Home Care Equipment, Inc.

800-457-4131

When calling the 800 number after hours, please choose the appropriate prompt for each office.

(If the 800 number is not working, dial 314-968-6518)

MISSOURI

☐ #3 1135 Lester St. • Poplar Bluff, MO 63901-4833
573-686-3720 • Fax: 573-686-2929

☐ #6 1106 Intagliata Dr. • Arnold, MO 63010-4705
636-282-2403 • Fax: 636-282-2420

☐ #7 1118 Wilkes Blvd. • Columbia, MO 65201-4772
573-474-0560 • Fax: 573-474-7590

KANSAS

☐ #4 703 West 53rd North • Wichita, KS 67204-2237
316-686-2777 • Fax: 316-686-1886

☐ #5 9020 Rosehill Road • Lenexa, KS 66215-3516
913-663-2322 • Fax: 913-663-4334

ILLINOIS

☐ #8 14400 Rt 37 North • Johnston City, IL 62951-3166
618-983-3100 • Fax: 618-983-3106

Website: homecareinc.net Email by choosing "contact us".

QUALITY CARE IS OUR BOTTOM LINE

We are accredited by the Joint Commission

You have the right to file a complaint with Joint Commission at 1-800-994-6610 or complaint@jointcommission.org or appropriate state authorities, if deemed necessary.

Revised 5-9-18

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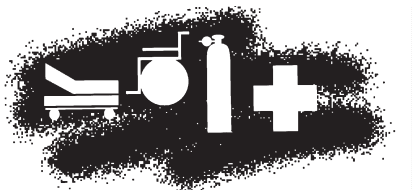


Home Care Equipment, Inc.

WELCOME

We would like to take this opportunity to thank you for allowing us to place home medical equipment in your home.

Home Care Equipment, Inc., is a veteran-owned small business not affiliated with any physician, hospital or other local health care provider. Our normal office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. We observe the following holidays:

New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day

Emergency service is available 24 hours per day. The previous page should be marked to show which office services your area. During business hours you may call either the 800 number or your local office number. After hours, call the 800 number and when instructed, choose the appropriate office prompt. This will transfer your call to the answering service. The technician on call will be notified and return your call as quickly as possible.

Any concerns/complaints or safety issues that you have may be registered at any time by calling our office or discussing these issues with your delivery technician. The person who takes your call will either resolve the situation or refer you to someone who can. This will all be done in a timely fashion. You have the right to file a complaint with Joint Commission at 1-800-994-6610 or complaint@jointcommission.org or appropriate state authorities, if deemed necessary.

It is our goal to provide the highest level of service to you and your family at all times. Your suggestions or recommendations are always welcome. Again, thanks for choosing HCE for all of your medical needs.

Sincerely,

Robert Mathews and John Lawson

Owners

An Equal Opportunity Employer

Home Care Equipment is a veteran-owned and operated Midwest regional durable medical equipment (DME) dealer based in Southeast Missouri, with branch offices in Poplar Bluff, St. Louis/Arnold and Columbia, MO; Wichita and Kansas City/Lenexa, KS; and Marion/Johnston City, IL. We specialize in medical oxygen and respiratory therapy needs, as well as DME, of patients in their homes. Since its founding in 1979, Home Care Equipment, Inc. has shown its commitment to quality care by maintaining accreditation through the Joint Commission. Home Care Equipment provides the following services:

First and foremost, we offer **24 hour Emergency service seven days a week**, 365 days a year. We pride ourselves in prompt **set-up**, response to emergency calls, and delivery anywhere in Kansas, Missouri or Southern Illinois.

Each set-up is provided at **no additional charge** and at this time the patient is instructed on the proper use of the equipment; then approximately **every 30 days patients will be contacted by a certified technician.**

We **direct bill** Medicare and other major carriers which is a convenience to the patient.

Mission Statement
Home Care Equipment, Inc.

Providing high quality, medically necessary home medical equipment (HME) and related supplies/services represents the primary mission of the company. To that end, the company receives and accepts referrals from physicians, discharge planners, home health nurses, and others to provide said HME and related supplies/services to qualified customers/patients.

All customers/patients admitted to services, including significant other and/or primary caregivers, can expect to receive the highest possible level of services within the constraints imposed by third party payers, case managers, or other contractual conditions.

To assure the continued provision of appropriate and high quality HME and related supplies/services to qualified customers/patients, the company shall monitor and evaluate, in a systematic, on-going manner, all aspects of its operation.

MEDICARE (DMEPOS) SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or nonprocurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing of records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting Medicare beneficiary based on physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals). *Implementation Date - October 1, 2009*
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). *Implementation Date - May 4, 2009*
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

CUSTOMER BILL OF RIGHTS

We believe that all customers receiving services from Home Care Equipment, Inc. (HCE) should be informed of their rights. Therefore, you are entitled to:

1. Be treated with dignity, courtesy and respect.
2. Receive reasonable coordination and continuity of services from referring agency to home medical equipment services.
3. Receive a timely response from HCE when equipment is needed or requested.
4. Be fully informed of HCE policies, procedures and charges for services and equipment, including eligibility for third party reimbursement.
5. Receive an explanation of all forms you are requested to sign.
6. Receive equipment and services regardless of race, religion, political belief, sex, social status, age or handicap.
7. Receive proper identification from personnel providing services.
8. Participate in decisions concerning equipment needs, including the right to refuse service within the confines of the law.
9. Have all of your records (except as otherwise provided for by law or third party payor contracts) and all communications, written or oral, treated confidentially.
10. Access to all health records pertaining to you and to challenge and have your records corrected for accuracy.
11. Express dissatisfaction and suggest changes in any service without fear of coercion, discrimination, reprisal or unreasonable interruption in service.
12. Receive information on HCE's mechanism for receiving, reviewing and resolving your complaints or concerns.
13. Be assured that your rights are honored by all HCE's staff.
14. Be informed of your responsibilities regarding equipment and services.

CUSTOMER RESPONSIBILITIES

1. Customer agrees that rental equipment will be used with reasonable care, **not** altered or modified, and **returned** in good condition (normal wear excepted).
2. Customer agrees to **promptly report** to HCE any malfunctions or defects in rental equipment so that repair/replacement can be arranged.
3. Customer agrees to provide HCE access to all rental equipment for repair/replacement, maintenance and/or pick-up of the equipment.
4. Customer agrees to use the equipment for the purposes so indicated and in compliance with the physician's prescription. **Customer agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by HCE.**
5. Customer agrees to notify HCE of any hospitalizations or change in customer insurance, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
6. Customer agrees to accept all financial responsibility for home medical equipment furnished by HCE unless prior arrangements are made.

HOME OXYGEN THERAPY

1. **Q:** HOW DOES A DOCTOR DETERMINE IF A PATIENT NEEDS HOME OXYGEN THERAPY?

   A: The need for home oxygen therapy is determined by measuring the level of oxygen in an individual's blood. If the test reveals the blood oxygen level is significantly below normal, home oxygen therapy may be prescribed.

2. **Q:** HOW LONG DO PATIENTS USE OXYGEN AT HOME?

   A: Some people are given additional oxygen temporarily, while others require it on a long term basis. The physician will determine how long a patient should receive oxygen, how much should be received, and whether it is delivered continuously or less than 24 hours a day.

3. **Q:** DOES USE OF OXYGEN HELP TREAT THE DISEASE CAUSING LOW BLOOD OXYGEN LEVELS?

   A: Not directly, since the damage caused by emphysema and other lung diseases is usually irreversible. However, by increasing the amount of oxygen inhaled into the lungs, more oxygen can be delivered to tissues and cells throughout the body. This relieves many adverse symptoms associated with low blood oxygen levels and improves the overall quality of life.

4. **Q:** CAN A PERSON RECEIVE TOO MUCH OXYGEN?

   A: Yes. Too much oxygen can be as dangerous as not receiving enough. It can make you tired and sleepy and, in some cases, can even block your ability to know when to take the next breath. For that reason, it is important to use only the prescribed amount.

5. **Q:** WHAT ARE SOME NOTICEABLE CHANGES ONE MAY SEE WITH A PATIENT RECEIVING HOME OXYGEN?

   A: They will sleep better, be less irritable, remember better, have more energy, and suffer fewer depressions. They tolerate exercise better and usually face fewer hospitalization days. In general, these patients will live happier, more productive lives.

6. **Q**: HOW WILL THE DOCTOR KNOW WHEN A PATIENT NO LONGER NEEDS OXYGEN?

   A: Unfortunately, once the underlying condition exists, the need for oxygen to relieve symptoms usually remains. However, the physician may use several different methods such as arterial blood gas test, oximetry, or testing pulmonary functions to determine the patient's capability to properly oxygenate themselves without oxygen.

7. **Q:** WHAT IS AN OXYGEN CONCENTRATOR?

   A: An oxygen concentrator is an electrically operated device that draws in room air, separates the oxygen from the other gases in the air, and delivers the oxygen at high concentrations to the patient.

8. **Q:** CAN I SMOKE WHILE TAKING OXYGEN?

   A: NO! Not only does smoking negate any positive effects oxygen might have on your condition, but it is also very dangerous to smoke while taking oxygen. Oxygen will not burn but it does rapidly accelerate combustion. There are cases where patients have burned their nasal cannula and face by smoking while taking oxygen.

9. **Q:** WHAT ARE OTHER DANGERS IN USING AN OXYGEN CONCENTRATOR?

   A: Using supplementary oxygen near an open flame, such as a gas stove is not recommended. If you use a gas stove, turn off the oxygen before turning the stove on.

10. **Q:** WHAT MUST THE PATIENT DO TO SERVICE THE CONCENTRATOR?

    A: Very little. The humidifier, if used, must be cleaned and refilled as necessary. Dust filters should be cleaned weekly, more often if necessary. Rinse the filter with water and squeeze out excess moisture with an absorbent towel. Allow filter to dry completely before using again. Other servicing is done by your home oxygen equipment company on a routine basis.

11. **Q:** WHAT CAN A PERSON DO IF THEIR NOSE IS DRY?

    A: If you have an order for humidity, you can add a water bottle or ask your Dr. to order humidity. You can also use KY Jelly (or any water based product) or normal saline drops in the nose. KY Jelly will help with dryness and saline will help if your nose feels congested. DO NOT USE Vaseline, Vicks or any other petroleum based product in your nose.

BACKUP SYSTEMS ARE OFFERED TO ALL OXYGEN PATIENTS UPON SETUP. BACKUP SYSTEMS ARE INSTALLED FOR YOUR PROTECTION IN CASE OF AN ELECTRICAL POWER FAILURE, OR MECHANICAL FAILURE OF THE MACHINERY. BY REFUSING THE BACKUP SYSTEM YOU UNDERSTAND IF THIS SHOULD OCCUR, HOME CARE EQUIPMENT WOULD HAVE **24 HOURS** TO RESPOND TO ANY SERVICE CALL THAT MIGHT ARISE. HOME CARE EQUIPMENT WILL NOT BE RESPONSIBLE FOR ANY HOSPITALIZATION OR PROBLEMS THAT MAY OCCUR TO YOUR WELL-BEING.

Home Care Equipment
Oxygen Fire Safety

Home Care Equipment is committed to the customer's safe use of home oxygen. When used properly, oxygen is very safe. However, when used inappropriately, it can present a hazard. Here are some guidelines to follow for safe and effective use.

Fire Safety

Three things are necessary for a fire. First, a combustible material (i.e. anything that will burn); secondly, an ignition source (i.e. spark, flame, or high temperature); and thirdly, **oxygen**. While oxygen itself is not flammable, oxygen must be present for a fire to occur. When higher concentrations of oxygen are present (such as when using oxygen therapy), the result is: 1. Easier ignition of combustible material. 2. Much higher flame temperatures. 3. Extremely fast burning flame.

Thus, when a patient is using oxygen, combustibles that are in close contact with the oxygen (e.g. clothing, oxygen tubing, hair, pillow, blanket, all smoking items, to include e-cigarettes) are more prone to catching on fire, and if they ignite, they will burn hotter and the flame will spread faster.

To use oxygen safely, maintain a safe distance (at least 10 feet) between all oxygen equipment (including tubing) and any flame or other potential source of ignition. Other potential ignition sources include cook stoves, heating stove, fireplace, gas hot water heaters, and candles. You should also avoid any products that contain petroleum-based ingredients on your face, as these ingredients are flammable. Some examples include: petroleum jelly, mentholated rubs (Vicks), some lip balms, and oily lotions. If you need to use these types of products, check the label and use ones that are water-based instead of petroleum based (K-Y Jelly instead of Vaseline).

Smoking and open flames near O2 is hazardous to others in multi-family/facility dwellings due to increased fire danger.

Oxygen and Smoking

The need for home oxygen is generally as a result of a smoking-related condition (COPD, lung cancer, chronic bronchitis, emphysema). While most patients that are using oxygen have quit smoking, some are so addicted that they have been unable to stop. If you are one that has been unable to quit, you must never smoke while using oxygen. **SMOKING WHILE ON OXYGEN IS EXTREMELY DANGEROUS!!!** Every year, many people are seriously injured or even killed due to burns suffered from smoking while on oxygen.

If you are an oxygen user who smokes, keep trying to stop smoking. If you have tried before and failed, try again. Talk to your physician about help. New treatments are available to help you stop. Studies have shown that quit rates are much higher when a smoker utilizes smoking cessation products (patches, gum, buproprion) along with a formal smoking cessation program (group counseling) compared to quitting on your own.

If you are unable to stop smoking, do not smoke while wearing oxygen. Notify your doctor that you continue to smoke and will have to take the oxygen off for short periods of time while smoking. Keep the flame and lit smoking items, to include e-cigarettes, a safe distance away from the oxygen source, cannula, and all tubing.

Emergency Patient Plan

In case of an emergency, please follow these steps if you lose power.

1) Back up tank (if able to remain in home)
2) Family/friend home if unable to stay in home. (take equipment with you)
3) Red Cross Center or Emergency Shelter if unable to stay in home or do not have a home to go to.
4) In the event the above 3 are not options, go to a local hospital.

Home Care will provide equipment to family/friend home, red cross center or VA hospital or facility if patient is unable to take equipment from home or it is no longer available.

Bi-directional Thermal Fuse

Intended Use
The bi-directional thermal fuse is designed to extinguish an oxygen tube fire and stop the flow of oxygen if the tube is accidentally ignited.

The bi-directional thermal fuse is bi-directional in operation and can be installed either way around in the oxygen tubing.

It is recommended that at least two bi-directional thermal fuses be installed to each oxygen delivery circuit. The first should be positioned close to the patient and the second close to the source of supply, above ground level, as shown in figure 1. The bi-directional thermal fuse provides no protection if a fire burns through the oxygen delivery tubing upstream of the device.

Warning

1. Read through this instruction before installing a bi-directional thermal fuse. As with all medical equipment, attempting to use or install this device without a thorough understanding of its operation and limitations may result in patient or user injury.
2. This device is intended for use with oxygen supply equipment with a delivery pressure not exceeding 87 psi with the outlet occluded. It must not be used for other applications.
3. Do not store or install this device near an open flame or near a source of excessive heat that is likely to exceed that stated in the device specifications.
4. Keep this device free from oil, grease, dirt and other contaminants. Never lubricate the hose barb connectors.
5. Never administer oxygen or undertake oxygen therapy while smoking and / or within ten feet of and open flame.
6. Additional risk control measures (e.g. Spo2 monitoring with an alarm) are essential for patients who might suffer injury or death in the event that their oxygen flow is stopped unexpectedly.
7. The device is intended for single patient use and should not be moved between installations due to the risk of cross contamination.
8. This device is designed for use in the delivery of oxygen or oxygen enriched air. Do not use the device with any other gas.

Cleaning
Clean the exterior surfaces of the device using an alcohol or disinfectant wipe. Do not immerse the device in any fluid or allow fluid to enter through the hose barb connections. The bi-directional thermal fuse can be used with bubble humidifiers and will not be affected by water condensing in the tube.

Maintenance & disposal
The bi-directional thermal fuse is maintenance free and has an intended life of 4 years. Dispose of any bi-directional thermal fuses 4 year after the manufacturing dated stated on the device label. Once actuated, the bi-directional thermal fuse cannot be reset, and must be replaced.

Device specification

Flow rate	0.5 to 25 l/min
Maximum operating pressure	87 psi
Maximum internal leakage following activation	10 ml/min
Maximum external leakage following activation	5 ml/min
Operating temperature	0 to 50 ℃ (32 to 122 °F)
Transit & storage temperature range	-25 to 60 °C (-13 to 140 °F)
Humidity range	0 to 100% RH
Gas type	Oxygen/oxygen enriched air

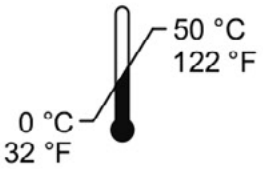
Installation instructions
Warning: When actuated, the bi-directional thermal fuse will stop the gas flow. The pressure upstream of the device will rise until it reaches the maximum output pressure of the supply system. To ensure that the connection between the bi-directional thermal fuse and the supply system can withstand this pressure, it is recommended that a test be carried out with each style of trumpet connector or cannula tubing used. This may be achieved by occluding the tubing downstream of the bi-directional thermal fuse with the oxygen flow turned on.
Note: Due to the differences in the flexibility of the materials used for tubing and trumpet connectors and variations of inner bore diameter, it may not always be possible to fully engage the third barb as shown in figure 2.
Note: The resistance to gas flow of the bi-directional thermal fuse is negligible.

No Open Flames within 10’ of Device, Container, or Patient

No Open Flames within 10’ of Device, Container, or Patient

No Smoking

Single Patient Use



Operating Temperature Range

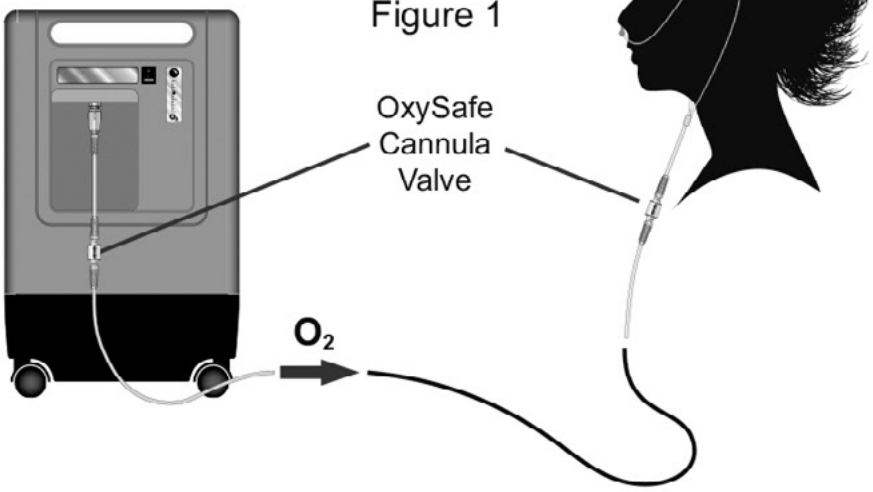
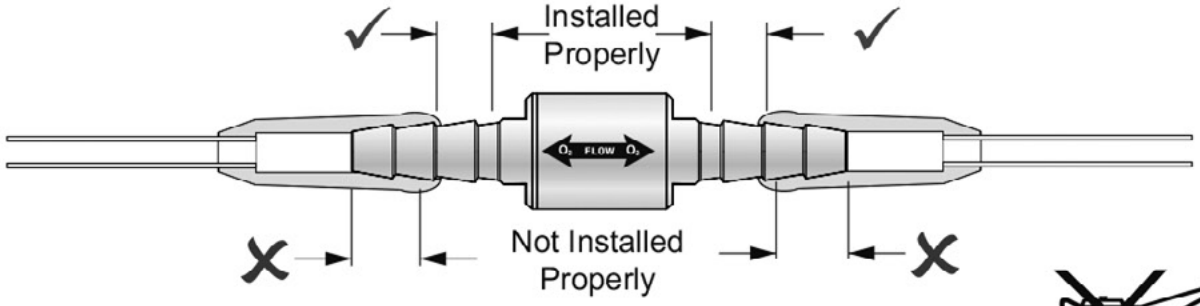
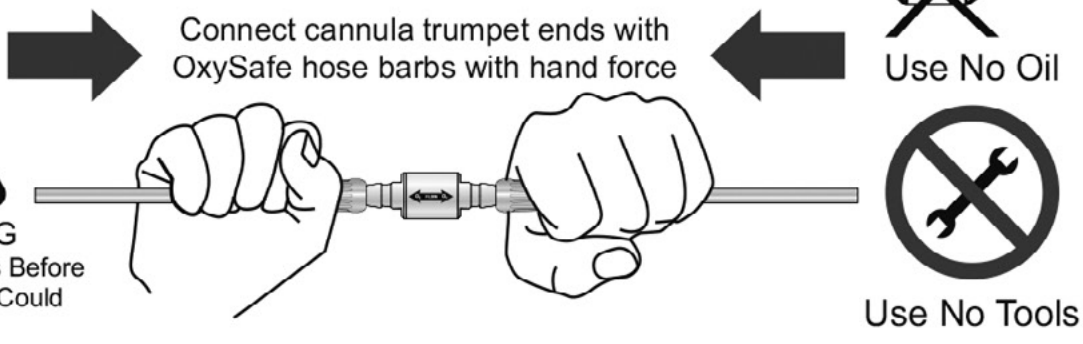


Figure 1

OxySafe Cannula Valve

Figure 2
Recommended Installation





WARNING
Read Instructions Before Use or Injuries Could Result

Caution: Federal law restricts this device to sale by or on the order of a physician.

OXYGEN CONCENTRATOR INSTRUCTION SHEET

Your doctor has ordered oxygen for you to use while at home. Use of oxygen will help to minimize the feeling of breathlessness during exercise or physical exertion.

Use oxygen only at the prescribed liter flow. Treat oxygen as you would other medications. Remember, "More is not necessarily better."

OXYGEN USE

A. EQUIPMENT PREPARATION

1. Be sure unit is secure, away from heat, direct sunlight, open flames, smoking or combustible materials.
2. Plug in power cord to 115 volt household outlet.
3. If needed, screw on humidifier (water bottle) attachment tightly to concentrator oxygen outlet.
4. Connect oxygen tubing securely to humidifier outlet.
5. Set flow meter to the prescribed liter flow.
6. Turn power switch on.
7. Install the oxygen delivery device to the patient (nasal cannula, mask, etc.)

B. MAINTENANCE

1. Check unit filter (not all units have filters) for cleaning if dusty (once per week). Remove filter, clean in warm water, rinse, allow to dry completely before replacing.
2. Replace oxygen delivery equipment (i.e., nasal cannula, mask, etc.). Cannulas - 2 weeks, Tubings - 6 months or sooner if dirty or contaminated with secretions.
3. Replace humidifier every two weeks.

C. TROUBLESHOOTING

NO FLOW OF OXYGEN

1. Check that power cord is plugged into 115 volt household outlet.
2. Check that unit power switch is on.
3. Check unit circuit breaker. Reset button if it has popped out.
4. Check that flow meter is on and adjusted to proper flow setting.
5. Check that humidifier is tightly screwed to unit outlet.
6. Check that bubbles are observed in humidifier bottle
7. Check that oxygen tubing is securely attached to humidifier bottle.
8. Check that oxygen tubing is not crimped or pinched off by heavy objects: between furniture, under wheel, etc.
9. Check that oxygen tubing is free of water which may be blocking oxygen flow.
10. Check circuit breaker on equipment.
11. Check household circuit breaker or fuse to see if blown. Reset or replace if necessary or use another outlet.

If steps (1) through (11) do not correct the problem, contact Home Care Equipment, Inc.

D. PRECAUTIONS

1. Be sure that concentrator is kept in a ventilated area, away from heat, direct sunlight, open flames, smoking or combustible materials, or electrical sparks. Use of electric blankets, blow dryers, curling irons, electric razors or other household appliances that could spark within 10ft. of oxygen source is discouraged.
2. Use care if concentrator is moved. Avoid dropping.
3. Never permit grease, oil or other combustible materials to come into contact with oxygen delivery equipment.
4. Oxygen equipment is damaged by smoke. Never allow smoking in the same room as oxygen equipment.

OXYGEN CYLINDER INSTRUCTION SHEET

Your doctor has ordered oxygen for you to use while at home. Use of oxygen will help to minimize the feeling of breathlessness during exercise or physical exertion.

Use oxygen only at the prescribed liter flow. Treat oxygen as you would other medications. REMEMBER, "More is not necessarily better."

OXYGEN USE

A. DEFINITIONS

1. REGULATOR:
   It functions in two ways. First it displays on a dial the amount of oxygen inside the reservoir and secondly it reduces the pressure of oxygen as it passes through the regulator
2. FLOWMETER:
   It acts as a gauge by which the flow of oxygen to you is regulated.

STANDARD REGULATOR TIME APPROXIMATIONS

Tank Size	1 LPM	2 LPM	2.5 LPM	3 LPM	4 LPM	6 LPM
D	6.54	3.27	2.45	2.18	1.43	1.09
E	11.22	5.41	4.32	3.47	2.5	1.53

B. EQUIPMENT PREPARATION

1. Be sure that oxygen cylinder is secure on cart, away from heat, direct sunlight, open flames, smoking or combustible materials.
2. Turn cylinder handwheel or wrench key counter-clockwise (left) to open cylinder valve.
3. If needed, screw on humidifier (water bottle) attachment tightly to the regulator outlet.
4. Connect oxygen tubing securely to the humidifier outlet.
5. Set flow on the flow dial or flow tube to the prescribed liter flow. NOTE: Be sure to observe the flow tube straight so that the ball is centered with the proper flow indicator.
6. Adjust the oxygen delivery device on your nose (nasal cannula, mask, etc.) to breathe comfortably.

C. WHEN OXYGEN IS NOT IN USE

1. Turn cylinder handwheel or wrench key clockwise (right) until flow meter and pressure dial drop to zero and cylinder valve is off.
2. Check that cylinder is secure on cart, away from heat or direct sunlight.
3. Replace humidifier every 2 weeks.
4. Replace oxygen delivery equipment (i.e., nasal cannula, mask, etc.). Cannulas - 2 weeks, Tubings - 6 months or sooner if dirty or contaminated with secretions.

D. TROUBLESHOOTING OXYGEN DELIVERY PROBLEMS

NO FLOW OXYGEN

1. Check that cylinder handwheel or key is opened fully.
2. Check that pressure is observed on regulator dial.
3. Check that flow dial is on and adjusted to proper flow setting.
4. Check that humidifier is tightly screwed to regulator.
5. Check that bubbles are observed in humidifier bottle.
6. Check that oxygen tubing is securely attached to humidifier outlet.
7. Check that oxygen tubing is not crimped or pinched off by heavy object: between furniture, under wheel, etc.
8. Check that oxygen tubing is free of water which may be blocking oxygen flow.

If steps (1) through (8) do not correct the problem, contact Home Care Equipment, Inc.

E. PRECAUTIONS

1. Be sure that oxygen cylinders are: on cart or otherwise secured if standing or lying down on their sides out of main home traffic path; in a well ventilated area; away from heat or direct sunlight, away from combustible materials such as in garages; away from open flames, electrical sparks, or cigarette smoking.
2. Do not store in closets, under beds, or in vehicles. Maintain tanks at room temperature.
3. Use care if oxygen cylinder is moved. Avoid dropping, and avoid bumping the regulator.

OXYGEN CONSERVING DEVICE INSTRUCTION SHEET

Your doctor has prescribed an Oxygen-Conserving Device (OCD) to be used in conjunction with your primary oxygen equipment. This device significantly increases the use time for any given supply of oxygen. It is particularly useful on portable oxygen systems, increasing the mobility and frequently the comfort of the user.

HOW THE OCD WORKS

During your normal breathing pattern you are inhaling for about 1/3 of the time and exhaling for approximately 2/3 of the time. By providing oxygen in brief pulses at the very beginning of the inhalation part of the breathing cycle, the OCD frequently extends the use time of the oxygen supply by as much as three to one. The device senses the start of inhalation and immediately releases a short, pulsed dose of oxygen, which is inhaled deep into the lungs. As a result, less oxygen is required to provide the same benefits than with a continuous flow oxygen system.

Because the OCD responds to each individual's breathing pattern, the actual use time will vary for each individual depending upon the flow rate prescribed, the size of the oxygen supply and rate of breathing.

Since oxygen is released for only short periods during inhalation, the constant flow of oxygen into the nostrils is avoided, and the discomfort caused by the drying effect on the nasal passages is reduced.

INSTALLING THE OCD

Our representative will install the OCD on your oxygen system. You will be instructed how to switch the OCD along with your primary oxygen equipment to the full cylinder.

USING YOUR OCD

- Check the content's gauge to ensure that you have an adequate supply of oxygen.
- Turn ON the oxygen supply.
- Set the flow selector on the OCD to your prescribed dosage.
- Position the nasal cannula with the prongs inserted into your nostrils. Do not put on the cannula before turning ON the unit and adjusting the flow selector.
- Breathe normally through your nose. DO NOT BREATHE THROUGH YOUR MOUTH.

TURNING OFF THE OCD

- Turn OFF the oxygen supply.
- Set the flow selector on the OCD to the OFF position.

OTHER OPERATING TIPS AND PRECAUTIONS

- Do not smoke while using this equipment, or allow smoking near this product. This regulator should never be used as the sole source to deliver oxygen in a critical care situation.
- Do not change the flow rate settings from those prescribed by your doctor.
- Do not use the OCD with a humidifier. The short pulses of oxygen will not cause drying of the nasal passages as you may have experienced with continuous flow oxygen systems. The use of a humidifier will prevent the OCD from sensing the beginning of inhalation and interfere with proper operation of the device.

PORTABLE OXYGEN CONCENTRATOR INSTRUCTION SHEET (Cont. Flow)

Your doctor has ordered oxygen for you to use while at home. Use of oxygen will help to minimize the feeling of breathlessness during exercise or physical exertion.

Use oxygen only at the prescribed liter flow. Treat oxygen as you would other medications. Remember, "More is not necessarily better."

A. EQUIPMENT PREPARATION

1. Be sure unit is secure, away from heat, direct sunlight, open flames, smoking or combustible materials.
2. Plug in power cord to 115 volt household outlet or DC power source.
3. If needed, screw on humidifier adapter, add water bottle and attach tightly to concentrator outlet.
4. Connect oxygen tubing securely to humidifier outlet.
5. Set flow meter to the prescribed liter flow.
6. Install the oxygen delivery device to the patient (nasal cannula, mask, etc.)
7. During the DC power mode, remove battery and run off car power. Your battery will only charge when plugged into AC power supply.
8. When using DC power you need to know the fuse rating (AMPs) of vehicle to set on your machine.

B. MAINTENANCE

1. Check unit filter (check with unit instructions) for cleaning if dusty (once per week). Remove filter, clean in warm water, rinse, allow drying completely before replacing.
2. Replace oxygen delivery equipment (i.e., nasal cannula, mask, etc.) every two weeks, or sooner, if dirty and/or contaminated with secretions.
3. Replace humidifier every two weeks.

C. TROUBLESHOOTING/NO FLOW OF OXYGEN

1. Check that power cord is plugged into 115 volt household outlet or DC outlet correctly.
2. Check that unit power switch is on, there is power to outlet and that green light is illuminated.
3. If there is a constant alarm, turn unit off, remove battery, wait a few minutes, reinstall battery and turn on. If this does not correct problem, call HCE.
4. Make sure power button will turn unit off and on, then you can adjust liter flow.
5. Check that humidifier is tightly screwed to unit outlet and bubbles are observed in humidifier bottle.
6. Check that oxygen tubing is securely attached to the humidifier bottle and not crimped or pinched off by heavy objects: between furniture, under wheel, etc.
7. Check that oxygen tubing is free of water which may be blocking oxygen flow.
8. Check household circuit breaker or fuse to see if blown. Reset or replace if necessary or use another outlet.

If steps (1) through (8) do not correct the problem, contact Home Care Equipment.

D. PRECAUTIONS

1. Be sure that concentrator is kept in ventilated area, away from heat, direct sunlight, open flames, smoking or combustible materials, or electrical sparks.
2. Use care if concentrator is moved. Avoid dropping or laying machine on side.
3. Never permit grease, oil or other combustible materials to come into contact with oxygen delivery equipment.
4. Do not let the battery charge run completely down.
5. Oxygen equipment is damaged by smoke. Never allow smoking in the same room as oxygen equipment.

AMP/FUSE RATING CONVERSION

Your fuse will either be 15 AMP or 20 AMP. Use the 10 AMP Position on the DC power supply for a 15 AMP vehicle fuse rating and use the 15 AMP position for a 20 AMP or greater vehicle fuse rating.

PORTABLE OXYGEN CONCENTRATOR INSTRUCTION SHEET (Pulse Flow)

Your doctor has ordered oxygen for you to use while at home. Use of oxygen will help to minimize the feeling of breathlessness during exercise or physical exertion.

Use oxygen only at the prescribed liter flow. Treat oxygen as you would other medications. Remember, "More is not necessarily better."

A. EQUIPMENT PREPARATION

1. Be sure unit is secure, away from heat, direct sunlight, open flames, smoking or combustible materials.
2. Plug in power cord to 115 volt household outlet or DC power source.
3. Set flow meter to the prescribed liter flow.
4. Install the oxygen delivery device to the patient (nasal cannula, mask, etc.)
5. After plugging into AC or DC power source, make sure green light is illuminated.

B. MAINTENANCE

1. Check unit filter (check with unit instructions) for cleaning if dusty (once per week). Remove filter, clean in warm water, rinse, allow drying completely before replacing.
2. Replace oxygen delivery equipment (i.e., nasal cannula, mask, etc.) every two weeks, or sooner, if dirty and/or contaminated with secretions.

C. TROUBLESHOOTING/NO FLOW OF OXYGEN

1. Check that power cord is plugged into 115 volt household outlet or DC outlet correctly.
2. Check that outlet has power.
3. Make sure green light is on and power supply is illuminated.
4. Display should indicate that batteries are being charged.
5. Turn unit on. If unit will not turn on and battery indicates full charge, contact provider.
6. During usage, if a single alarm sounds, it indicates patient is not breathing at a normal rate.
7. Check household circuit breaker or fuse to see if blown. Reset or replace if necessary, or use another outlet.

If steps (1) through (7) do not correct the problem, contact Home Care Equipment.

D. PRECAUTIONS

1. Be sure that concentrator is kept in ventilated area, away from heat, direct sunlight, open flames, smoking or combustible materials, or electrical sparks.
2. Use care if concentrator is moved. Avoid dropping or laying machine on side.
3. Never permit grease, oil or other combustible materials to come into contact with oxygen delivery equipment.
4. Oxygen equipment is damaged by smoke. Never allow smoking in the same room as oxygen equipment.

HUMIDIFIER USE

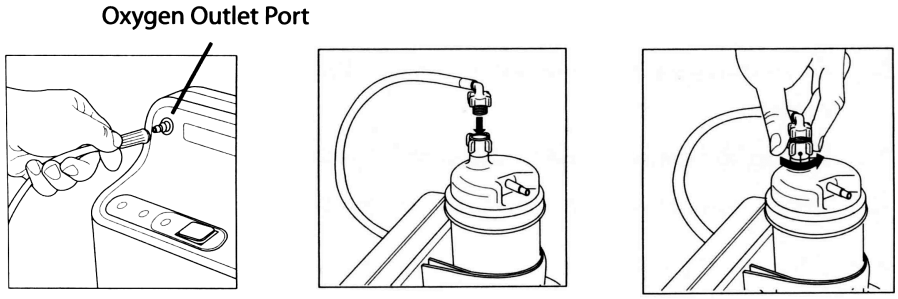
**IF IT IS NECESSARY FOR YOU TO USE A HUMIDIFIER BOTTLE WITH YOUR OXYGEN – YOU SHOULD:

1. Clean every **week** according to respiratory cleaning procedure. (IF THIS IS NOT DONE, YOU MAY EXPERIENCE TROUBLE WITH YOUR CONCENTRATOR.)
2. Replace the bottles every 2 weeks.
3. Fill the humidifier to the fill line with water. Tap water may be used if it is suitable to drink. If not, distilled water should be used. The recipe for sterile water is provided on page 9 if you choose not to purchase distilled water.

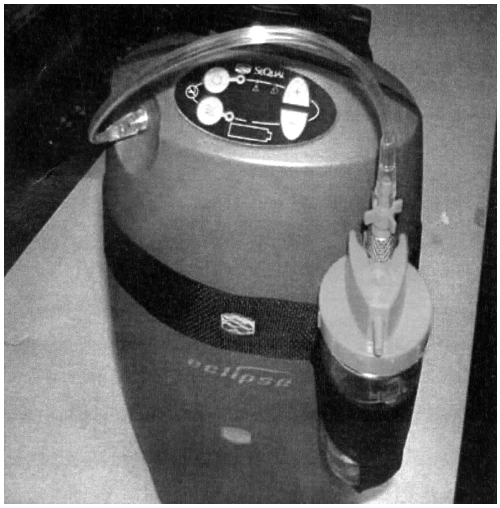
Please see illustrations below for various concentrators.

Humidification is **NOT** available for Evergo portable concentrators.

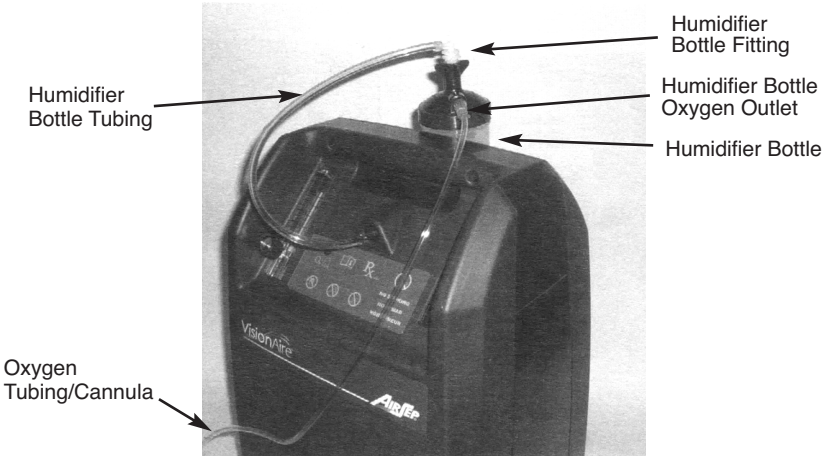
Everflo



Sequal Eclipse



Vision Aire



CONNECTOR USE

–DIRECTIONS FOR USE–

(While holding the center section.) To attach, twist and push on the tubing adapters to the connector. To remove, twist and pull the tubing adaptors.

COMPRESSOR/HIGH HUMIDITY INSTRUCTION SHEET

A. OPERATION

1. Plug air compressor into a 115 volt AC circuit rated at least 10 amps.
2. Attach humidity jar to air compressor.
   a. Jar should be screwed tight enough onto air compressor so that pressure manometer reads between 20-40 p.s.i. If screwed too tight, will cause jar to break.
   b. With oxygen added – the air entrainment dial will be set at the time of set-up to deliver exact oxygen percentage to the patient. This setting should not be changed and all replacement humidity jars should be dialed to the same setting when changing jars.
   c. Without oxygen added – the air entrainment dial controls the flow of air that will reach the patient. The higher the number set on the dial, the lower the flow of air to the patient.
3. Fill humidity jar only with distilled water.
   a. Unscrew bottom of jar from top of humidity jar.
   b. Fill with distilled water to top line of jar.
   c. When water level gets to refill mark, empty remaining water and refill.
4. Bleed-in adapter is attached to humidity jar if oxygen is to be added to the system.
5. Cut 2 -3 foot section of corrugated tubing. Attach one end to humidity jar or bleed-in adapter (if used). The other end of corrugated tubing should be attached to water trap jar.
6. Water trap jar should be placed so that water rain out in corrugated tubing can be collected and removed from system. Water in tubing should never be drained back into the humidity jar.
7. Cut another section of corrugated tubing so that it reaches from the water trap jar to the patient. Corrugated tubing should have some slack in it so that patient can move. Overall length of system from humidity jar to patient should not exceed 10 ft.
8. Attach proper mask or collar to end or corrugated tubing.
9. Turn air compressor on.
10. Attach mask or collar to patient.

B. HEATED HUMIDIFICATION

If your doctor has ordered heated humidification, there are two options: 1) adding a heater to your humidity jar; 2) using an integrated heated humidifier. Your doctor will identify which option best meets your needs.

C. SAFETY

1. Only persons instructed on equipment should be allowed to operate it.
2. NEVER open case of air compressor.
3. Do not use extension cords.
4. Should use grounded outlet/surge protectors.
5. Do not overload the circuit the air compressor is on.
6. Maintain at least 12 inches around the air compressor to ensure proper cooling.
7. Do not place air compressor within 5 feet of radiators, heater, or hot air registers.

D. CLEANING

1. Air compressor external air filter should be washed once a week with water. Outside of air compressor can be wiped off with a damp cloth.
2. Humidity jar, bleed-in adapter, water trap jar and mask or collar should be cleaned every 48 hours according to Equipment Disinfection procedures.
3. Corrugated tubing should be cleaned every 48 hours according to respiratory cleaning procedure.

E. TROUBLESHOOTING

1. Knows 24 hour service phone number and EMS number.
2. Preventative maintenance schedule.
3. Advised to call office if service or supplies needed.
4. Advised against attempts to make adjustments on own.

CLEANING PROCEDURE FOR
RESPIRATORY EQUIPMENT SUPPLIES

TO CLEAN:

1. Disassemble respiratory equipment.
2. Wash all parts in liquid detergent (such as Joy) and warm water.
3. Rinse thoroughly – shake off excess water.
4. Soak all parts in vinegar solution for 20 minutes. (discard solution)
5. Rinse again thoroughly in hot water.
6. Dry on a clean towel.
7. When thoroughly dry, reassemble.
8. Store in clean bag until ready to use.

**Vinegar solution: Add one cup vinegar to three cups water.

DISHWASHER METHOD:

1. Disassemble respiratory equipment.
2. In a clean dishwasher secure all parts and tubes.
3. Select hottest wash cycle.
4. After a wash cycle, lay all parts on a clean towel to dry.
5. Reassemble the dry parts, following manufacturers directions.
6. Place the dry, assembled circuit in a plastic bag for future use.

INSTRUCTIONS FOR MAKING STERILE WATER

A. Here are instructions for making your own sterile water. Many times it will be easier and less expensive for you to prepare it. Remember that bacteria can grow in your solutions unless you are extremely careful. Please follow these instructions exactly as they are written.

1. You need a glass jar with a lid that fits snugly.
2. Thoroughly wash this jar and its lid in detergent, rinse.
3. Place the jar and its lid in the pan and fill with tap water so that the jar is completely submerged. Place a lid on the pan and gently boil the jar for 15 minutes to sterilize it.
4. After you have boiled the jar, pour the tap water out of the pan. (Use the pan lid to prevent the sterilized jar from falling out).
5. After the jar and lid have cooled, remove them from the pan. Place them upright on a clean counter. DO NOT let anything “unsterile” touch the insides of the jar or lid. DO NOT dry them with a towel or place them upside down to drain.
6. Resterilize the jar and lid at least once each week.
7. Pour distilled water (twice the desired amount) into the clean pan used to boil the jar/.
8. Boil gently for 15 minutes. You will have about half the water you started with. Let the water cool and then pour it into the “sterile” jar; cover with the “sterile” lid.
9. Store this in the refrigerator; discard any used solutions at least once a week.
10. To remove any solution from the jar, pour it directly into the humidifier, DO NOT pour any extra solution back into the jar once it has been removed; discard it.

Home Ventilator

Your doctor has ordered a home ventilator for you to use while at home. A ventilator is a machine that supports breathing. Ventilators; get oxygen into the lungs, remove carbon dioxide from the body, help people breathe easier, breathe for people who have lost all ability to breathe on their own. **It is important that the patient be kept on the ventilator using the ventilator settings prescribed by the physician.**

A. Equipment Preparation

1. Be sure unit is secure, and if heated humidifier is used mount lower than the ventilator.
2. Plug in power cord to 115 volt household outlet.
3. Connect bacterial filter (optional) to home ventilator.
4. Connect flex tubing / circuit to the bacterial filter (optional) or directly to ventilator.
5. Connect trach adapter / mask to the flex tubing / circuit.
6. Make sure manual resuscitator is near patient and in good working order.
7. Turn on Heated Humidifier (optional). Temperature should be kept close to body temp (98.6°F or 37°C).
8. Press the power button on ventilator to start therapy.

B. Maintenance

1. Proper hand washing is extremely important before working with any ventilator products or the patient.
2. Completing ventilator monitoring sheet is vital to guarantee proper function and to protect against accidental changes that may occur with controls.
3. Circuit changes or cleaning should be done per manufacturers guidelines. If using flex tubing, replace every three months.

   Circuit change instructions:

   - Wash or disinfect your hands and put on gloves before you begin changing the patient circuit.
   - Place the manual resuscitator at the patient's side.
   - Have clean or new circuit assembled and ready for use.
   - If appropriate, tell the patient you are going to interrupt his ventilation for 1 or 2 breaths.
   - Disconnect the dirty tubing from the ventilator and patient.
   - Ventilate the patient with the manual resuscitator during the tubing change procedure.
   - Connect the clean circuit and test for leaks.
   - Reconnect the patient and ensure proper operation of ventilator and circuit.
   - Observe the patient's chest and pressure manometer during the next inspiration. Both should rise.
   - If the patient is using reusable circuits, clean and disinfect the permanent patient circuit for reuse and discard any disposable items.
   - Remove gloves and wash or disinfect your hand thoroughly to maintain clean conditions.

4. Humidifier chamber should be cleaned and/or changed at the same time as circuit or at least once a week. Humidifier chambers should be filled with distilled or sterile water.

   Humidifier chamber instructions:

   - Wash or disinfect your hands before you begin changing the humidifier chamber.
   - Fill the clean humidifier chamber with distilled or sterile water.
   - Bypass the dirty humidifier by connecting the patient tubing on the humidifier directly to the ventilator.
   - Remove the dirty humidifier chamber and replace it with a clean one.
   - Connect the patient circuit to the clean humidifier.
   - Connect the clean short connective tube to the humidifier inlet.
   - Observe the patient's chest and pressure manometer during the next inspiration. Both should rise.
   - If the ventilator is functioning properly, monitor the ventilator and chart your observations.
   - If the ventilator does not appear to be functioning correctly, ventilate the patient with a manual resuscitator bag until the problem can be corrected.
   - Wash or disinfect your hands thoroughly to maintain clean conditions.

5. (For Invasive Patient Only) A manual resuscitator is a bag and valve device that is used to deliver a volume of air to the patient's lungs. It is used at times when normal mechanical ventilation is either inconvenient or impossible. It is also used to hyperoxyenate or hyperinflate patients following suctioning. The patient valve on the manual resuscitator connects directly onto the patient's tracheostomy tube. By squeezing the bag, air is pushed through the valve and into the patient's lungs. When the bag is released, exhaled air escapes through the patient valve and into the room. Fresh air enters through a check valve and refills the bag. A mask is supplied for use in the event that emergency bag/mask ventilation is required.

   Manual resuscitator instructions:

   - Explain the procedure to the patient.
   - Connect the manual resuscitator to the tracheostomy tube.
   - If the patient breathes on his own, squeeze the bag as he begins to inhale, attempting to synchronize the breaths you are giving the patient with his own breaths. If the patient does not breathe by himself, begin squeezing the bag as soon as it is connected to the tracheostomy tube.
   - Observe the chest while squeezing the bag. Continue to squeeze the bag until the chest rises.
   - Release the bag when an observable rise in the chest has occurred.
   - Repeat this squeeze / release cycle at the same respiratory rate at which the ventilator is set. Allow a 1:2 ratio for moving air in and out of the lungs. Exhalation should always be twice as long as inspiration.
   - Wash or disinfect your hands thoroughly to maintain clean conditions.

   Please note:

   *Oxygen may be added, if prescribed, to the manual resuscitator to provided oxygen to the patient during the suctioning procedure.

   * A face mask should also be available and stored with the manual resuscitator in case the tracheostomy site closes and the patient must be ventilated through the nose.

   * It may be necessary to obstruct the opening from the tracheostomy site.

C. Troubleshooting

Situation 1 – Low pressure alarm sound frequently.
Solution: a) Always check the patient first. b) Ensure that the trach adapter is firmly connected to the trach tube. c) Verify that the patient is properly connected to the ventilator and that all connections are secure. d) Check that the humidifier is securely attached to the ventilator and the circuit. e) Check that the low pressure alarm is at the correct setting. f) Check the cuff of the trach for leaks. g) Check the exhalation valve for leaks. h) If there is any question if the patient is being ventilated, use the manual resuscitator. i) Place patient on backup ventilator, if issue continues call 911.

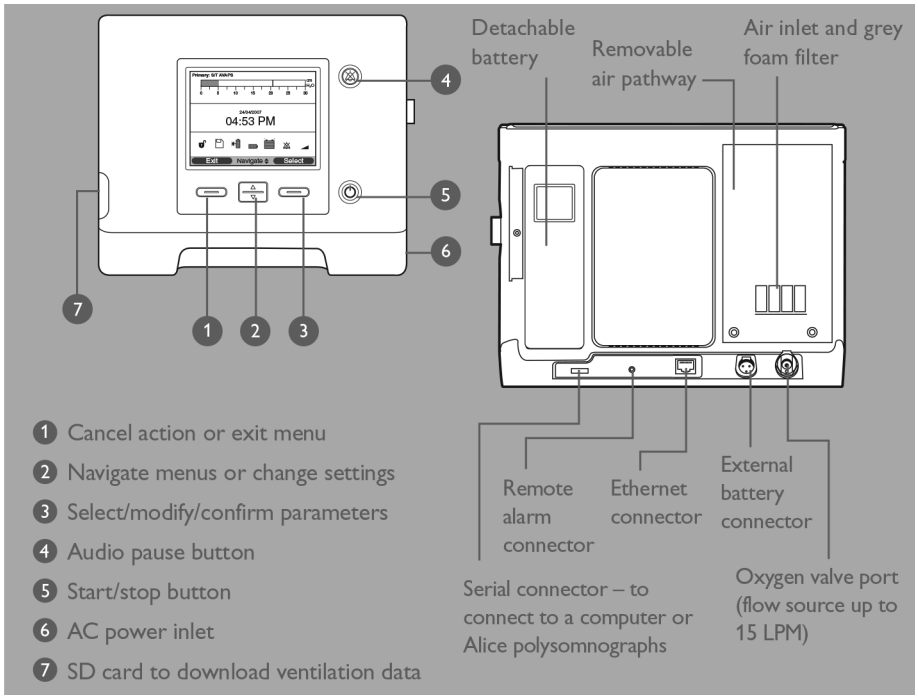
Situation 2 – Patient ventilation pressure has dropped markedly.
Solution: See Situation # 1 solutions.

Situation 3 – High pressure alarm sounds frequently. Note: frequent coughing will initiate the high pressure alarms.
Solution: a) Always check the patient first. b) Check for kinks or crimps in the tubing. c) Suction the patient if needed. d) Check that the high alarm is at the correct setting (not too low). e) Check for and remove any water in the circuit. f) Check the trach tube for obstruction (change the inner cannula). g) Place patient on backup ventilator, if issue continues call 911.

Situation 4 – Low power alarm is sounding.
Solution: The internal battery is running down. Connect the ventilator to a wall circuit or external battery power source. If no other power source is available, remove the patient from the ventilator and ventilate with a manual resuscitation bag. Place patient on backup ventilator, if issue continues call 911.

***PLEASE KEEP BACKUP VENTILATOR PLUGGED IN AT ALL TIMES. THIS WILL ENSURE THAT BATTERIES ARE FULLY CHARGED AND MAINTAINED IN THE EVENT THAT YOU NEED TO UTILIZE.

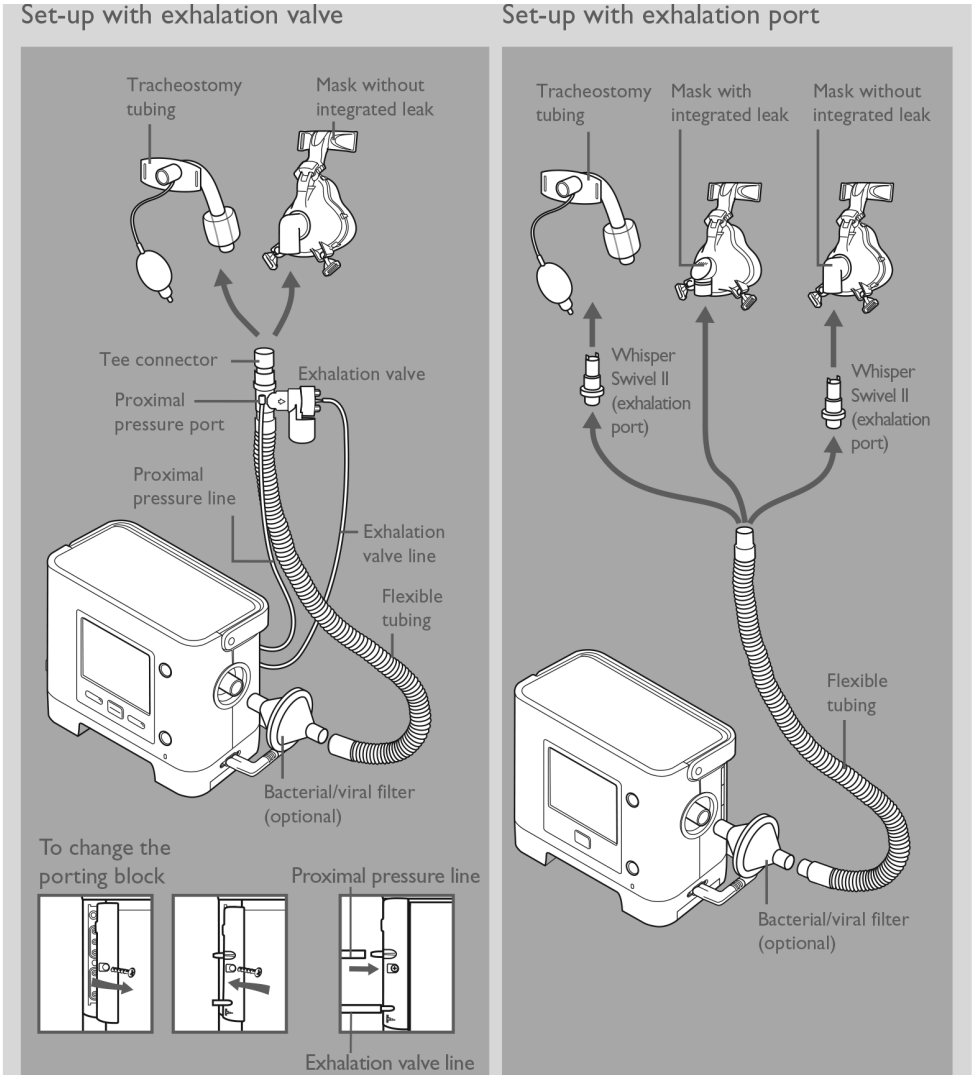
VENTILATOR OVERVIEW



Symbols and icons

- Prescriber environment, full access mode
- SD card inserted in the ventilator
- Audio pause active
- Ramp active
- Status of detachable battery
- Status of internal battery
- Status of external battery
- Battery is charging

CIRCUIT SET-UP



CPAP/BIPAP INSTRUCTION SHEET

Your doctor has ordered CPAP/BIPAP therapy for you to use while you are sleeping, to treat sleep apnea. Sleep apnea is a condition that prevents air from entering your lungs while you are sleeping, this causes you to wake up several times during the night and therefore loss of sleep.

SET-UP

You will receive a brochure on the use of your CPAP/BIPAP machine, refer to it anytime you find it necessary to review the set-up procedure.

A. EQUIPMENT PREPARATION

1. Place machine on a level surface close to where you will be sleeping.
2. Plug machine into a standard 3 prong home outlet.
3. Check air inlet filter to be sure it is in place and free of dust.
4. Connect one end of the tubing airflow outlet at valve site opposite the end of the mask assembly.
5. Place the mask over the nose.
6. The head gear attaches through the slots in the mask plate. Adjust strap tightness to seat mask firmly over nose.
7. Turn the flow generator on and verify a flow of air. There should be a flow of air coming through the hose to the mask.
8. Assure proper fit and adjustment of mask and headgear. Air should not be leaking out around the bridge of the nose or any other skin contact point.
9. You are now ready to sleep with the mask on.

IN THE MORNING:

1. Remove mask from nose by slipping strap off of back of head (Between cleanings, you may leave headstrap connected.)
2. Turn off blower unit.
3. Place mask in plastic bag to keep free of dust.

WEEKLY:

1. Wash and disinfect mask and air inlet filter according to “equipment disinfection procedure.”
2. The headstrap is machine washable.
3. Wipe off all surfaces of the blower unit with a clean, damp cloth.

B. TROUBLESHOOTING:

AIR LEAKS/INADEQUATE FLOW

1. Check that all connections are secure.
2. Check airflow coming from flow generator.
3. Check flow generator inlet filter, ensure air can easily enter unit.

C. PRECAUTIONS

1. Do not use in low humidity environment (less than 40% relative humidity).
   — Additional room humidification may be necessary to correct situation.—
2. Should not use with sinus infection or middle ear infection without your physician’s approval.
3. Irritation of eyes and/or skin may occur.
   — For eye irritation, readjust the mask to prevent leaks.—

DME INSTRUCTION SHEETS

☐ Cane:

1. Set cane so that handgrip is at wrist level.
2. If adjustable cane, push button on lower end of cane and raise or lower. Make sure button "clicks" into place.

Safety: Remove trip hazards from traffic areas. Make sure push-button height adjustment is secure. Use caution on uneven surfaces.

Cleaning: Clean with warm, soapy water and dry thoroughly.

☐ Crutches:

1. Adjust crutch to proper height.
2. Check placement of handgrip.

Safety: Remove trip hazards from traffic areas. Use caution on uneven surfaces.

Cleaning: Clean soiled areas thoroughly with warm, soapy water.

☐ Walker:

1. Adjust walker to proper height by pushing in button on legs and raising or lowering.
2. Hand grips should be at wrist level.
3. To open folding walker, pull each side forward until walker "clicks" into position.
4. To close a folding walker, push tab in center and fold sides inward. (Quick-fold: pull center bar).

Safety: Remove trip hazards from traffic areas. Use caution on uneven surfaces.

Cleaning: Clean soiled areas thoroughly with warm, soapy water.

Trouble Shooting: Make sure button height adjustment is secure and level. Check rubber tips for wear.

☐ Wheelchair:

1. To open chair, push down on seat rails.
2. To fold chair, fold up foot plates and lift upward on seat rail or seat.
3. Push wheel locks against tires to keep chair from moving.

Safety: Casters should be in forward position before transferring. Engage wheel locks before entering or leaving chair. Do not stand on footrests.

Cleaning: Clean soiled area with warm, soapy water and dry thoroughly.

Fully Recline:

1. Pull release and adjust to desired position.
2. Lock into place.

Semi-Recline:

1. Loosen knob and adjust to desired position.
2. Tighten knob.

Swing Away Foot Rest:

1. To raise, pull up leg rest.
2. To lower, disengage release mechanism.

Elevating Leg Rest:

1. Lift up leg rest to remove.

Detachable Arms:

1. Depress arm lock to remove.

Hospital Bed Operation

☐ **Semi-Electric:**

1. Lower side rails by pulling knob at the end of each rail and gently lower.
2. Use hand controller to raise and lower head and knee position.
3. Adjust height of bed with crank. Place crank in crankshaft and turn clockwise to raise and counter-clockwise to lower.

Safety: Lock all wheels with the wheel lever. When you raise side rails, make sure they "click" into position. Electric bed should be plugged into grounded outlets.

Cleaning: Clean soiled areas with warm soapy water and dry thoroughly.

Trouble Shooting: In case of electricity failure, manually crank the bed with the handcrank.

☐ **Patient Lift Operation:**

1. Sling should be centered under individual with lower edge behind knee.
2. Attach the open S-hook into the holes on the back and set (one chain or strap on each side).
3. Move the lift base under the bed.
4. Attach the 9th link of the chains into the end of swivel bar.

To Raise:

1. Turn the release knob all the way to the right.
2. Pump hydraulic handle using steering handle to steady the pump.
3. When the individual is clear of bed, swing the feet off of the bed.
4. Grasp the steering handle and move individual away from bed.

To Lower:

1. Position base of lift around legs of commode or wheelchair.
2. Turn release knob slowly to left or if release button is on hydraulic pump, depress button by pushing handle in slowly.
3. Gently push on individual's knees to guide the descent so correct sitting position can be obtained.
4. Once the individual is seated, you can remove the S-hooks and chains or individual may remain seated on sling.

Cleaning: Clean soiled areas with warm soapy water and dry thoroughly. Sling may be washed in washing machine. Remove S-hooks before washing.

Safety: Be sure S-hooks and chain links or straps are fully hooked. If individual is being transferred to a wheel chair, be sure the brakes are set on wheelchair.

Trapeze:

☐ **Standard:**

1. Attach to headboard of hospital bed.
2. Adjust the height of the trapeze pole.
3. Center the handbar over the patient on the support bar.

Cleaning:

1. Clean soiled areas with warm, soapy water and dry thoroughly.

☐ **Free Standing:**

1. Place trapeze in base.
2. Base may be placed under bed or used at bedside to use for transfer.
3. Adjust height by loosening clamps on bar stem.
4. Adjust positioning of handbar.

Safety:

1. Make sure all wing nuts and clamps are tightened before use.

☐ Over-Bed Table:

1. Pull up lever on stem of table.
2. Adjust height of table.
3. When desired height is obtained, release lever.

Safety:

1. Be sure to release lever at proper height.

Cleaning:

1. Clean soiled areas with warm, soapy water and dry thoroughly.

Bathroom Equipment

☐ Standard Commode:

1. Lift up commode seat.
2. Remove commode pail.
3. Adjust legs.

☐ 3 in 1 Commode:

1. Remove commode pail.
2. Use splash guard over toilet.
3. Adjust legs.

☐ Drop Arm Commode:

1. Lift up commode seat.
2. Remove commode pail.
3. Pull lever and push armrest down and lift back up until it clicks into position.

☐ Tub Chairs or Benches:

1. Adjust height of chair by pushing release button on chair leg and raise or lower. All legs should be level.
2. Place chair in shower or tub. Make sure all legs of chair are touching the base.

Safety:

1. Use caution on wet floors.
2. Remove throw rugs.
3. Make sure all commode legs are level for use.
4. Lock all legs into position.

Cleaning:

1. Empty and rinse commode pail after each use.
2. Clean seat and frame as needed with warm soapy water. Rinse and dry thoroughly.
3. Thoroughly clean pail once a day with disinfectant.

☐ Transfer Bench or Chair:

1. Place chair end in tub facing the shower.
2. Adjust height by pushing release button on legs.
3. Make sure that legs inside tub are level and legs outside tub are level.

☐ Bathtub Safety Rails:

1. Open clamp wider than side of bathtub.
2. Place rail over bathtub wall.
3. Tighten clamp(s) until rail is secure and sturdy.

☐ Toilet Seat:

1. Lift toilet seat.
2. Place seat on toilet bowl with widest part at the back.
3. If clamp type, adjust clamps to desired height and place clamps on bowl.
4. Clamps may be set at same height or with front lower than back.

☐ Toilet Safety Frame:

1. Remove toilet seat.
2. Align the toilet safety frame plate with the seat holes.
3. Replace the seat, tighten the wing nuts so that the seat is over the toilet safety frame.
4. Adjust safety frame height by pushing release button and raising or lowering.

GOOD HEALTH HABITS

- **AVOID CLOSE CONTACT.**

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

- **STAY HOME WHEN YOU ARE SICK**

If possible, stay home from work, school, and errands when you are sick. You will help prevent others from catching your illness.

- **COVER YOUR MOUTH AND NOSE.**

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. You may also use the bend of your elbow, if no tissue is available. Wash or disinfect hands immediately.

- **AVOID TOUCHING YOUR EYES, NOSE OR MOUTH.**

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.

STOP THE SPREAD OF GERMS

Healthy habits can protect everyone from getting germs or spreading germs at home, work, or school.

- **CLEAN AND DISINFECT SURFACES OR OBJECTS.**

Cleaning and disinfecting surfaces and objects that may be contaminated with germs like the flu can help slow the spread of influenza.

HOW TO WASH YOUR HANDS

SOAP AND WATER

- Use bar, liquid or foam soap and running water at a comfortable temperature. Work up lather and use friction. Wash between your fingers and on both sides of your hands. You should wash your hands for at least 15 seconds.
- Use plenty of running water so that no soap remains on your hands. Residual soap my cause skin irritation, dermatitis and chapping.
- Dry your hands well with a paper towel and to turn off the faucet.
- If your hands are chapped or you have dermatitis, evaluate your hand washing techniques.
- Always wash your hands with soap and water if it is available. This is the most effective way to wash away infectious organisms.
- The most important function of hand washing is to remove infectious organisms. No single hand washing product kills all disease-causing organisms. Physical removal, simply washing soil and organisms down the drain, is the most effective practice.
- Do not use other chemicals such as alcohol or bleach to wash your hands. They may damage your skin and cause open or chapped areas that are more easily infected.

HAND RUB

- If you are at a patient's home, use an appropriate antiseptic alcohol-based rub before and after each visit. When using an alcohol-based hand rub, thoroughly apply product to palm of one hand and rub hands together, covering all surface of hands and fingers, until hands are dry. Do not use a towel to dry your hands. Note that the volume needed to reduce the number of bacteria on hands varies by product.

EMERGENCY PREPAREDNESS OUTLINE

The next time disaster strikes you may not have much time to act. Prepare now for a sudden emergency. This checklist will help you get started.

- **Call your Emergency Management Office or American Red Cross Chapter.**
- **Ask how you would be warned of an emergency.**
- **Learn your community's evacuation routes.**
- **Ask about special assistance for elderly or disabled persons.**
- **Create an emergency plan. (see page 4)**
- **Discuss how to respond to each disaster that could occur.**
- **Discuss what to do about power outages and personal injuries.**
- **Post emergency telephone numbers near telephones.**
- **Prepare a disaster supplies kit of supplies you might need in an evacuation. Store them in an easy-to-carry container, such as a backpack or duffel bag.**
  Include:
  - A supply of water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
  - A supply of non-perishable packaged or canned food and a non-electric can opener.
  - A change of clothing, rain gear, and sturdy shoes.
  - Blankets or sleeping bags.
  - A first aid kit and prescription medications.
  - An extra pair of glasses.
  - A battery-powered radio, flashlight, and plenty of extra batteries.
  - Credit cards and cash.
  - An extra set of car keys.
  - A list of family physicians.
  - A list of important family information; the style and serial number of medical devices, such as pacemakers.
  - Special items for infants, elderly, or disabled family members.
- **Escape Plan:**
  - In a fire or other emergency, you may need to evacuate your house, apartment, or mobile home on a moment's notice. You should be ready to get out fast.
  - Listen to a battery-powered radio for the location of emergency shelters and follow instructions of local officials including travel routes.
  - Wear protective clothing and sturdy shoes.
  - Take your disaster supplies kit.
  - Lock your home.
- **If you are sure you have time:**
  - Shut off water, gas, and electricity if instructed to do so.
  - Let others know when you left and where you are going.
  - Make arrangements for pets. Animals are not allowed in public shelters.
- **Prepare an emergency care kit:**
  - Battery powered radio and extra batteries.
  - Flashlight and extra batteries.
  - Blanket
  - Booster cables.
  - Fire extinguisher (5 lb., A-B-C type).
  - First aid kit and manual.
  - Bottled water and non-perishable high energy foods, such as granola bars, raisins and peanut butter.
  - Maps.
  - Shovel.
  - Tire repair kit and pump.
  - Flares.
- **Fire Safety:**
  - Plan two escape routes out of each room.
  - Teach family members to stay low to the ground when escaping from a fire.
  - Teach family members never to open doors that are hot. In a fire, feel the bottom of the door with the palm of your hand, if it is hot, do not open the door. Find another way out.
  - Install smoke detectors. Clean and test smoke detectors once a month.
  - Change batteries at least once a year.
  - Keep a whistle in each bedroom to awaken household members in case of fire.
  - Check electrical outlets. Do not overload outlets
  - Have a collapsible ladder on each upper floor of your home.

Health Information Privacy Practices

Purpose Effective/Updated Date 11/19/13

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Home Care Equipment believes that the information we gather about you is of a very private nature and we are dedicated to keeping this information confidential. The records we create in providing you with care are by law kept confidential. We are also required to inform you of our policies concerning the use and storage of your personal health information.

Home Care Equipment maintains the right to update our Privacy Notice. Your personal health information will always be maintained by our current policies designated in our current Privacy Notice. A full copy is available at www.hhs.gov/ocr/privacy. If you have any comments, questions or would like a complete copy of our Privacy Notice, you may call Home Care Equipment 1-800-457-4131.

Privacy Policy

The following describes the manner in which we will use and disclose your personal health information:

1. We may collect and share appropriate information about you to document the medical necessity of the equipment, supplies or services we are providing. Examples include diagnosis, prescription, referral and physician or health care provider information.
2. We may share appropriate information about you to bill and collect payment for the health care we provide, including insurance companies and third parties, which includes family members or other financially responsible parties you have informed us of. Examples include insurance coverage and eligibility verification.
3. We may use and disclose information to monitor and operate our business. Examples include satisfaction surveys, health care outcomes and utilization reporting, accreditation bodies, reports provided to any federal state or local authority (as required by law), or to remind you of equipment, supplies or service needs.
4. We may release appropriate information about you to family or friends that are helping you with the financial responsibilities incurred while receiving equipment, supplies or services from us.
5. We may use and disclose information about you to respond to a court or legal authoritative body that legally requests information about you. Examples include providing documents for legal subpoenas or discovery proceedings and our staff testifying about the care we have provided.

The following describes **your** rights to the information we maintain about **you**:

1. You have the right to direct the use of your personal health information at any of our locations.
2. You have the right to terminate or revise your authorizations or consents that pertain to our use of your personal health information, and have those terminations or revisions affect any new equipment, supply, or service provisions. We are not required to accept your terms. If we do accept your restrictions, we will honor your specifications, except where prohibited by law. All requests must be in written form.
3. You have the right to request a copy of your personal health information as long as any federal, state or local law does not prohibit it. This request must be in writing. There is a charge for copying, producing and delivering your information.
4. You have the right to request, in writing, a revision to your personal health information. Revision requests will be evaluated on an individual basis and amended, if appropriate. At no time will a revision be made that may erroneously record the personal health information stored by us. Your written request must detail the requested revision and the reasons for the modification. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.
5. You have the right to request an accounting of *non-routine disclosures* we have made with your personal health information. You can receive one free accounting in a twelve-month period. We will charge for any accounting services that exceed one per twelve months. You must agree to this charge before we will provide any accounting of services. These requests cover dates of service on or after April 14th, 2003.
6. You have the right to file a complaint about our use of your personal health information with us or the Secretary of the Department of Health and Human Services.