Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | *À l'écoute de notre santé*

Request Form for Home Care: Electric Beds, Mattresses, Overbed Tables and Bedrails

Fax this form and the 'Community Health Services Equipment or Supply Order Script' to Program Consultant at 204-940-6620.
If requesting an alternating air mattresses or low air loss cover then the Braden Scale (WCC-00282) must also be attached.

Client Health Record #
Client Surname
Given Name
Date of Birth
Gender
MFRN
PHIN
Address

Assessment Date: ☐☐☐☐☐☐☐☐ (D D M M M Y Y Y Y) **Home Visit Done:** ☐ No ☐ Yes Client Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

Diagnosis: _____

Client information: Height: _____ ☐ centimetres ☐ feet/inches Weight: _____ ☐ kilograms ☐ pounds

Section 1- Home Care Electric Bed ☐ Not Required ☐ Required

NOTE: Home Care electric beds are only provided when all options to adapt or use a standard bed have been explored.

Elgibility *(Check all that apply, rationale MUST be provided)*:

☐ ***Head or foot to elevate*** and commercial options such as bed wedges/pillows have been trialed without success. Explain: _____

_____

☐ ***Bed height adjustability required*** (If a different static bed height is all that is needed, client is **NOT** eligible.)

- ☐ ***For safe transfers*** and/or care in bed. Explain: _____
- ☐ ***For safe client handling*** or decrease caregiver/staff time. Explain: _____
- ☐ ***For fall injury prevention*** Explain: _____
- ☐ ***Other***: _____

Width, Height And Length Of Bed *(Check all that apply)*:

BED WIDTH:
- ☐ Standard width (twin/single size 36 in/91.4 cm)
- ☐ Extra width or weight capacity required (choose width): ☐ 38 in/97 cm ☐ 46 in/117 cm ☐ 54 in/137 cm
  - ☐ Client's weight exceeds 360 pounds/164 kilograms _____
  - ☐ Extra width necessary for care/function. Explain: _____

HEIGHT OF BED:
- ☐ Standard height bed (10.75 in/27.3 cm to 26.7 in/68 cm without mattress)
- ☐ Alternate height on standard bed (8 in/20.3 cm to 24.25 in/61.2 cm without mattress)
- ☐ Hi-Lo bed for falls prevention (.5 in/1.27 cm to 27.5 in/70 cm or 3.75 in/9.5 cm to 31 in/79 cm without mattress) *quantity is limited*

LENGTH OF BED:
- ☐ Bed frame extension needed as client over 6 feet/180 cm in height (*available for standard weight/height bed only SAP # 314309*)

Section 2: Mattress Selection *(Check one mattress)*:

WRHA Home Care Mattress Selection Guide: *http://home.wrha.mb.ca/prog/homecare/files/Mattress_Selection_Guide_June2018_000.pdf*
Clinical Algorithm Link: *http://home.wrha.mb.ca/prog/homecare/files/12.TSS_Clinical_Algorithm-June2018.pdf*

☐ **STANDARD MATTRESS**–no skin concerns. *(GeoMatt 350 SAP # 313101 Only available in standard width and length)*

☐ **TSS–HIGH SPECIFICATION FOAM MATTRESS**. Braden Score greater than or equal to 13. Client is at low to moderate risk of a pressure injury and may have multiple stage 1 and up to a single stage 2 pressure injuries. Client does not need to have the head of the bed up for extended periods of time.
(GeoMatt Max SAP # 287291 for standard width/length, SAP # 307321 for extended length, Solace SAP # 324007 for Hi-Lo beds, and special order for extra width beds).

☐ **TSS–HIGH SPECIFICATION FOAM MATTRESS**. Braden Score greater than or equal to 13. Client is at low to moderate risk of a pressure injury and may have multiple stage 1 or 2 and up to a single stage 3 pressure injury OR client needs to have the head of the bed up for extended periods of time.
(Ultra Max SAP # 127814–only available in standard width and length)

☐ **TSS–ALTERNATING AIR (NON-POWERED)**. Braden score less than 13 (must be attached). Client at a high risk of a pressure injury and may have up to a single stage 4 pressure injury but is able to reposition and off-load the wound. *(Custom Care SAP # 127820–only available in standard width and length)*

☐ **TSS–ALTERNATING AIR (POWERED)**. Braden score less than 13 (must be attached). Client at a high risk of a pressure injury and is unable to reposition self and/or client is unable to offload off an existing pressure injury. *(Available in various widths but standard length only: APM2 SAP # 127809 standard width, APM2 SAP # 128079 48 in/122 cm, or APM SAP # 127811, 53 in/135 cm)*

☐ **TSS–POWERED ALTERNATING AIR/LOW AIR LOSS**. Is client requiring end-of-life pain control or has a palliative prognosis?
(Custom Care Convertible LAL -mattress SAP # 127817 and pump SAP # 127819 low air loss topper is included–only available in standard width and length)

Does the client have an issue with excessive sweating? ☐ No ☐ Yes, if yes–low air loss topper to be added.
(Available in various widths but standard length only: SAP # 127803 for standard width, SAP # 127805 48 in/122 cm and SAP # 127806 53 in/135 cm)

LEGEND: cm - centimeters in - inches OT - Occupational Therapy TSS - Therapeutic Sleep Surface WRHA – Winnipeg Regional Health Authority

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Section 3: Overbed Tables

☐ Not Required ☐ Required *(Check all that apply)*:

☐ Client in bed for extended periods (greater than 10 hours) and care routine requires Activities of Daily Living (e.g. sponge bathing, eating) to be done in bed.

☐ Required for staff to perform Activities of Daily Living tasks or wound care while client is in bed and table is required to hold supplies.

☐ Clinical diagnosis requires table to achieve the positioning in bed (explain) _____

Section 4: Bed Rails

Not all clients eligible for electrical beds require bed or assist rails. All rails can be used for bed mobility but some are not safe to be used as a transfer assist. WRHA Approved Equiment List gives indications for rail use.

☐ **Not required**

☐ **Rails are required for**: *(Check all that apply)* ☐ positioning, and/or bed mobility ☐ assistance with sit-stand transfers

Rails can be beneficial but may also lead to falls, or entrapment. Review the algorithm below to determine if bed rails are appropriate.

For more information see: *https://www.canada.ca/en/health-canada/services/drugs-medical-devices/hospital-bed-safety.html*

Assessor:

_____ SIGNATURE

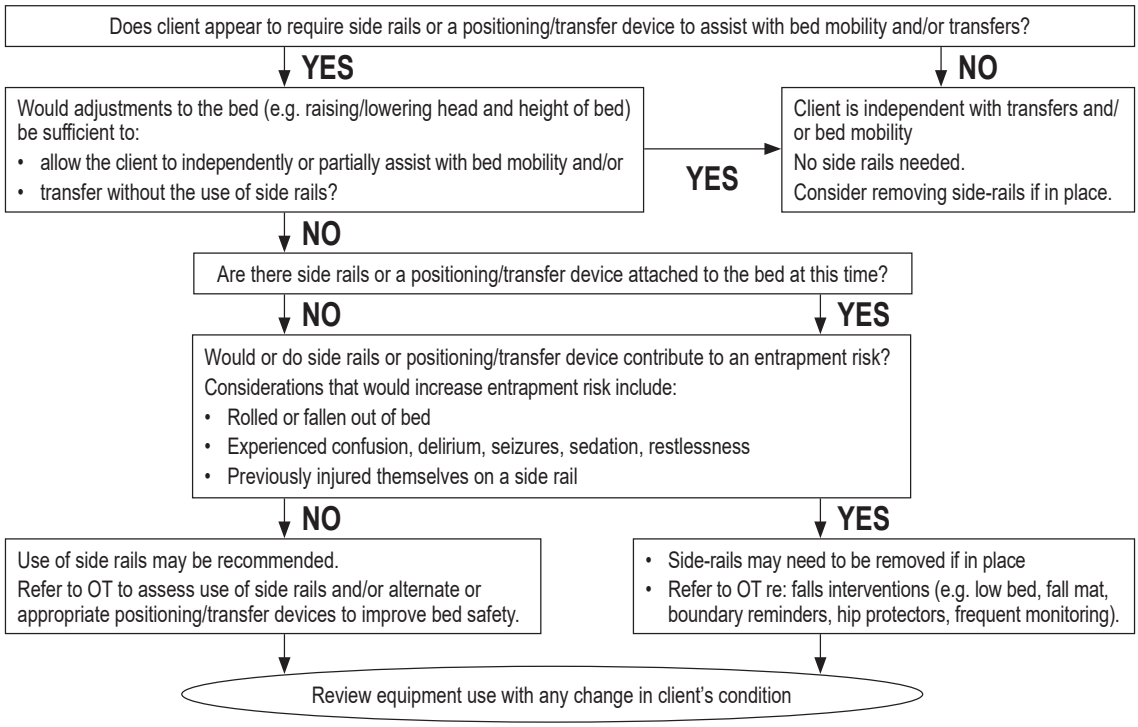
_____ PRINTED NAME/DESIGNATION

Date: ⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋ D D M M M Y Y Y Y

Phone Number: ⌊ ⌋⌊ ⌋⌊ ⌋ - ⌊ ⌋⌊ ⌋⌊ ⌋ - ⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋ Site: _____

If Case Coordinator involved, date Case Coordinator was notified: ⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋⌊ ⌋ D D M M M Y Y Y Y

Bed Rail Environment Safety Algorithm



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