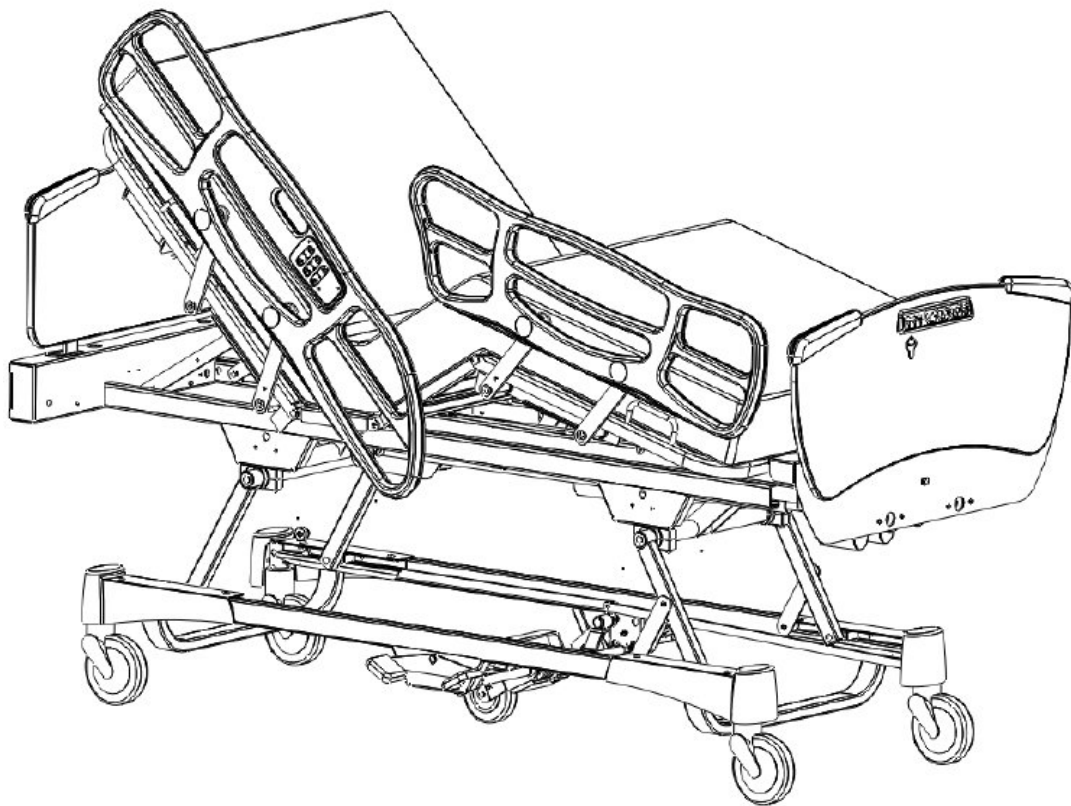


**The GO BED™**  
**ELECTRIC ACUTE CARE BED**  
Product Number: FL17E  
Product Number for the United States: 2500



**GO BED™**

**TECHNICAL ASSISTANCE AND PARTS**

1 800 428-5025 (Service in English in Canada)

1 800 361-2040 (Service in French in Canada)

1 800 327-0770 (In United States)

E-mail (Canada): [service@bertec.strykercorp.com](mailto:service@bertec.strykercorp.com)

Manufactured by Stryker Bertec Medical Inc

December 2000  
72-0171 R1.0  
Printed in Canada



# TABLE OF CONTENTS

<b>1. INTRODUCTION.....</b>	<b>5</b>
1.1 BED SPECIFICATIONS .....	5
1.2 TECHNICAL SUPPORT .....	5
1.3 WARNING / CAUTION / NOTE DEFINITIONS .....	6
1.4 SAFETY TIPS AND GUIDELINES .....	6
1.5 WARRANTY .....	8
Limited Warranty.....	8
To Obtain Service and/or Parts .....	8
Return Authorization .....	8
Damaged Merchandise.....	8
1.6 BED CLEANING AND MATTRESS CARE.....	8
Cleaning Beds.....	8
Bed Mattress Care.....	9
1.7 BED POSITION PICTOGRAMS .....	9
1.8 BED ILLUSTRATION.....	10
<b>2. BED OPERATION GUIDE.....</b>	<b>11</b>
2.1 SWITCHING ON POWER (ON/OFF SWITCH).....	11
2.2 APPLYING THE BRAKE .....	11
2.3 MOVING THE BED.....	11
Steer Pedal Operation .....	12
Moving the Bed in a Straight Line.....	12
Moving the Bed in All Direction (Full Mobility) .....	12
2.4 FOLEY BAG HOOK USAGE .....	12
2.5 FOOT PROP USAGE .....	13
2.6 FRACTURE FRAME USAGE .....	13
2.7 PATIENT RESTRAINT STRAP LOCATIONS .....	13
2.8 CPR EMERGENCY RELEASE (OPTIONAL) USAGE .....	13
2.9 NIGHT LIGHT (OPTIONAL) USAGE.....	14
2.10 NURSE CALL (OPTIONAL) USAGE.....	14
2.11 120V AUXILIARY POWER OUTLET USAGE .....	14
2.12 POSITIONING SIDE-RAILS .....	14
2.13 HEAD AND FOOT BOARDS .....	15
Removing Boards .....	15
Replacing Boards .....	15
Fixing Boards Permanently.....	15
2.14 SIDE-RAIL FUNCTION GUIDE .....	16
2.15 FOOT BOARD CONTROL PANEL GUIDE .....	17
Lock-out Switches.....	17
Fowler Control Switches .....	17
Knee Gatch Control Switches.....	17
Hi-Lo Switches .....	18
Trendelenburg Switch.....	18
Auto Contour (optional equipment) Pictogram .....	18

<b>3. ACCESSORIES .....</b>	<b>19</b>
3.1 IV POLE .....	19
Installing the Permanently Attached I. V. Pole .....	19
3.2 PENDANT CONTROL USAGE .....	20
Installing a Pendant Control.....	20
3.3 PATIENT HELPER SYSTEM USAGE .....	21
Installation of the Patient Helper System.....	21
3.4 MATTRESS SUPPORT EXTENSION USAGE .....	22
Installing the Mattress Support and Mattress Extensions.....	22
3.5 BED CRADDLER USAGE.....	23
Installing a Bed Cradle.....	23
3.6 TRANSPORTATION CART OPERATION.....	23
Installing the Transportation Cart.....	23
3.7 FLIP TYPE BED SHELF USAGE .....	24
Installing the Shelf on the Bed .....	24
Storing the shelf .....	24
3.8 OXYGEN BOTTLE HOLDER USAGE .....	25
Installing the Oxygen Bottle Holder .....	25
3.9 SIDE-RAIL PAD USAGE .....	25
Installing the Side-rail Pads .....	25
3.10 CHART HOLDER USAGE .....	26
3.11 EMERGENCY CRANK USAGE .....	26
Manual Operation of the Bed.....	26

**NOTE**

Stryker Bertec gives special attention to the quality of the information found in this document. Any comments on its content will be most welcomed. Please forward your remarks to our Technical Service department (see section 1.2).

## 1. INTRODUCTION

This operations manual is designed to assist you with the operation of the GO BED. Before operating the bed, it is important to read and understand all information in this guide. Hospital staff should be able to refer to this guide at all time when using the bed.

A maintenance guide, included in the Customer's Guide, is also available to assist you with the servicing of the bed.

This operations manual is an integral part of the bed and should be turned over to the new user should the bed be sold or transferred.

### 1.1 BED SPECIFICATIONS \*

Maximum Weight Capacity	500 lb including 100 lb of boards and accessories 227 kg including 45.5 kg of boards and accessories
Overall Bed Length/Width - Steel Side-rails	93" x 41 9/16" (steel side-rails up) 93" x 38 3/8" (steel side-rails down) 236.2 cm x 105.5 cm (steel side-rails up) 236.2 cm x 97.5 cm (steel side-rails down)
Overall Bed Length/Width - Plastic Side-rails	93" x 42 9/16" (plastic side-rails up) 93" x 38 3/4" (plastic side-rails down) 236.2 cm x 108.1 cm (plastic side-rails up) 236.2 cm x 98.4 cm (plastic side-rails down)
Overall Weight (w/o boards and accessories)	385 lb - 175 kg
Patient Sleeping Surface	35" x 80" extendable to 82" - 84" 89 cm x 203 cm extendable to 208 - 213 cm
Minimum/Maximum Bed Height	14" to 29" - 35.5 cm to 74.7 cm
Sound Level	< 58 dBa
Fowler Angle	0° to 65°
Knee Gatch w/o Contour Positioning	0° to 32°
Knee Gatch w/Contour Positioning	0° to 24°
Trendelenburg/Reverse Trendelenburg	-14° to +14°
Electrical Requirements - All electrical requirements meet the CSA standard C22.2 No 125 and UL 544 specifications for Class 2G	100 VAC, 50-60 Hz, 7.5 A 120 VAC, 50-60 Hz, 9.8 A w/o outlet 120 VAC, 50-60 Hz, 14.8 A w/outlet 200 VAC, 50-60Hz, 3.2 A 220 VAC, 50-60 Hz, 2.9 A 240 VAC, 50-60 Hz, 2.7 A

\* Stryker Bertec Medical affords special attention to product improvement and reserve the right to change specifications without notice.

### 1.2 TECHNICAL SUPPORT

For questions regarding this product, contact one of the following Technical Service departments or your local representative:

#### In Canada:

Stryker Bertec Medical Inc  
Service in English: 1 800 428-5025  
Service in French: 1 800 361-2040  
E-mail (Canada): [service@bertec.strykercorp.com](mailto:service@bertec.strykercorp.com)  
70, 5<sup>th</sup> Avenue, P.O. Box 128  
L'Islet (Québec), G0R 2C0, Canada

#### In the United States:

Stryker Medical  
1 800 327-0770  
6300, Sprinkle Road  
Kalamazoo, MI 49001-9799  
USA

### 1.3 WARNING / CAUTION / NOTE DEFINITIONS

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

---



#### **WARNING**

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

---



#### **CAUTION**

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

#### **NOTE**

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

---

### 1.4 SAFETY TIPS AND GUIDELINES

The following is a list of safety precautions that must be observed when operating or servicing the GO BED. They are repeated throughout the guide, where applicable. Carefully read and strictly follow them before operating or servicing this unit.

---



#### **WARNING**

- The GO BED is not intended for pediatric use.
- It is important that all users have been trained and educated on the inherent hazards associated with the use of manual and electric beds. Bed mechanisms can cause serious injury to the patient or user. Operate bed only when all people are clear of the mechanisms.
- This bed is equipped with a hospital grade plug for protection against shock hazard. It must be plugged directly into a properly grounded receptacle. Grounding reliability can be achieved only when a hospital grade receptacle is used.
- Possible fire hazard exists when this bed is used with oxygen administering equipment other than nasal, mask type or half bed-length tent type. It is recommended to disconnect the bed in such circumstances. When using a half bed-length tent type, ensure the side-rails are outside the oxygen tent and oxygen tent should not extend below the mattress support level.
- Always keep the caster brakes applied when a patient is on the bed (except during transport). Serious injury could result if the bed moves while a patient is getting in or out of bed. After the brake pedal is applied, push on the bed to ensure the wheels are locked.
- To help reduce the number and severity of falls by patients, always leave the bed in the lowest position and side-rails fully up when the patient is unattended. After raising a side-rail, pull firmly on the side-rail to ensure it is securely locked into position.
- Always keep side-rails in the fully raised position and the sleeping surface horizontal in its lowest position when the patient is sleeping unless the patient's medical conditions dictates otherwise. If the sleeping surface is not in a horizontal position and the bed is equipped with half-length side-rails, it is strongly recommended that only the head side-rails be kept in their highest position and the foot side-rails be stored on the side of the bed to avoid the risks of a patient becoming caught between the two side-rail sections.

- Side-rails, with or without their padded covers or nets, are not intended to serve as restraint devices to keep patient from exiting the bed. Side-rails are designed to keep a patient from inadvertently rolling off the bed. It is the responsibility of the attending medical personnel to determine the degree of restraint necessary to ensure a patient will remain safely in bed. Failure to utilize the side-rails properly could result in serious patient injury.
  - When a patient's condition requires greater safety measures for his security, use the lock-out switches in the foot board control panel to deactivate the side-rail or pendant control commands and install protective pads on the side-rails.
  - When the sleeping surface sections are articulated, ensure that all spaces created by the raised side-rails are clear in order to avoid the patient's limb becoming trapped between side-rails or between side-rails and boards.
  - When moving the bed with a patient in it, ensure that the bed is in the lowest position with side-rails fully raised and securely locked in order to reduce risks of injuries to the patient.
  - Do not attempt to move the bed directly sideways with the 5th wheel activated. The 5th wheel can not pivot. Attempting to do so may cause injury to the patient or user.
  - The instant CPR release is for emergency use only. When activating the CPR release, all people and equipment must be removed from the area below and around the head and foot sections of the bed or serious personal injury or damage to equipment could occur.
  - When large fluid spills occur in the area of the circuit board, cables and motors, immediately unplug the bed. Remove the patient from the bed and clean up the fluid. Have maintenance completely check the bed. Fluids can have an adverse effect on operational capabilities of any electrical product. **DO NOT** put the bed back into service until it is completely dried and has been thoroughly tested for safe operation.
  - Do not steam clean, hose off or ultrasonically clean the bed. Do not immerse any part of the bed. The internal electrical parts may be damaged by exposure to water. Hand wash regularly all surfaces of the bed with warm water and a mild detergent. Wipe cleaned surfaces dry to avoid build up of cleaning substance. Inspect the mattress after each use. Discontinue use if any cracks or rips are found in the mattress cover which may allow fluid to enter the mattress. Failure to properly clean mattress or dispose of defective mattress will increase the risk of exposure to pathogenic substances which may cause injury to the patient or user.
  - Always unplug the bed power cord from the wall outlet when cleaning or servicing the bed. When working under the bed with the bed in the high position, always place blocks under the frame and lock the casters to prevent injury in case the "Bed Down" switch is accidentally pressed.
  - When using the emergency crank during a power failure, unplug the power cord from the wall receptacle so that unexpected resumption of power will not rotate handle. Remove and store the crank before reconnecting the bed.
- 

**CAUTION**

---

- Ensure that any bed malfunction is promptly reported to service personnel for immediate attention. Preventive maintenance should be performed periodically to ensure all bed features are functioning properly.
  - Never move the bed using the raised side-rails nor hit the side-rails against any object found in the room, for example: other furniture, walls, door frame, etc. Damage to the equipment could result from such actions. Use the push/pull handles integrated on the head and foot boards to move the bed, they provide a solid grip when moving the bed.
-

## 1.5 WARRANTY

### Limited Warranty

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

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

### To Obtain Service and/or Parts

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

### Return Authorization

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

### Damaged Merchandise

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

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

## 1.6 BED CLEANING AND MATTRESS CARE

---



### **CAUTION**

---

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

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

### Cleaning Beds

- Hand wash all surfaces of the bed with a soft cloth moistened with a solution of lukewarm water and a mild detergent.
- Wipe the bed clean and dry thoroughly to avoid build up of cleaning solution.



**Mattress Care****WARNING**

Failure to properly clean mattress or dispose of them if defective will increase the risk of exposure to pathogenic substances which may cause injury to the patient or user.

**Inspection**

- Implement local policies to address regular care, maintenance, and cleaning of mattresses and covers. The cover cleaning and sterilization procedures can be found below and on the bed label.
- Inspect mattress cover surface (also zip fasteners and cover inner surface if mattresses have zip fasteners) regularly for signs of damage. If the mattress cover is stained, soiled, or torn, examine the mattress, and seek instructions from the infection control nurses, as the mattress may harbour micro-organisms. If the mattress is wet or badly stained, withdraw the mattress from service.
- Seek the advice of infection control nurse in case of heavy soiling or infection, as general cleaning procedures are unlikely to be adequate.

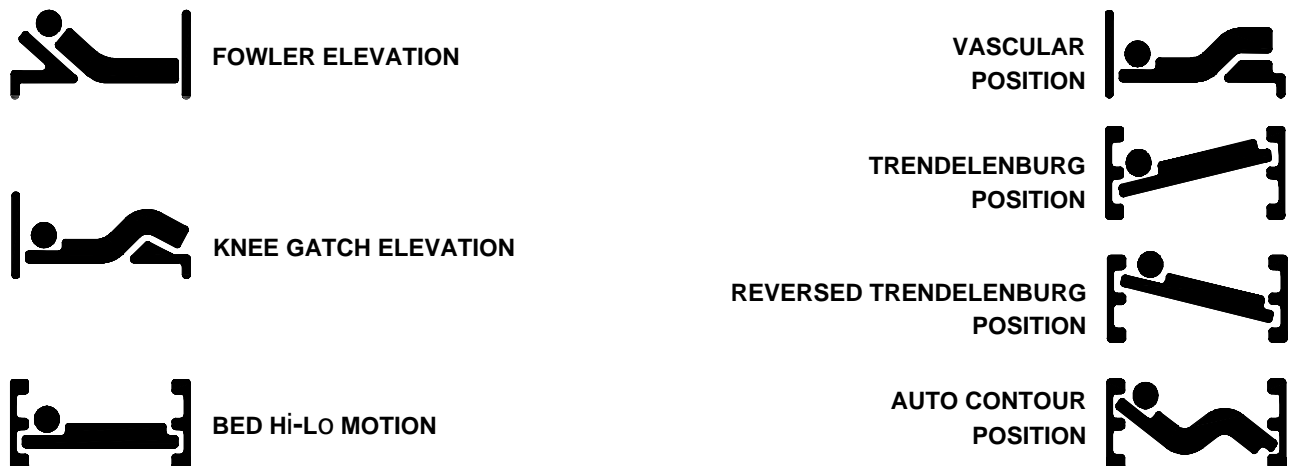
**Cleaning and Sterilization**

- Stains:  
Wash with lukewarm water using a mild detergent. Rinse with water and let dry.
- Tough stains and sterilization:  
Use bleach diluted with ten parts of water.

**1.7 BED POSITION PICTOGRAMS**

The following pictograms illustrate the GO BED basic positions.

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



**Figure 1.7**

1.8 BED ILLUSTRATION (Bed may differ from illustration)

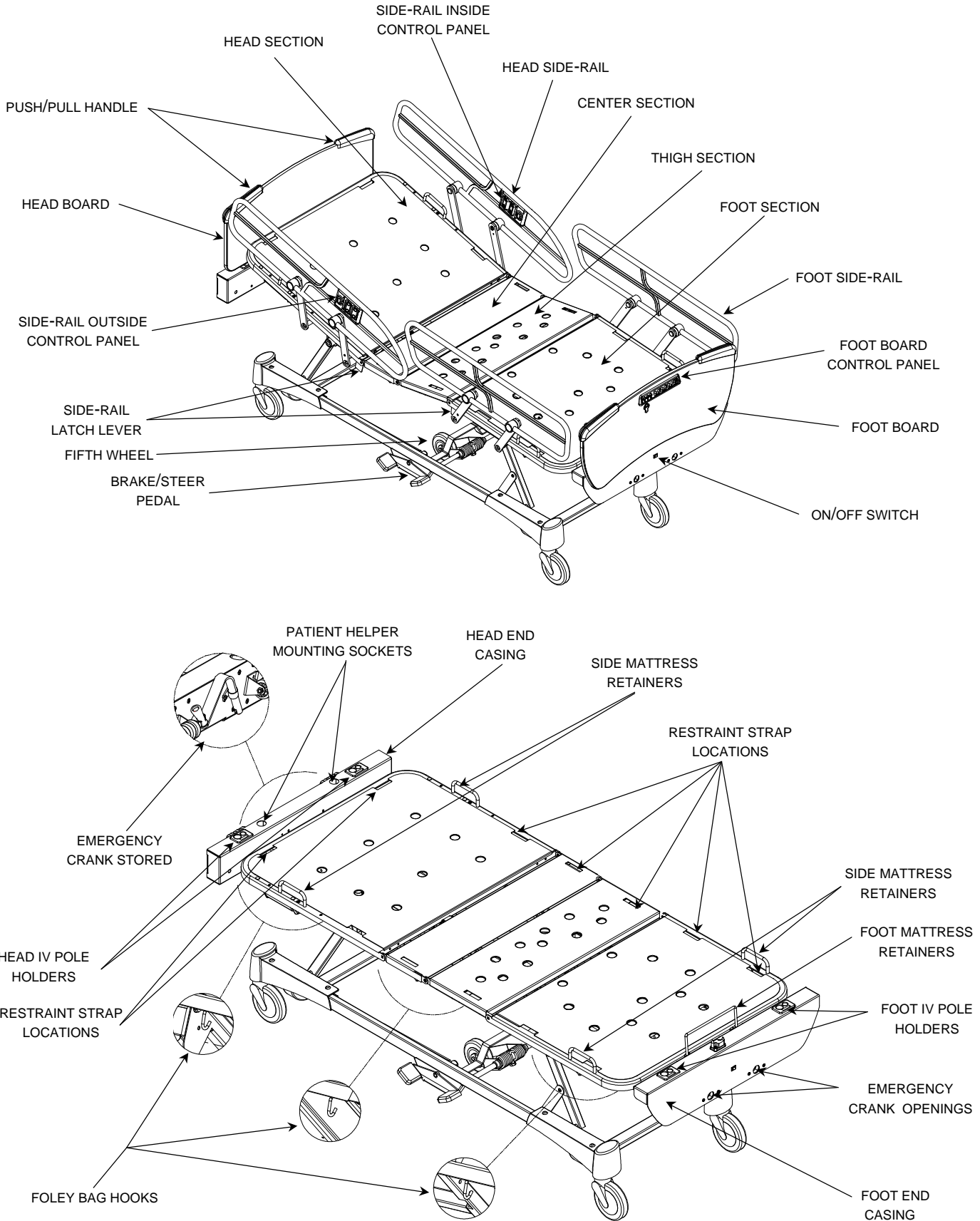


Figure 1.8

## 2. BED OPERATION GUIDE

Features qualified as "Optional Equipment" are described throughout this chapter. They are factory installed.

### NOTE

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

### 2.1 SWITCHING ON POWER (ON/OFF SWITCH)

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

### 2.2 APPLYING THE BRAKE

The GO BED is equipped with a central locking system activated by a brake/steer pedal (see section 1.8, "Bed Illustration") located at the midpoint of the bed on both sides.



#### WARNING

Always keep the caster brakes applied when a patient is on the bed (except during transport). Serious injury could result if the bed moves while a patient is getting in or out of bed. After the brake pedal is applied, push on the bed to ensure the wheels are locked.

#### Brake Pedal Operation

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

To disengage wheel brakes, press the brake/steer pedal opposite green "AXIAL STEER" side until pedal reaches the neutral position (horizontal position).

### 2.3 MOVING THE BED

The GO BED is equipped with a 5th wheel steer mechanism (see section 1.8, "Bed Illustration") activated by a brake/steer pedal located at midpoint of the bed on both sides.

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



#### WARNING

When moving the bed with a patient in it, ensure that the bed is in the lowest position with side-rails fully raised and securely locked in order to reduce risks of injuries to the patient.



#### CAUTION

Never move the bed using the raised side-rails nor hit the side-rails against any object found in the room, for example: other furniture, walls, door frame, etc. Damage to the equipment could result from such actions. Use the push/pull handles integrated on the head and foot boards to move the bed, they provide a solid grip when moving the bed.

### **Steer Pedal Operation**

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

To disengage 5th wheel, press the red "TOTAL BRAKE" side of the brake/steer pedal until pedal reaches the neutral position (horizontal position).

### **Moving the Bed in a Straight Line**

---



#### **WARNING**

Do not attempt to move the GO BED directly sideways with the 5th wheel activated. The 5th wheel cannot pivot. Attempting to do so may cause injury to the patient or user.

---

1. Unplug power cord from wall outlet and roll it around the head end bumpers.
2. Lower the bed to its minimum height and raise side-rails. Ensure they are properly locked in the up position.
3. Press the green "AXIAL STEER" side of the brake/steer pedal fully down to disengage brakes and engage the 5th wheel.
4. Once the bed is moved, press the red "TOTAL BRAKE" side of the brake/pedal fully down to engage the wheel brakes. Ensure the bed is immobilized by pushing on it.
5. Plug power cord back into wall outlet.

### **Moving the Bed in All Directions (Full Mobility)**

1. Unplug power cord from wall outlet and roll it around the head end bumpers.
2. Lower the bed to its minimum height and raise side-rails. Ensure they are properly locked in the up position.
3. Press the green "AXIAL STEER" side of the brake/steer pedal to disengage the wheel brakes and stop when pedal reaches the neutral position (the 5th wheel must not be engaged).
4. Once the bed is moved, press the red "TOTAL BRAKE" side of the brake/steer pedal fully down and engage the brakes. Ensure the bed is immobilized by pushing on it.
5. Plug power cord back into wall outlet.

## **2.4 FOLEY BAG HOOK USAGE**

Foley bag hooks (see section 1.8, "Bed Illustration") are found at three locations on both sides of the bed, under the edges of the mattress support head, seat and foot sections.

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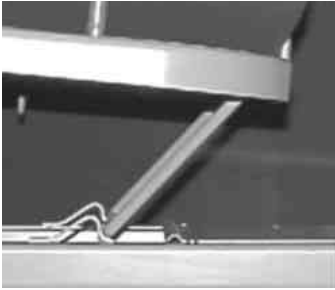


#### **CAUTION**

The Foley bag hooks move when the Fowler is raised or lowered. Fowler motion must be locked out when using these hooks to avoid inadvertent movement of the hooks.

---

## 2.5 FOOT PROP USAGE



A foot prop rod, integrated to the foot section is automatically engaged when the Knee Gatch is raised. This foot prop maintains the foot section nearly horizontal as the Knee Gatch raises thus positioning the sleeping surface into the vascular position (see section 1.7, "Bed Positions").

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



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

## 2.6 FRACTURE FRAME USAGE

A standard fracture frame can be mounted on the bed using the IV sockets (see section 1.8, "Bed Illustration") located on all four corners of the bed. The GO BED IV pole sockets enable the use of IV poles in conjunction with a fracture frame.

## 2.7 PATIENT RESTRAINT STRAP LOCATIONS

The GO BED is equipped with 12 separate locations for installing patient restraint straps. Ten of them are located on the mattress support edges directly across from each other whereas the remaining two are located on the top part of the head section, parallel to the head board (see section 1.8, "Bed Illustration").

## 2.8 CPR EMERGENCY RELEASE (OPTIONAL) USAGE



### WARNING

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



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

### NOTE

Once the instant CPR release is activated, the bed electrical functions are not available for a few seconds, the time needed for the system to reset itself.

## 2.9 NIGHT LIGHT (OPTIONAL) USAGE

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

## 2.10 NURSE CALL (OPTIONAL) USAGE

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

The Nurse Call module is integrated to both siderail panel controls, next to the control switches (see section 2.14, page 17).

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

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

## 2.11 120V AUXILIARY POWER OUTLET USAGE (Available Only with 120V Bed)



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

## 2.12 POSITIONING SIDE-RAILS



### WARNING

To help reduce the number and severity of falls by patients, always leave the bed in the lowest position and side-rails fully up when the patient is unattended. After raising a side-rail, pull firmly on the side-rail to ensure it is securely locked into position.

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

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

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

To **disengage** a side-rail, lift it up slightly, push in the latch lever located under the sleeping surface (see section 1.8, "Bed Illustration") and hold it as it rotates down to low position. Push the side-rail against the sleeping surface to store it.

### NOTE

When both head and Gatch sections are raised, lower the **head** side-rail before lowering or raising the **foot** side-rail, otherwise the raised head side-rail will impede the positioning of the foot side-rail.

## 2.13 HEAD AND FOOT BOARDS

The GO BED has socket-type bed end mountings. The head board and the foot board slide down into two mounting sockets located at each end of the bed. Both boards can be fixed permanently. Two push/pull moulded handles are integrated on each board to provide a solid grip when moving the bed.

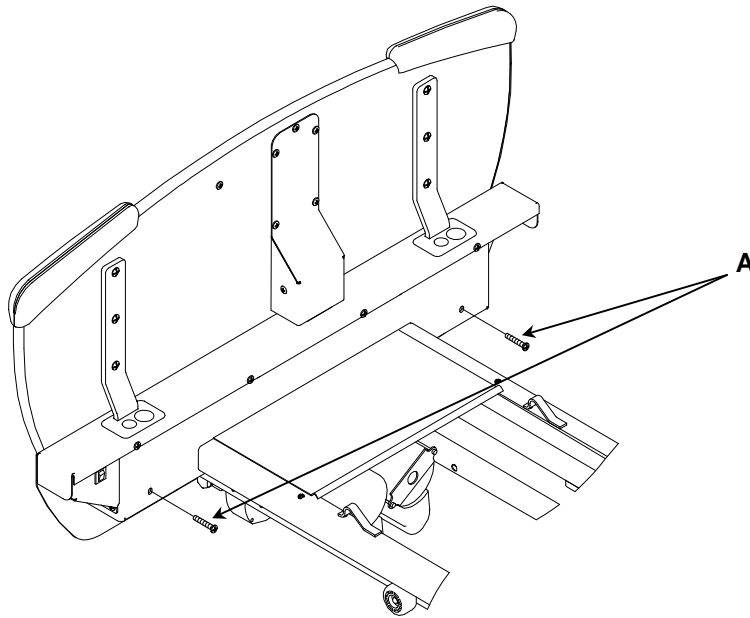
### **Removing Boards**

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

### **Replacing Boards**

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

Foot board: Insert board with posts facing the inner side of the bed.



**Figure 2.14**

### **NOTE**

If the foot board is to be removed but the bed electric functions have to remain available. Make sure that the side-rail controls are accessible by activating all three lock-out switches before removing the foot board (green LED will go on indicating that the functions are available to side-rail controls).

### **Fixing Boards Permanently**

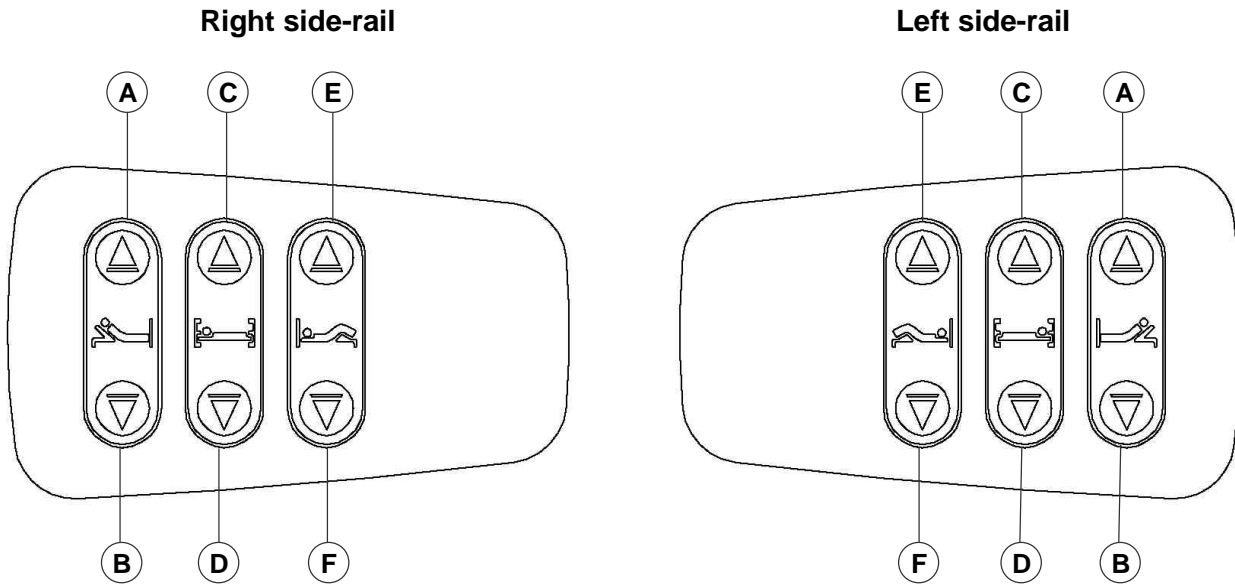
Boards can be fixed permanently to the mounting sockets by simply inserting 1/4-20 UNC x 2" full-threaded mechanic screws (**A**) in factory installed nuts reachable through holes located on the inner sides of the foot end and head end cases.

**2.14 SIDE-RAIL FUNCTION GUIDE**

**NOTE**

Side-rail control panel may differ in shape depending on the type of side-rail equipping the bed.

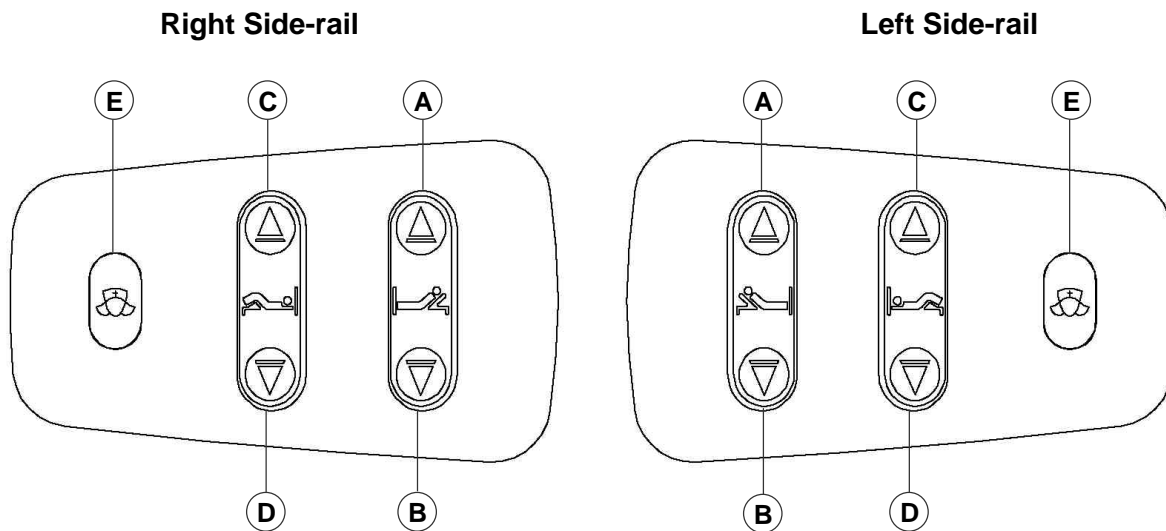
**OUTER CONTROL PANEL**



**Figure 2.13A**

- A:** Push to raise Fowler.      **C:** Push to raise sleeping surface      **E:** Push to raise Knee Gatch
- B:** Push to lower Fowler.      **D:** Push to lower sleeping surface      **F:** Push to lower Kne Gatch

**INNER CONTROL PANEL**

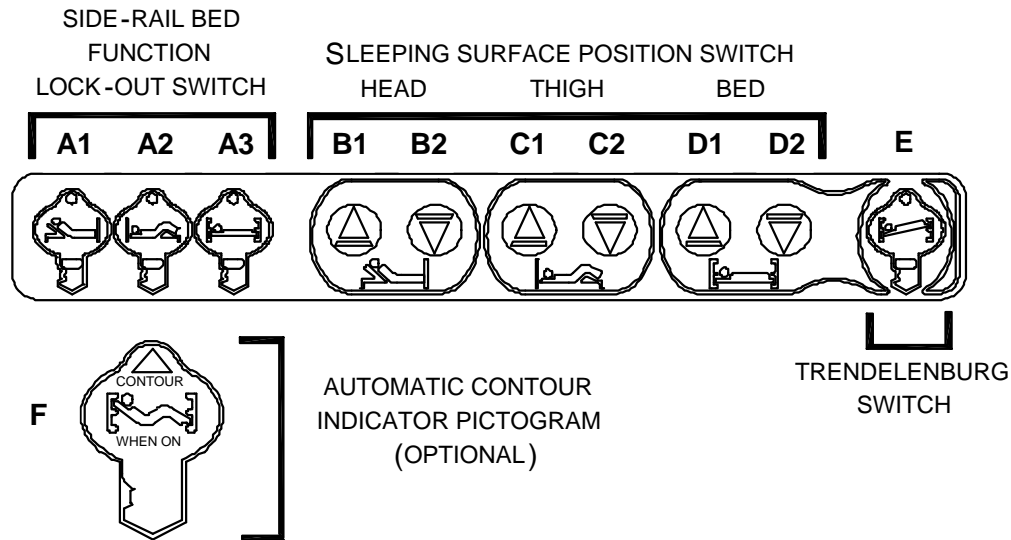


**Figure 2.13B**

- A:** Push to raise Fowler.      **C:** Push to raise Knee Gatch.
- B:** Push to lower Fowler.      **D:** Push to lower Knee Gatch.
- E:** Push for nurse assistance (optional Nurse Call function, see section 2.10, page 14).



## 2.15 FOOT BOARD CONTROL PANEL GUIDE



### Lock-out Switches (A1 to A3)

These three switches enable the selective lock out of the bed functions available to patient and nursing staff through the side-rail control panels (inside and outside).

- A1:** Push to give access to Fowler adjustment from both side-rail control panels. Lighted green LED on pictogram indicates that Fowler adjustment is available through side-rail control panels.
- A2:** Push to give access to Knee Gatch adjustment from both side-rail control panels. Lighted green LED on pictogram indicates that Knee Gatch adjustment is available through side-rail control panels.
- A3:** Push to give access to bed Hi-Lo control at both side-rail control panels. Lighted green LED on pictogram indicates that Hi-Lo adjustment is available to nursing staff through the side-rail outer control panel.

### **NOTE**

When a lock-out switch is used to inhibit a particular bed function of the side-rail control panels, the function is inhibited on both sides of the side-rail control panel.

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

### Fowler Control Switches (B1 and B2)

These two switches enable the adjustment of the Fowler.

- B1:** Push to raise Fowler.
- B2:** Push to lower Fowler.

### Knee Gatch Control Switches (C1 and C2)

These two switches enable the adjustment of the Knee Gatch.

- C1:** Push to raise Knee Gatch.
- C2:** Push to lower Knee Gatch.

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

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

**D1:** Push to raise the sleeping surface

**D2:** Push to lower the sleeping surface.

### **Trendelenburg Switch (E)**

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

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

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

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

#### **NOTE**

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

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

This figure, illustrating the Contour position, points to the lock-out switch to activate in the foot board control panel to position the bed automatically to the Contour position.

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

**F:** As indicated by the pictogram arrow, push the Knee Gatch lock-out switch (**A2**) to enable the Auto Contour positioning.

#### **NOTE**

To obtain the Auto Contour position when raising the Fowler from a side-rail control panel, not only the Knee Gatch function, but also the Fowler function, must be made available to side-rail control panels through activating their respective lock-out switches (**A1 and A2**) in the foot board control panel.

### 3. ACCESSORIES

#### NOTE

Features qualified as "Accessory" are described in this section of the guide. They are products, as is the GO BED, and can be ordered at the same time beds are ordered or later on. They carry a product number (P/N).

#### 3.1 IV POLE

Eight electrically insulated IV pole sockets are available on the GO BED to receive three models of IV poles offered as accessories. Both ends of the bed possess two IV pole holders, each capable of receiving a 3/4"Ø pole with 1/2"Ø anchor pin and a 1"Ø heavy duty pole with 5/8"Ø anchor pin.

##### **Removable Anodized Aluminum IV Pole**

3/4"Ø pole with 1/2"Ø anchor pin for hanging IV bags or other accessories. Maximum weight capacity: 40 lb/18kg.

Fits into one of the four 3/4"Ø - 1/2"Ø sockets.

##### **Removable Anodized Aluminum IV Pole**

1"Ø heavy duty pole with 5/8"Ø anchor pin for hanging IV bags or other accessories.

Maximum weight capacity: 40 lb/18kg.

This pole fits into one the four 1"Ø - 5/8"Ø sockets and is equipped with a spring pin that prevents rotation of the pole once it is inserted into the socket.

##### **Permanently Attached Anodized Aluminum IV Pole**

1"Ø heavy duty pole with 5/8"Ø anchor pin for hanging IV bags or other accessories. Can be folded onto the bed. Maximum weight capacity: 40 lb/18kg.

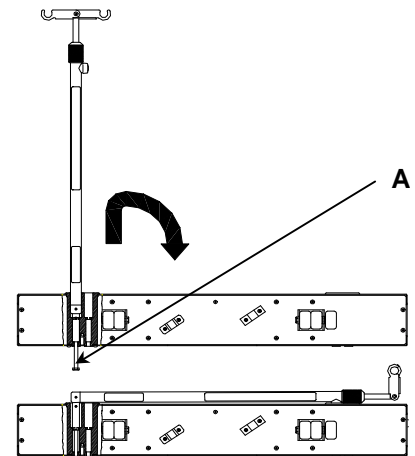
Fits into one of the two 1"Ø - 5/8"Ø sockets located at the head of the bed and is equipped with a spring pin that prevents rotation of the pole once it is inserted into the socket.

##### **Installing the Permanently Attached IV Pole**

1. Insert pole in one the two 1"Ø - 5/8"Ø sockets located at the head of the bed.
2. Fasten a 5/16-18UNC x 3 1/2" bolt (A) into the IV pole hole located at the lower extremity of the pole.

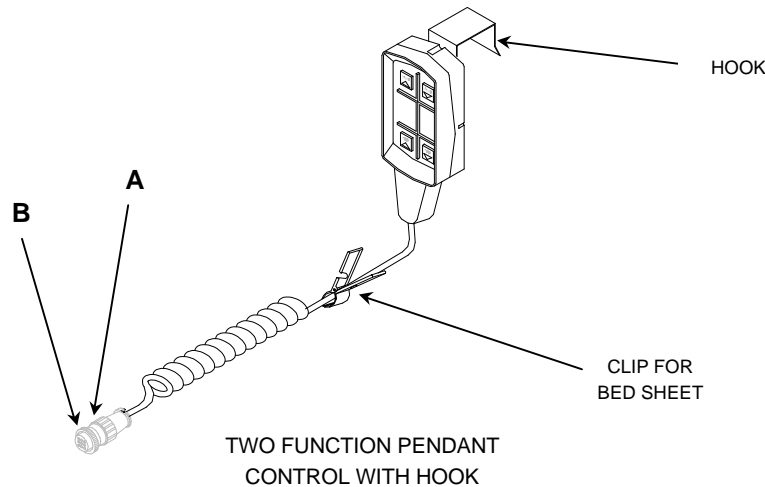
#### NOTE

After inserting pole into socket, ensure that spring pin is engaged in slot by rotating pole until engaged pin prevents further movement.



### 3.2 PENDANT CONTROL USAGE

Different models of pendant controls offering access to two or three bed functions are available as accessories with the GO BED. A clip for bed sheet is integrated on all models allowing the pendant control to be placed within patient reach. Some models come with a hook for installation on side-rail.



#### Installing a Pendant Control

1. Loosen the lock ring holding the side-rail bed function cable to the bed frame receptacle under the seat section and remove the cable plug.
2. Connect the pendant control plug (A) to the bed receptacle and tighten the lock ring (B).
3. Test pendant control functions for proper operation.

#### **NOTE**

The installation of a pendant control requires that the side-rail control cable be disconnected from the bed thus rendering inoperative the side-rail control functions.

### 3.3 PATIENT HELPER SYSTEM USAGE

The patient helper system provides a support that enables the patient to raise himself up using arm pull. The system features a lower fixed section, an upper movable section and a trapeze. When in use, the upper movable section is centered over the patient. It can be rotated to either side of the bed when not in use.



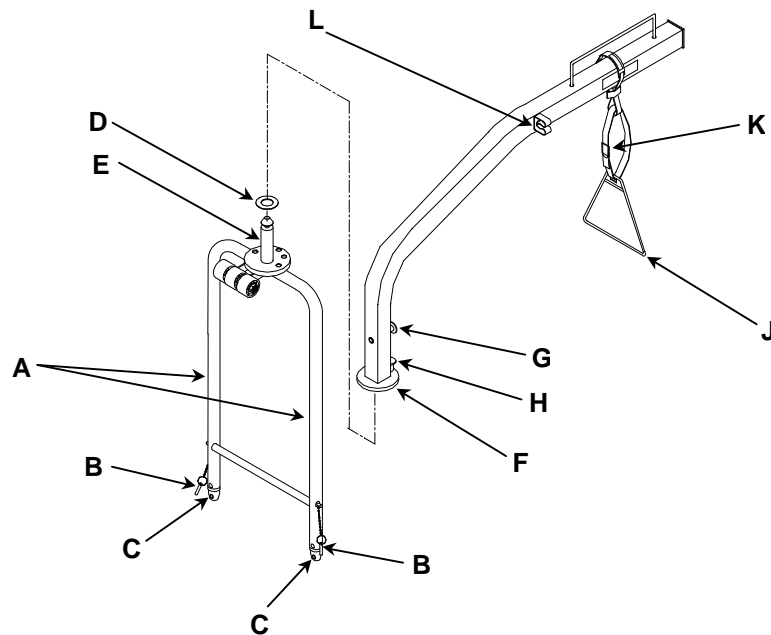
#### WARNING

Always ensure that the trapeze strap is secure after adjustment.

Do not exert more than 175 lb. (80 kg) of traction on trapeze.

Do not use the patient helper as a patient lift.

Do not use the patient helper when the upper section is positioned perpendicular to the bed length. The bed could tip over.



#### Installing the Patient Helper System



1. Insert the lower fixed section legs (A) into sockets provided on top of the head end case (see section 1.8, "Bed Illustration"). Ensure they are completely inserted.
2. Insert hitch pins (B) in holes (C) located on the two post extremities protruding under the head end case.
3. Place nylon washer (D) on fixed section pivot pin (E).
4. Insert upper movable section (F) onto fixed section pivot pin while pulling the horizontally moving locking plunger (G).

#### Setting the Upper Section Position

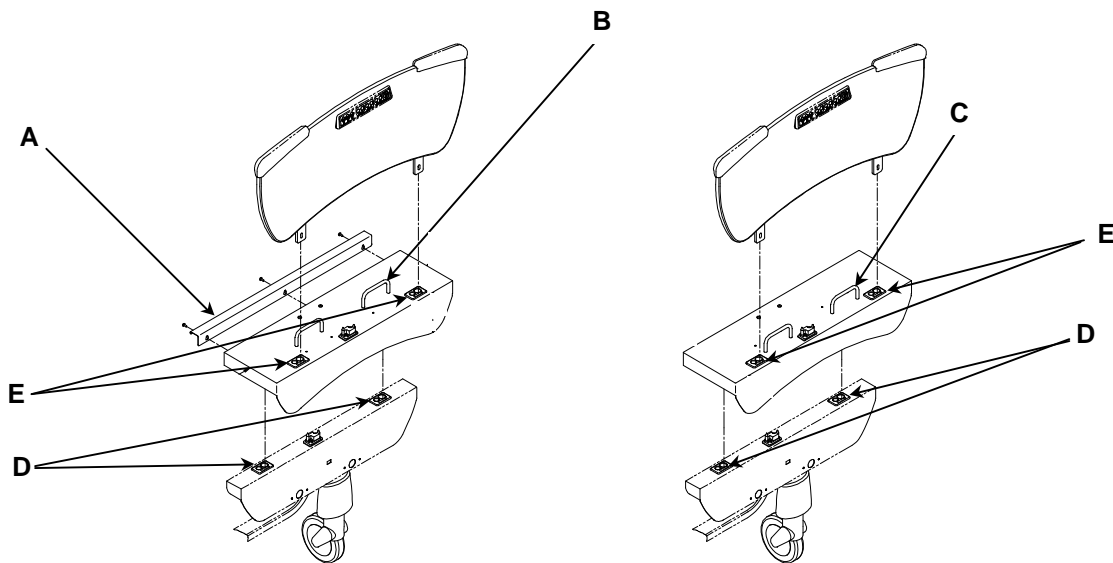
1. Pull the vertically moving locking plunger (H) located on the upper section tube and pivot the section to the desired position.
2. Release locking plunger and ensure that it locks the upper section into position.

#### Setting the Trapeze Height

Adjust trapeze (J) height by lengthening or shortening its strap (K). The trapeze can be stored on its storage hook (L) when not in use.

### 3.4 MATTRESS SUPPORT EXTENSION USAGE

A mattress support extension may be installed to extend the sleeping surface length by 8" (20 cm). Also available are 2" and 3" thick mattress extension cushions (8" long).



#### **Installing the Mattress Support Extension**

1. Remove the foot board.
2. Before installing the extension in the mounting sockets, some adjustments are needed on the extension depending on the mattress size being used:
  - For a 80" mattress, make sure that the gap filler (**A**) is mounted on the extension and position the mattress retainers at the position (**B**) nearest to the gap filler.
  - For a 84" long mattress, remove the gap filler (**A**) and position the mattress retainers at the position (**C**) nearest to the extension extremity.
3. Insert the mattress support extension posts in the freed foot board mounting sockets (**D**).
4. Install the 8" long cushion on the mattress support extension. Do not use the cushion straps, simply squeeze in the cushion.
5. Insert the foot board into the mounting sockets (**E**) provided on the mattress support extension.
6. Check the foot board nurse control panel for proper operation before returning bed to service.

### 3.5 BED CRADDLE USAGE

A bed cradle can be fitted to the GO BED to keep bedding (top sheets, etc.) from coming into contact with a patient's specific body part ( feet, chest, etc.) thus enhancing the patient comfort. Patient restraint strap locations are used to fit the bed cradle on the bed.

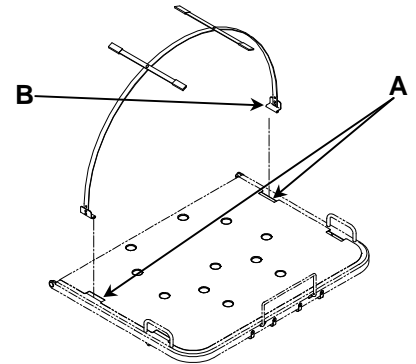


#### WARNING

Be cautious when installing the bed cradle. Hold it firmly when attempting to hook it to the other side of the bed. A sudden release of the bent cradle could inflict serious injury to user. Check after installation that the cradle is securely fixed to the sleeping surface.

#### Installing a Bed Cradle

1. Use restraint strap holes (A) on the edge of the mattress support on both sides of the bed to insert one end (B) of the bed cradle.
2. Bend the bed cradle to hook it to the facing restraint strap hole on the other side of the bed. Once installed, the bed cradle will look like a bow.



### 3.6 TRANSPORTATION CART OPERATION

A transportation cart is available to transport the GO BED. This convenient accessory enables the moving of the bed from a location where doors are not large enough to let the bed go through. The bed is tipped to its side with the help of the transportation cart and then moved.

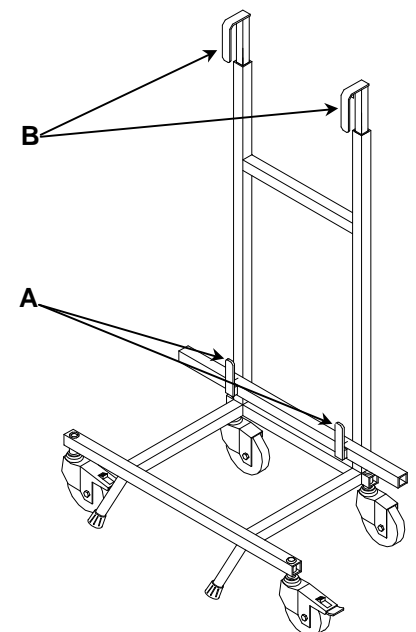


#### WARNING

Since the bed weighs approximately 385 lb (175 kg), at least two persons are needed to tip it on its side once the transportation cart is installed. Failure to heed this recommendation could lead to serious injury to user and/or damage to equipment.

#### Installing the Transportation Cart

1. For optimal ease of operation, adjust the bed height to 22" ( 55 cm) from ground level.
2. Unplug power cord from wall receptacle.
3. Lower the side-rails, remove the mattress and the head and foot boards.
4. Install cart on mattress support at the seat and knee section level. Make sure that the lower cart hooks (A) are well positioned under the mattress support edge.
5. Set the upper cart hooks (B) under the mattress support opposite edge.
6. Tip the bed to its side. Two people are required to perform this operation. The bed is now ready to be moved.



### 3.7 FLIP TYPE BED SHELF USAGE

A light weight bed shelf can be installed on the GO BED foot board to support small equipment such as a T.V. set, monitor, etc. A tether, attached to the shelf, may be used to secure objects placed on it. The shelf may be tucked away on the head or foot board using the hooks created by flipping the shelf supports underneath it.

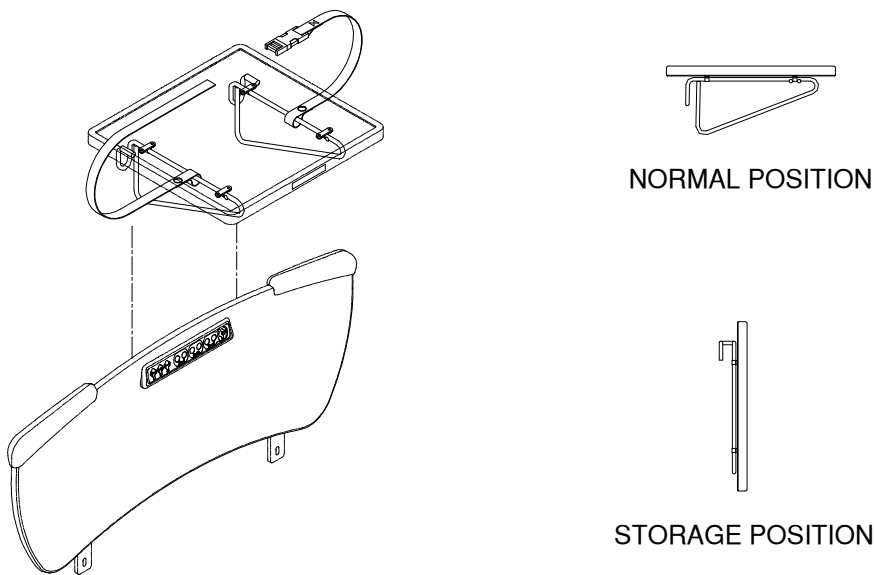
The shelf has a maximum weight capacity of 40 lb (18 kg).



#### **WARNING**

Do not install this shelf on a bed occupied by a patient whose security requires greater safety measures. Injury to the patient could occur.

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#### **Installing the Shelf on the Bed**

1. Unfold the shelf supports.
2. Fix the shelf on the foot board above the mattress foot end using the two hooks provided by the supports.
3. Secure object placed on the shelf by using the tether.

#### **Storing the Shelf**

1. Remove shelf from the foot board.
2. Flip both shelf supports towards the centre of the shelf.
3. Tuck the shelf away vertically on the outer part of the foot board using the hooks created by the flipped shelf supports.



### 3.8 OXYGEN BOTTLE HOLDER USAGE

The oxygen bottle holder, designed to fit on the foot board, allows the installation of an oxygen bottle.

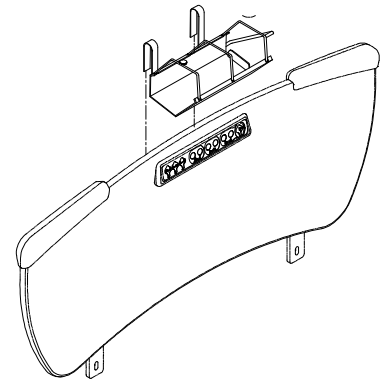


#### **WARNING**

Possible fire hazard exists when this bed is used with oxygen administering equipment other than nasal, mask type or half bed-length tent type. It is recommended to disconnect the bed when used with oxygen administering equipment. When using a half bed-length tent type, ensure the side-rails are outside the oxygen tent. Oxygen tent should not extend below the mattress support level.

#### **Installing the Oxygen Bottle Holder**

1. Fix the oxygen bottle holder on the foot board inner or outer side using the two hooks provided.
2. Insert bottle into the holder.
3. Tighten the holder locking screw to secure the bottle.



### 3.9 SIDE-RAIL PAD USAGE

Removable side-rail pads may be installed on safety side-rails to reduce risk of injuries to patient. They are offered in two sets covering respectively the two head half-length side-rails or the four half-length side-rails. Each pad is equipped with an easy zip and snap fastener assembly.

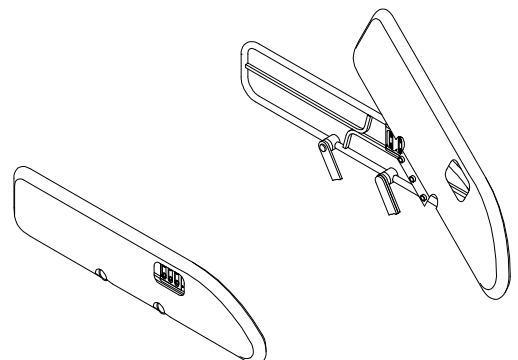


#### **WARNING**

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

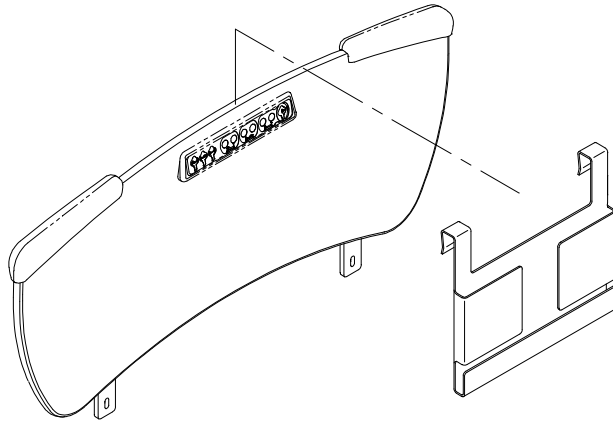
#### **Installing the Side-rail Pads**

1. Place side-rail in the up position.
2. Insert angled extremity first of either head or foot side-rail into the pad and slide pad to completely cover the side-rail.
3. Zip pad and fasten snaps.



### 3.10 CHART HOLDER USAGE

The chart holder, which stores the patient's medical records, is ideal when a patient is being transferred in his bed from one unit to another. It has been designed to fit on the foot board and can hold up to legal document size (8½" x 14"). It is made of clear plastic.



### 3.11 EMERGENCY CRANK USAGE

The emergency crank allows the adjustment of the Fowler and Knee Gatch in the event of a power failure. It can be stored at the head end of the bed (see section 1.8, "Bed Illustration").



#### **WARNING**

When using the emergency crank during a power failure, unplug the power cord from the wall receptacle so that unexpected resumption of power will not rotate handle. Remove and store the crank before reconnecting the bed.

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#### **CAUTION**

Do not manually crank any of the actuator screws past the low or high limits. Damage can occur to the actuator assembly if this occurs. As soon as a tension is felt when cranking a screw to lower or raise a sleeping surface section and the section has attained its lower or high limits, stop, **do not** go further.

#### **Manual Operation of the Bed**

**Fowler:** You can raise or lower the Fowler by using the emergency crank stored on the head end case. Access the head actuator screw from the front of the foot end case cover (see section 1.8, "Bed Illustration"). Turning counter clockwise will raise the Fowler, reverse rotation to lower it.

**Knee Gatch:** You can lower or raise the Knee Gatch by using the emergency crank. Access the Gatch actuator screw from the front of the foot end case cover (see section 1.8, "Bed Illustration"). Turning clockwise will raise the Knee Gatch, reverse rotation to lower it.