

## Home Care Request Form: 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:

Home Visit Done: ☐ No ☐ Yes

Client Phone Number:    -    -

Diagnosis:

### 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.

**Eligibility** (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:**

**Weight Capacity, Width, Height And Length Of Bed** (Check all that apply): more information can be found on Insite

**WEIGHT CAPACITY:** ☐ Single Under 360lbs/163kgs (SAP 328207)  
☐ Heavy Duty 360lbs/163kgs to 500lbs/228kgs (SAP 367508) ☐ Bariatric Over 500lbs/228kgs (SAP 313036)

**BED WIDTH:** ☐ Standard Width (36 in/91.4 cm for all weight capacities)  
Extra width required: ☐ 48 in/122 cm (available in heavy duty & bariatric) ☐ 54 in/137 cm (available in bariatric only)  
Rationale for extra width:

**HEIGHT OF BED:** Single only: ☐ 10.75 in/27.3 cm to 26.7 in/68 cm (standard) ☐ 8 in/20.3 cm to 24.25 in/61.2 m (lower height option with rails)  
☐ Lowest height option/no rails available (3.75 in/9.5 cm–31 in/79 cm) *Quantity is limited* (SAP 313037)

**EXTRA LENGTH REQUIRED:** Single only: ☐ 4 in/10 cm bed frame extension needed if client over 6 feet/180 cm in height (SAP 314309 in addition to SAP 328207)

### Section 2: WRHA Home Care Mattress Selection: Guide & Clinical Algorithm can be found on Insite

- ☐ **STANDARD MATTRESS**—no skin concerns ☐ 36 in/91.4 cm (GeoMatt350—SAP 313101) ☐ 48 in/122 cm (Atlas—SAP 313102) ☐ 54 in/137 cm (Atlas—SAP 127816)
- ☐ **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.  
☐ 36 in/91.4 cm (Max—SAP 287291) in extended length (Max—SAP 307321) ☐ 48 in/122 cm (Atlas—SAP 313102) ☐ 54 in/137 cm (Atlas—SAP 127816)
- ☐ **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.  
☐ 36 in/91.4 cm (UltraMax—SAP 127814 — only available for single bed width)
- ☐ **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 pressure injury. ☐ 36 in/91.4 cm (Custom Care—SAP 127820 — only available for single bed width)
- ☐ **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 a pressure injury. ☐ 36 in/91.4 cm (APM2—SAP 127809) ☐ 48 in/122 cm (APM2—SAP 128097) ☐ 53 in/135 cm (APM—SAP 127811)
- ☐ **TSS—POWERED ALTERNATING AIR/LOW AIR LOSS.** For palliative clients or those requiring end of life pain management. Mattress can be used without pump.  
☐ 36 in/91.4 cm (Custom Care Convertible LAL—mattress SAP 127817 and pump SAP 127819 low air loss topper is included — only available for single bed width)

**Does the client have an issue with excessive sweating?** ☐ No ☐ Yes, low air loss topper to be added for management of micro-climate.

**Is client under 100lbs/45kgs?** ☐ No ☐ Yes, low air loss topper to be added to provide float for pressure redistribution.

(Available in various widths but standard length only: SAP 127803 36 in/91.4 cm, SAP 127805 48 in/122 cm and SAP 127806 54 in/137 cm)

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

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

Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

MFRN

PHIN

Address

### Section 3: Overbed Tables (SAP 296621) ☐ 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) \_\_\_\_\_  
*E.g. Client with a respiratory diagnosis and requires table to lean forward.*

### 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 Equipment List gives indications for rail use. SAP numbers can be found on Insite.

- ☐ 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	Y	Y	Y	Y	Y	Y

Phone Number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Site: \_\_\_\_\_

If Case Coordinator involved, date Case Coordinator was notified: 

D	D	M	M	Y	Y	Y	Y	Y	Y

### Bed Rail Environment Safety Algorithm

