. x 3/4 in.	
Traction sleeve 8 in. x 1/2 in.	
Traction sleeve 8 in. x 3/4 in.	
Traction sleeve 6-1/2 in. x 3/4 in.	
Wall saver	FA64208
X-ray cassette holder	FA64205-XXX

Attaching the bed extender option

WARNING

- Always securely set the footboard connector on the bed extender option into the footboard connector slot at the foot end of the product.
- Do not pinch the power cord or cables when you attach the bed extender option.
- Do not sit on the bed extender option. This may cause the product to tip.

Note - The bed extender option lengthens the product by six inches.

To attach the bed extender option:

1. Strap the appropriate mattress extender cushion onto the bed extender option (Figure 101).
2. Remove the footboard.
3. Insert the bed extender option legs (A) and the footboard connector (B) onto the foot end of the product (Figure 102).

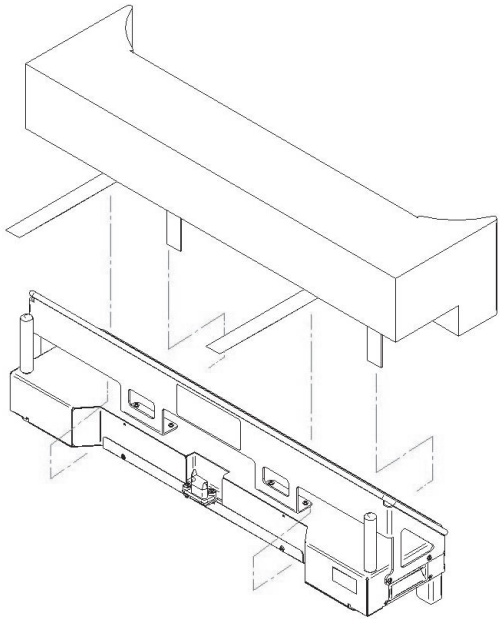


Figure 101 – Strapping the mattress to the bed extender option

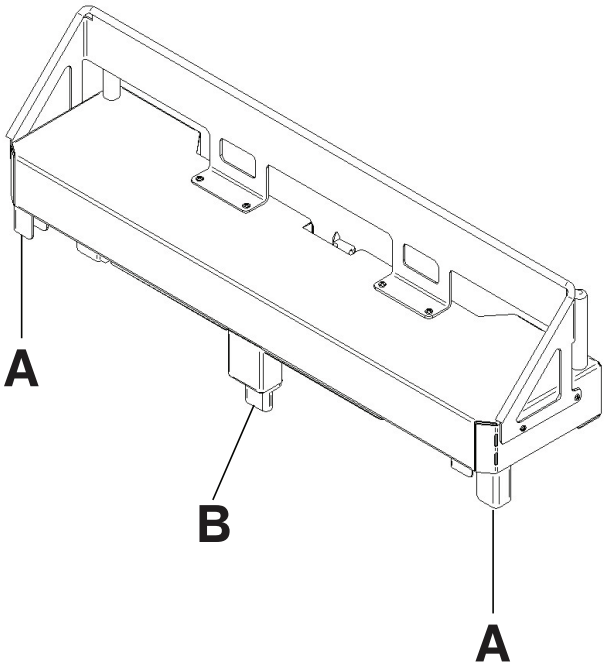


Figure 102 – Attaching the bed extender option

Attaching the single Havasu two-stage IV pole option

The single Havasu two-stage IV pole option is permanently attached to the head end of the product. It is equipped with a telescopic pole that extends to provide a second height position. You can fold and store the IV pole when not in use.

Tools required:

- Two washers
- Two bolts
- 3/8 in. drive ratchet
- 3/8” drive torque wrench (in-lb)
- 1/2 in. socket

To attach the IV pole option:

1. Using a 3/8 in. drive ratchet and a 1/2 in. socket, install one washer (C) and one bolt (D) to secure the IV pole into the socket at the head end of the product (A) (Figure 103).
2. Using a 3/8 in. drive ratchet and a 1/2 in. socket, install one washer (C) and one bolt (D) to secure the IV pole support into the socket at the head end of the product (B) (Figure 103).

   Note - The bolts are coated in Scotch Grip. You must replace the bolt with an identical equivalent if you remove the bolt during a service procedure.

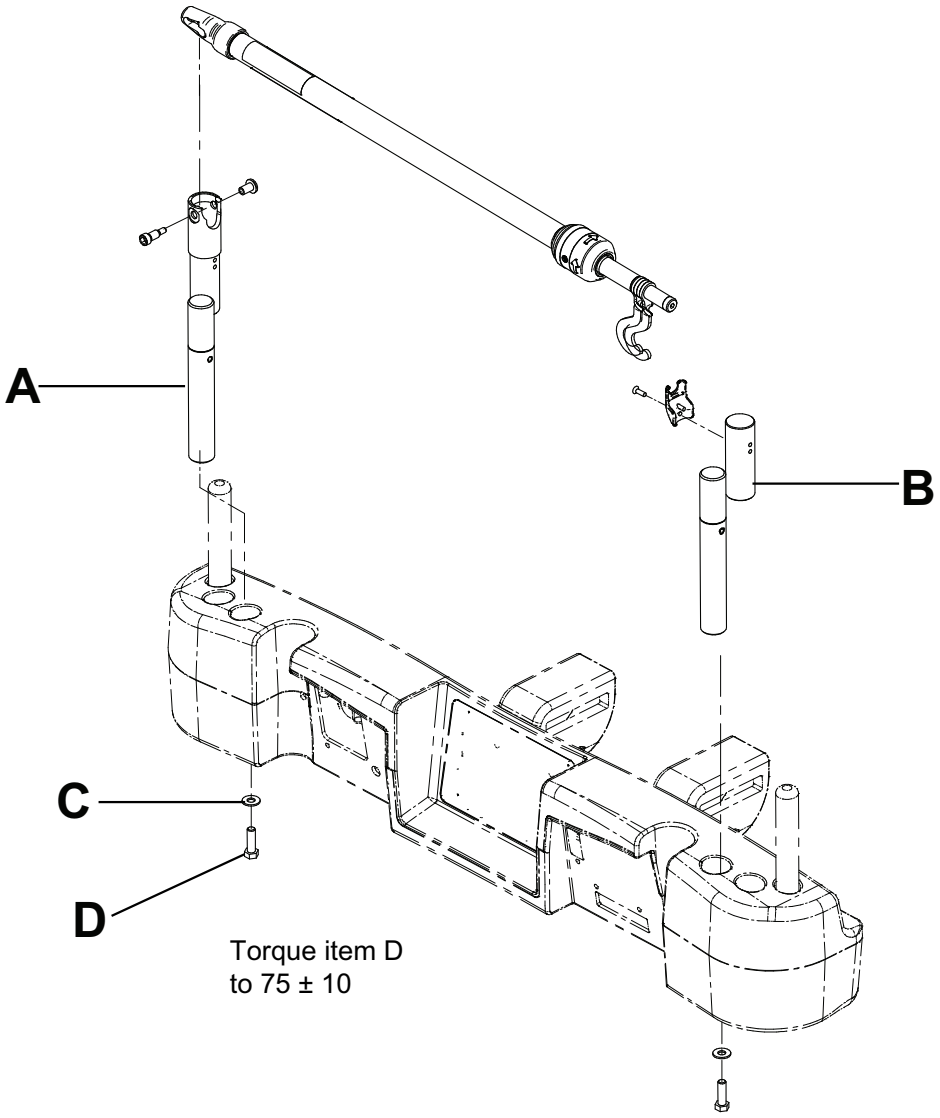


Figure 103 – Single Havasu two stage IV pole (Left side shown)

3. Using a 3/8” drive torque wrench, torque the bolt to 75 ± 10 in-lb.

Operating the single Havasu two-stage IV pole option

CAUTION

- Do not hang IV bags that exceed 40 lb (18 kg) onto the IV pole.
- Always make sure that the IV pole is at a low height to pass safely through door openings.
- Do not use the IV pole as a push/pull device.

To operate the IV pole option:

1. Lift and pivot the pole from the storage position.
2. Push the IV pole down until it locks into place.
3. To raise the height of the pole, pull up on the telescoping portion (A) until it locks into place at its highest height position (Figure 104).
4. Rotate the IV hangers to the desired position and hang the IV bags (B).
5. To lower the IV pole, turn the latch (C) until the telescoping portion lowers.

To store the IV pole option:

1. Lift up on the IV pole to release it from its receptacle.
2. Pivot the IV pole from its upward position.
3. Fold the IV pole down into the head end of the product.

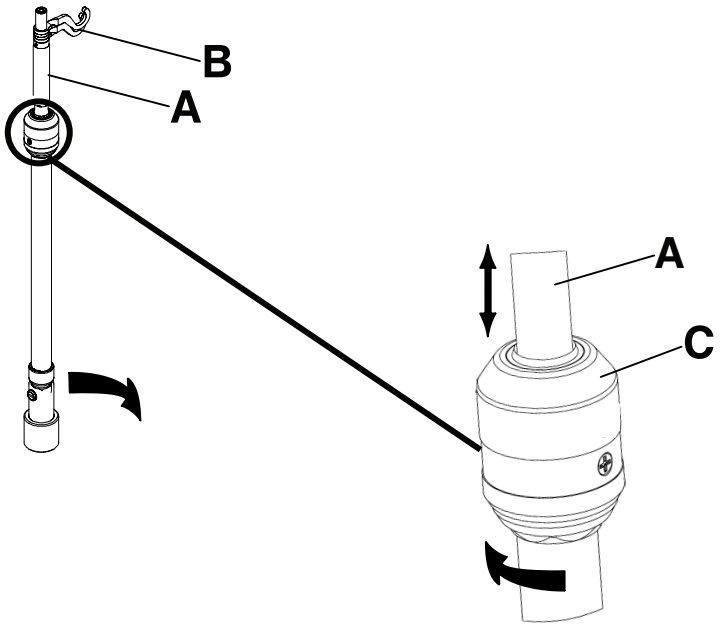


Figure 104 – Operating the IV pole

Attaching the dual Havasu two-stage IV pole option

The dual Havasu two-stage IV pole option is permanently attached to the head end of the product. It is equipped with a telescopic pole that extends to provide a second height position. You can fold and store the IV pole when not in use.

Tools required:

- Two washers
- Two bolts
- 3/8 in. drive ratchet
- 3/8” drive torque wrench (in-lb)
- 1/2 in. socket

To install the IV pole option:

1. Using a 3/8 in. drive ratchet and a 1/2 in. socket, install one washer (C) and one bolt (D) to secure the IV pole into the socket at the head end of the product (A) (Figure 105).
2. Using a 3/8 in. drive ratchet and a 1/2 in. socket, install one washer (C) and one bolt (D) to secure the IV pole support into the socket at the head end of the product (B).

   Note - The bolts are coated in Scotch Grip. You must replace the bolt with an identical equivalent if you remove the bolt during a service procedure.

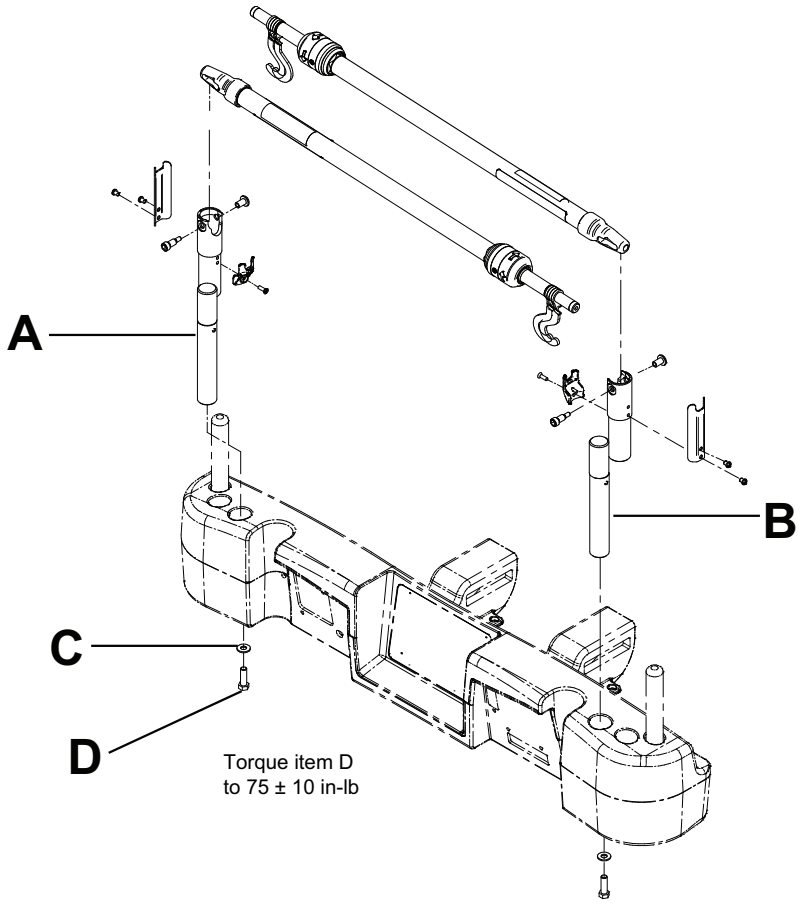


Figure 105 – Dual Havasu two stage IV pole

3. Using a 3/8” drive torque wrench, torque the bolt to 75 ± 10 in-lb.

Operating the dual Havasu two-stage IV pole option

CAUTION

- Do not hang IV bags that exceed 40 lb (18 kg) onto the IV pole.
- Always make sure that the IV pole is at a low height to pass safely through door openings.
- Do not use the IV pole as a push/pull device.

To operate the IV pole option:

1. Lift and pivot the pole from the storage position.
2. Push the IV pole down until it locks into place.
3. To raise the height of the pole, pull up on the telescoping portion (A) until it locks into place at its highest height position (Figure 106).
4. Rotate the IV hangers to the desired position and hang the IV bags (B).
5. To lower the IV pole, turn the latch (C) until the telescoping portion lowers.

To store the IV pole option:

1. Lift up on the IV pole to release it from its receptacle.
2. Pivot the IV pole from its upward position.
3. Fold the IV pole down into the head end of the product.

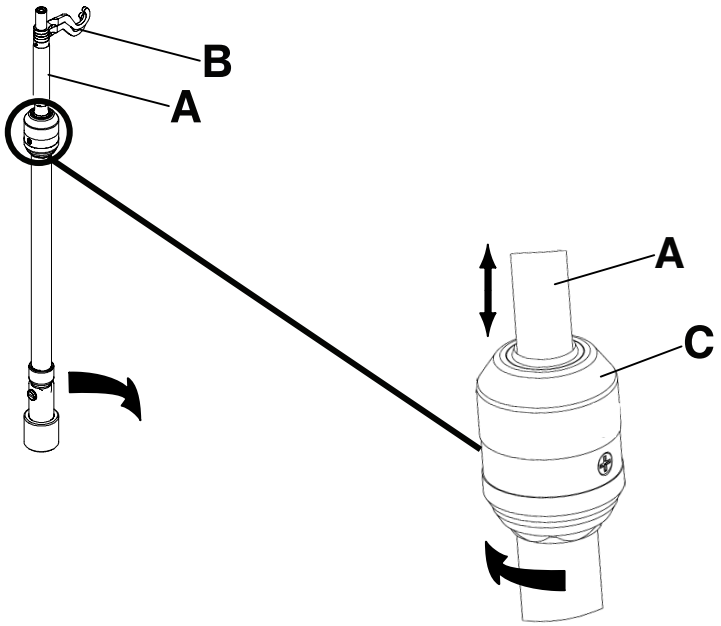


Figure 106 – Operating the IV pole

Attaching the line management clip option

WARNING

- Do not allow the line management clip option to interfere with a mechanical or electronic mechanism of the product.
- Do not pinch tubes inside the clip.
- Do not clean the clip with a liquid solution.

CAUTION

- Always make sure that the clip is stable when attached.
- Do not insert tubes that are larger than 0.75 in. into the line management clip.
- Always sterilize the clip after each use.

The line management clip option holds tubes that are hung around the product. The clip can hold four 1/2” tubes.

To attach the line management clip option:

1. Open the clip (A) (Figure 107).
2. Secure the line management clip to the headboard, footboard, or siderail.

To insert a tube into the line management clip:

1. Raise the clip prong (B) (Figure 107).
2. Insert the tube into the clip opening.
3. Release the clip prong to secure the tube into the line management clip.

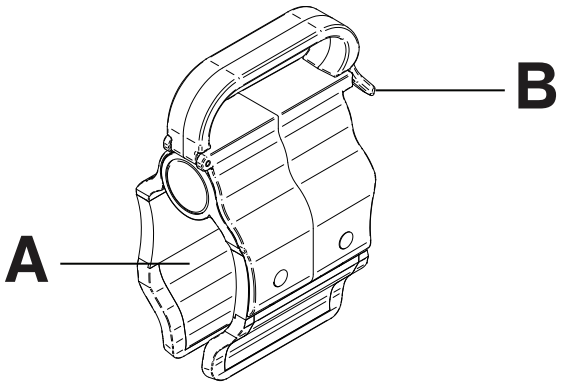


Figure 107 – Line management clip

Attaching the patient control pendant clip option

WARNING

- Do not allow the patient control pendant clip option to interfere with a mechanical or electronic mechanism of the product.
- Do not pinch tubes inside the clip.
- Do not clean the clip with a liquid solution.

CAUTION

- Always sterilize the clip after each use.
- Always make sure that the clip is stable when attached.

The patient control pendant clip option supports the patient control pendant in a stable location close to the patient.

To attach the patient control pendant clip option:

1. Raise the clip (A) (Figure 108).
2. Secure the patient control pendant clip to a siderail.

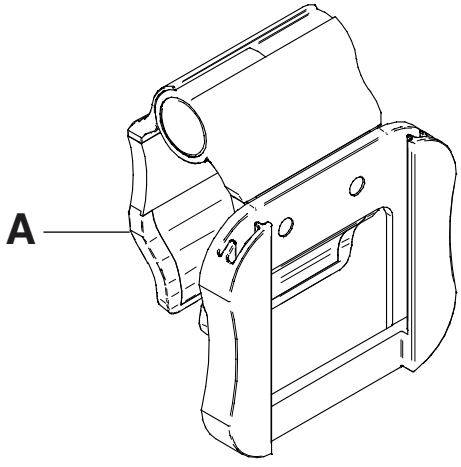


Figure 108 – Patient control pendant clip

Attaching the monitor tray option

WARNING - Always adjust the scale or bed exit system if you add an option while the scale or bed exit system is armed.

The monitor tray option supports a monitor at the foot end of the product.

Note - Make sure that the litter is flat before you attach the monitor tray option.

To attach the monitor tray option:

1. Attach the bracket back (A) and the bracket (B) (Figure 109) onto the end of the foot end foley bag hook at the foot end of the product (C and D) (Figure 110).
2. Attach the screw knob onto the bracket back (E) (Figure 111).
3. Rotate the bracket over the socket at the foot end of the product.
4. Attach the tray support pole into the bracket (F) and into the socket at the head end or foot end of the product (Figure 112).

   Note

   - Make sure that the tray support pole is anchored as intended into the hole of the assembled bracket and the foot end socket.
   - Foot end functionality stops when you insert equipment into the sockets at the foot end of the product.

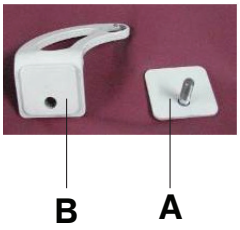


Figure 109 – Bracket and bracket back

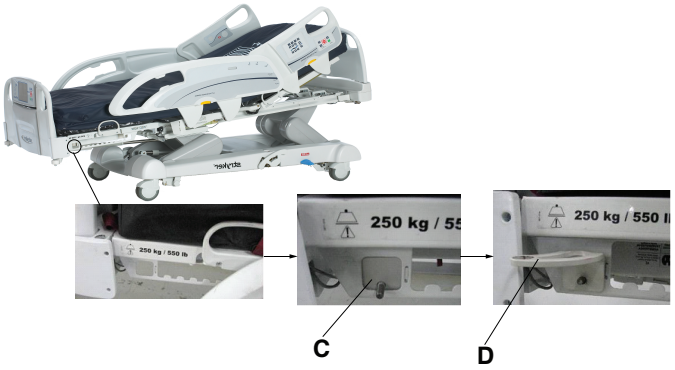


Figure 110 – Attaching the bracket back and bracket

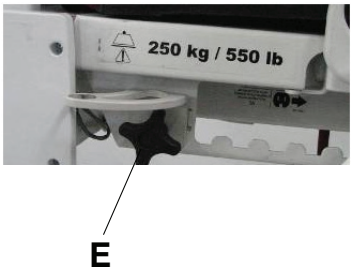


Figure 111 – Attaching the screw knob

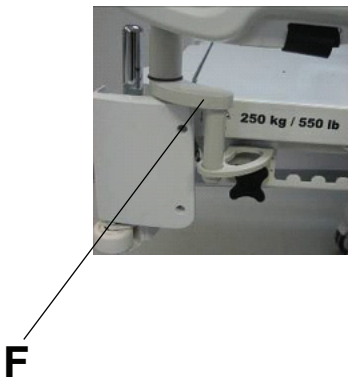


Figure 112 – Attaching the tray support

Operating the monitor tray option

WARNING

- Do not place objects that exceed 40 lb (18 kg) onto the monitor tray option.
- Do not exceed the 150 lb (68 kg) load capacity for the tray support pole.

To operate the monitor tray option:

1. Pull down the tray support pole lock (G) (Figure 113).
2. Swing the tray support pole out 90° (H) (Figure 114).
3. Grasp the bottom of the monitor tray and flip it up onto the tray support pole (I) (Figure 115).
4. Press the monitor tray into the tray support pole to secure the monitor tray.
5. Using the strap, strap the monitor to the monitor tray.

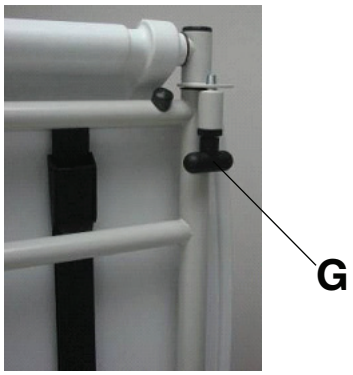


Figure 113 – Tray support lock

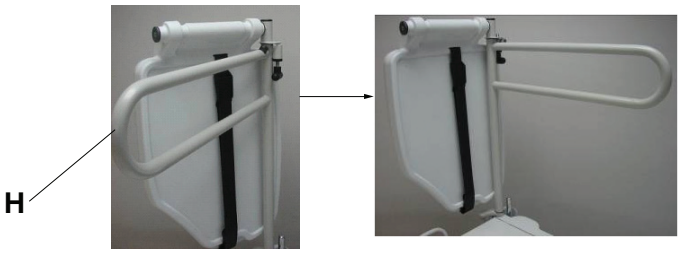


Figure 114 – Swinging out the tray support pole

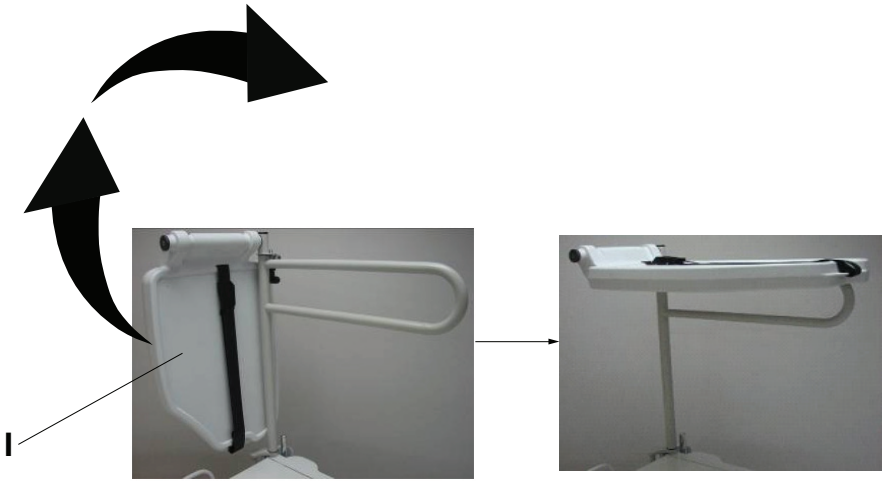


Figure 115 – Flipping up the monitor tray

Attaching the upright oxygen bottle holder option

WARNING - Always adjust the scale or bed exit system if you add an option while the scale or bed exit system is armed.

The upright oxygen bottle holder option supports an oxygen bottle in a vertical position.

To attach the upright oxygen bottle holder option:

1. Insert the support bar into the socket at the head end or foot end of the product on either side (A) (Figure 116).

   Note - Foot end functionality stops when you insert equipment into the sockets at the foot end of the product.
2. Insert the security chain pin (B) through the support bar hole to secure the bottle holder to the product.

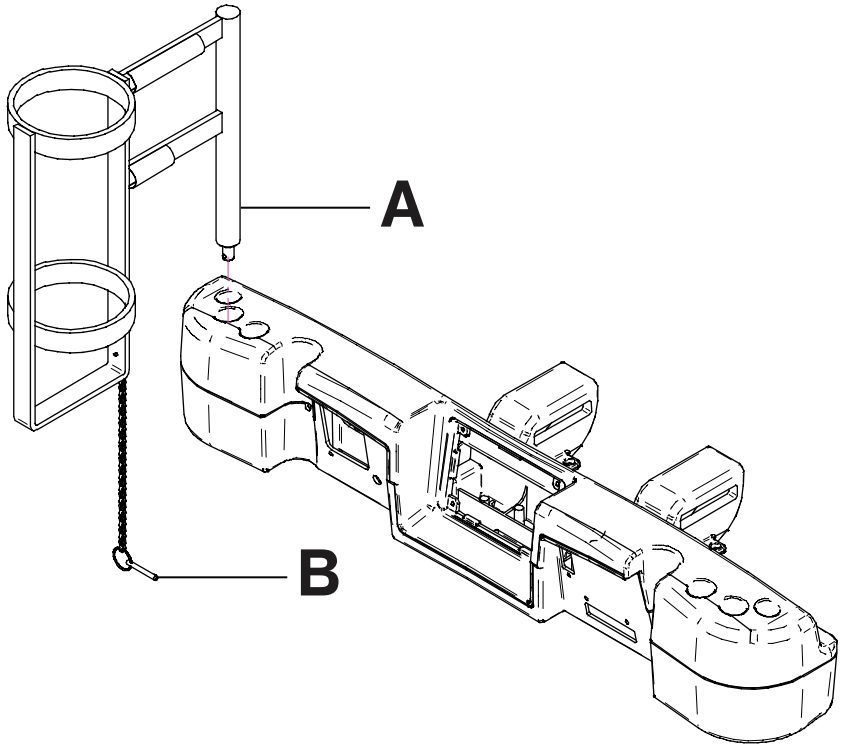


Figure 116 – Upright oxygen bottle holder

Attaching the right fit oxygen bottle holder option

WARNING - Always adjust the scale or bed exit system if you add an option while the scale or bed exit system is armed.

The right fit oxygen bottle holder option supports an oxygen bottle in a horizontal position on top of the headboard.

To attach the right fit oxygen bottle holder option:

1. Place the oxygen bottle holder on top of the headboard (A) (Figure 117).
2. Screw the oxygen bottle holder clasp onto the headboard (B) to secure the bottle holder to the product.
3. Route the bottom straps (C) through the headboard handles.
4. Attach the bottom straps to their respective fasteners.
5. Insert the oxygen bottle into the bottle holder.
6. Place the oxygen bottle holder cover on top of the oxygen bottle (D).

   Note - You can orient the oxygen bottle holder cover opening to face the right or left side of the product.
7. Fasten the oxygen bottle holder cover straps together (E).

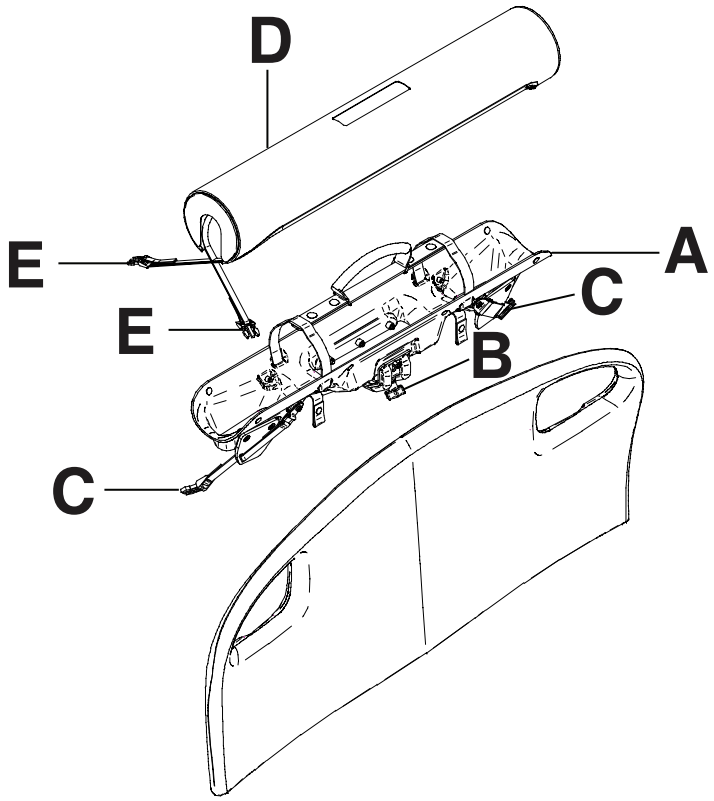


Figure 117 – Right fit oxygen bottle holder

Attaching the patient control pendant option

WARNING - Always adjust the scale or bed exit system if you add an option while the scale or bed exit system is armed.

The patient control pendant option allows the patient to control product motion and other **InTouch** features.

Tools required: None

To attach the patient control pendant option onto **InTouch**:

1. Slide the pendant into the molded pendant holder inside the foot end siderail handle (A) (Figure 118).
2. Plug the pendant cable connector into the pendant connector behind the foot end siderail (B).

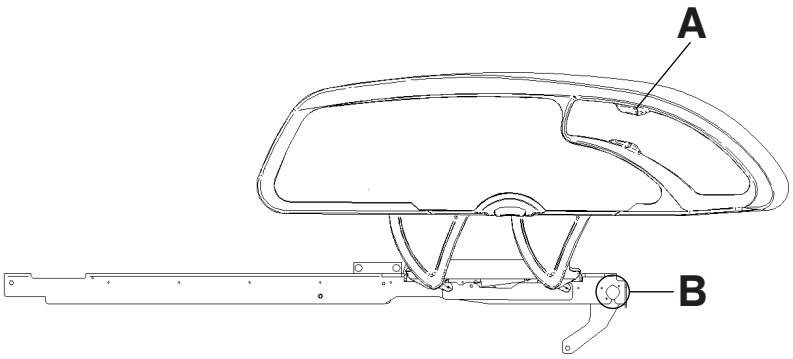
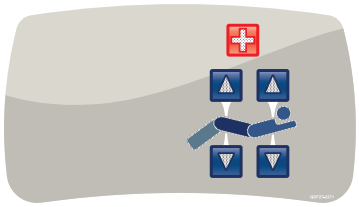


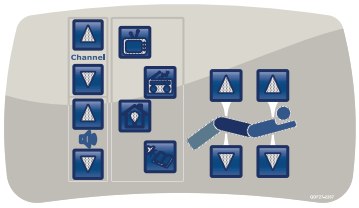
Figure 118 – Attaching the patient pendant option

Patient control pendant options

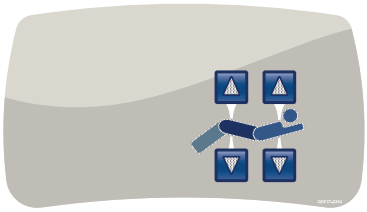
With motion control, nurse call, and Smart TV (FA64225)



With motion control and nurse call (FA64226)



With motion control and Smart TV (FA64227)



With motion control (FA64228)

Attaching the traction sleeves option

The traction sleeves option allows you to attach traction equipment. Five different traction sizes are available. You can use these instructions to attach all size configurations.

Tools required:

- Four washers
- Four bolts
- 7/16 in. combination wrench

To install the traction sleeves option:

1. Attach the traction sleeves into the sockets at the head end and foot end of the product (A) (Figure 119).

   Note - Foot end functionality stops when you insert equipment into the sockets at the foot end of the product.
2. Using a 7/16 in. combination wrench, attach one washer (B) and one bolt (C) to secure the traction sleeve in the socket.

   Note - The bolts are coated in Scotch Grip. You must replace the bolt with an identical equivalent if you remove the bolt during a service procedure.

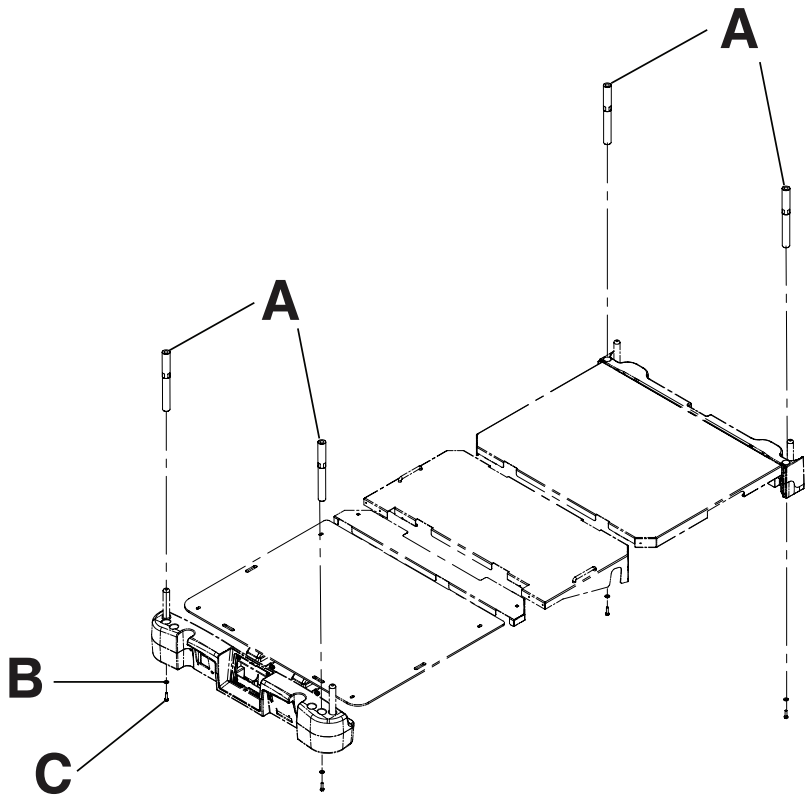


Figure 119 – Traction sleeves

3. Repeat step 2 to attach the remaining traction sleeves.

Attaching the wall saver option

The wall saver option helps mitigate damage to the wall and to the product by disconnecting the 37 pin connector when you move the product away from the wall without first unplugging the product.

Tools required: None

To attach the wall saver option:

1. Insert the pin end of the first connector (A) into the head end of the product (Figure 120).
2. Screw the connector fasteners (B) in to secure the connector to the product.
3. Connect the back end of the second connector into the back end of the first connector (C).
4. Insert the pin end of the second connector (D) into the wall.
5. Screw the connector fasteners (E) in to secure the connector to the wall.

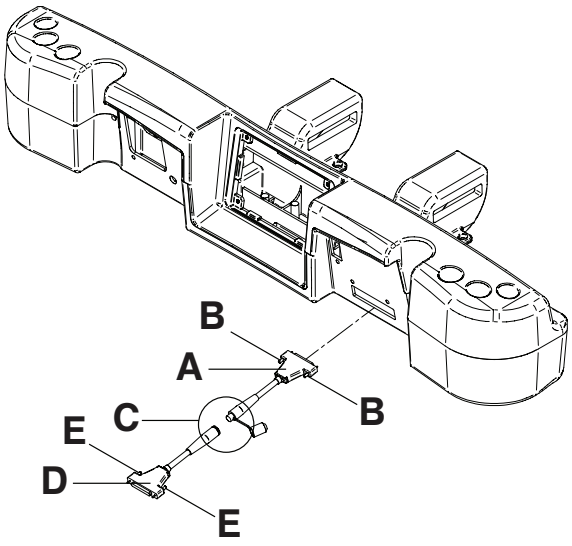


Figure 120 – Wall saver connections

Attaching the X-ray cassette holder option

The X-ray cassette holder option attaches to the Fowler to support X-ray cassettes. You can take X-rays while a patient is on the product. You can adjust the cassette's position before you take an X-ray.

Tools required:

- #2 Phillips screwdriver

To install the X-ray cassette holder option:

1. Apply the brakes.
2. Raise the Fowler section to the highest height position.
3. Turn the battery switch to the OFF (O) position.
4. Unplug the power cord from the wall outlet.
5. Using a #2 Phillips screwdriver, install two screws to secure the fastener (A) to the top of the Fowler frame (Figure 121).
6. Using a #2 Phillips screwdriver, install four screws to secure the two cassette holder pivot brackets (B) into the lower Fowler section.
7. Using a #2 Phillips screwdriver, install two screws and two spacers to secure the X-ray cassette holder (C) into the cassette holder pivot brackets (B).

   Note - Always close the X-ray cassette holder when not in use.

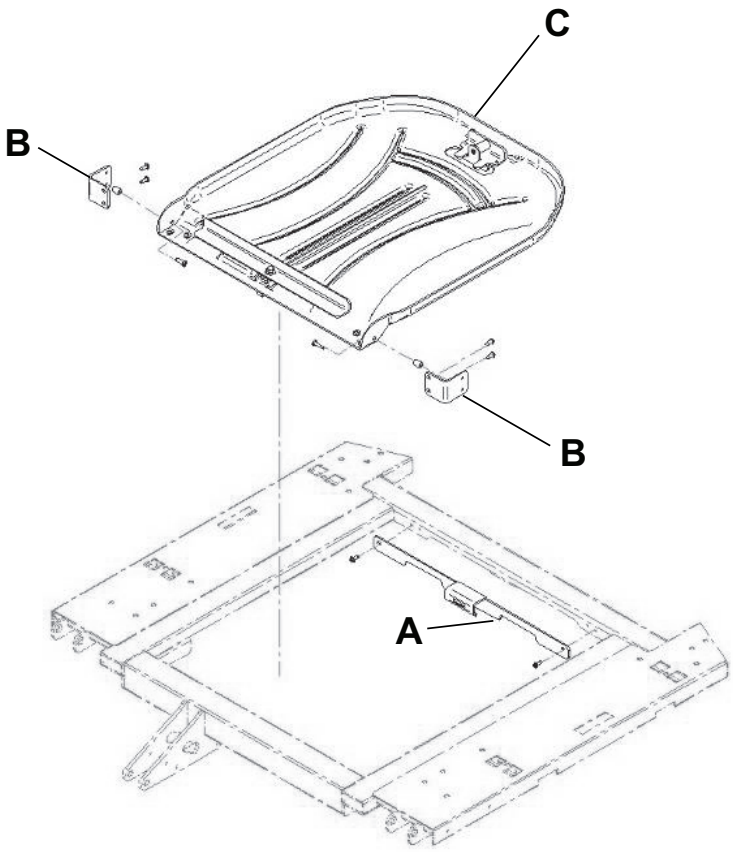


Figure 121 – X-ray cassette holder

Cleaning

WARNING

- Do not clean, service, or perform maintenance while the product is in use.
- Always unplug the power cord and turn the battery switch to the OFF (O) position before cleaning, servicing, or performing maintenance.
- Always unplug the power cord from the wall outlet when large spills occur near the circuit boards, cables, and motors. Remove the patient from the product, clean up the fluid, and have service personnel inspect the product. Fluids can cause unpredictable operation and decreased functionality of any electrical product. Do not return the product to service until it is dry and tested for safe operation.

CAUTION

- Always unplug the product before you clean or service.
- Always unplug the product, set the brakes, and place blocks under the litter frame for support when you work under the product.
- Always make sure that you wipe each product with clean water and dry each product after cleaning. Some cleaning products are corrosive in nature and may cause damage to the product if you do not use them as intended. If you do not rinse and dry the product, a corrosive residue may be left on the surface of the product that could cause premature corrosion of critical components. Failure to follow these cleaning instructions may void your warranty.
- Do not steam clean, pressure wash, ultrasonically clean, or immerse any part of the product in water. Exposure to water may damage the internal electric parts. These methods of cleaning are not recommended and may void this product's warranty.
- Always clean hook and loop fasteners after each use. Saturate hook and loop fasteners with disinfectant and allow disinfectant to evaporate. Appropriate disinfectant for nylon hook and loop fasteners should be determined by the hospital.

The recommended cleaners for this product's surfaces include the following:

- Quaternary cleaners (active ingredient - ammonium chloride) that contain less than 3% glycol ether
- Phenolic cleaners (active ingredient - o-phenylphenol)
- Chlorinated bleach solution (5.25% - less than 1 part bleach to 100 parts water)
- ≤21% isopropanol alcohol

Hand wash all surfaces of the product with warm water and mild detergent. Dry thoroughly.

Avoid oversaturation and make sure the product does not stay wet longer than the chemical manufacturer's guidelines for proper disinfecting.

Note - Direct skin contact with visibly soiled, permeable material may increase the risk of infection.

Cleaning a support surface

To clean and disinfect a support surface, see the cleaning and disinfecting instructions in the support surface operations manual.

Preventive maintenance

WARNING - Do not clean, service, or perform maintenance while the product is in use.

At a minimum, check all items listed during annual preventive maintenance for all Stryker Medical products. You may need to perform preventive maintenance checks more frequently based on your level of product usage.

Remove product from service before you perform preventive maintenance. Preventive maintenance should only be performed by trained or certified personnel.

Note

- Clean and disinfect the exterior of the support surface before inspection, if applicable.
- For **Isolibrium** preventive maintenance items, see the **Isolibrium** Operations Manual.

Inspect the following items:

_____ All welds and all fasteners are secure

_____ Tubing or sheet metal for bends or breaks

_____ Casters are free of debris

_____ Casters are secure and swivel

_____ Casters lock when you press down the brake pedal

_____ Manual and electric brakes apply and release

_____ Brake Not Set LED on the footboard and head end siderails when brakes are not engaged

_____ Locking steer caster applies and releases (Model 2131)

_____ Steer caster latches

_____ Fowler operates

_____ Litter up/down operates

_____ Trendelenburg operates

_____ IV pole is intact and operates - option

_____ Support surface cover after each use

_____ Support surface cover for rips or cracks

_____ Headboard, footboard, and siderail panels for cracks or splits

_____ All covers are not damaged and do not produce sharp edges

_____ Night light operates

_____ CPR release operates

_____ All siderail motion functionality

_____ Siderails move, latch, and stow

_____ Siderail switches operate (**iBed** Awareness option)

_____ **iBed** Awareness light bars on footboard and siderails operate (**iBed** Awareness option)

_____ All functions on head end siderails operate (including LEDs)

_____ All functions on footboard operate (buttons, touch screen display, and LEDs)

_____ Calibrate touch screen

_____ Calibrate product

_____ Scale and bed exit system operate

_____ Drive wheel operates (**Zoom** motorized drive, Model 2141, option)

_____ Motion release switches operate (**Zoom** motorized drive, Model 2141, option)

_____ Head end **Zoom** handle functionality operates (**Zoom** motorized drive, Model 2141, option)

_____ Batteries for replacement (in pairs every two years) (use only QDF9188 for battery replacement)

_____ Batteries for corrosion at the terminals, cracking, expanded or bulging at the sides, or can no longer maintain a full charge

_____ Nurse call functionality - option

_____ Lubricate where required

_____ Pendant for any physical damage

_____ Power cord not frayed

_____ Cables not worn or pinched

_____ All electrical connections tight

_____ All grounds secure to the frame

_____ Ground impedance not more than 100 mΩ (milliohms)

_____ Current leakage not more than 300 µA (microamps)

_____ Ground chains are clean, intact, and have at least two links touching the floor

_____ Enclosure is free from wear, tear, stresses, and mechanical damage

_____ No rust or corrosion of parts

_____ Labels for legibility, proper adherence, and integrity

_____ Apply relevant software patches

_____ **iBed** Wireless Module and IR Module intact and footboard icons display (**iBed** Wireless option)

Product serial number:
Completed by:
Date:

EMC information

Guidance and manufacturer's declaration - electromagnetic emissions		
The **InTouch** Critical Care bed is intended for use in the electromagnetic environment specified below. The customer or the user of the **InTouch** Critical Care bed should assure that it is used in such an environment.		
Emissions test	**Compliance**	**Electromagnetic environment**
RF Emissions CISPR 11	Group 1	The **InTouch** Critical Care bed 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 **InTouch** Critical Care bed 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 61000-3-3	Complies	

Recommended separations distances between portable and mobile RF communication equipment and the InTouch Critical Care bed

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

Rated maximum output power of transmitter **W**	**Separation distance according to frequency of transmitter** **m**		
	150 kHz to 80 MHz **D=(1.2) (√*P*)**	**80 MHz to 800 MHz** **D=(1.2) (√*P*)**	**800 MHz to 2.5 GHz** **D=(2.3) (√*P*)**
0.01	0.12	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 - At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.

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

Guidance and manufacturer's declaration - electromagnetic immunity			
The **InTouch** Critical Care bed is suitable for use in the electromagnetic environment specified below. The customer or the user of the **InTouch** Critical Care bed 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	±6 kV contact ±8 kV air	±6 kV contact ±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 IEC 61000-4-4	±2 kV for power supply lines ±1 kV for input/output lines	±2 kV for power supply lines ±1 kV for input/output lines	Main power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	±1 kV lines to lines ±2 kV lines to earth	±1 kV lines to lines ±2 kV lines to earth	Main power quality should be that of a typical commercial or hospital environment.
Voltage dips, voltage variations and short interruptions on power supply input lines IEC 61000-4-11	<5%U_T (>95% dip in U_T) for 0.5 cycle 40%U_T (60% dip in U_T) for 5 cycles 70%U_T (30% dip in U_T) for 25 cycles <5% U_T (>95% dip in U_T) for 5 sec.	<5%U_T (>95% dip in U_T) for 0.5 cycle 40%U_T (60% dip in U_T) for 5 cycles 70%U_T (30% dip in U_T) for 25 cycles <5% U_T (>95% dip in U_T) for 5 sec.	Main power quality should be that of a typical commercial or hospital environment. If the user of the **InTouch** Critical Care bed 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 or hospital environment.
Note - U_T is the a.c. mains voltage before applications of the test level.			

Conducted RF IEC 61000- 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 communications equipment should be used no closer to any part of the **InTouch** Critical Care bed, including cables, than the recommended separation distance calculated from the equation appropriate for the frequency of the transmitter. Recommended separation distance D=(1.2) (√*P*) 80 MHz to 800 MHz D=(2.3) (√*P*) 800 MHz to 2.5 GHz where *P* is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and *d* is the recommended separation distance in meters (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey[a], should be less than the compliance level in each frequency range[b]. Interference may occur in the vicinity of equipment marked with the following symbol:

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

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

[a]Field 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 **InTouch** Critical Care bed is used exceeds the applicable RF compliance level above, the **InTouch** Critical Care bed should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the **InTouch** Critical Care bed.

[b]Over the frequency range 150 kHz to 80 MHz, field strengths are less than 3 V/m.

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