



Client Health Record #

Client Surname

Given Name

Date of Birth

Gender

MB Reg #

PHIN

Address

**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 204-940-2009

Assessment Date: 

D	D	M	M	M	Y	Y	Y	Y	Y

 Home Visit Done:  No  Yes Client Phone Number: 

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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 400 lbs/181 kgs (SAP 078514)  
 Heavy Duty 400 lbs/181 kgs to 500 lbs/228 kgs (SAP 367508)  Bariatric Over 500 lbs/228 kgs (SAP 313035)
- 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: \_\_\_\_\_
- EXTRA LENGTH REQUIRED:** Single only:  4 in/10 cm bed frame extension needed if client over 6 feet/180 cm in height (SAP 078515 in addition to SAP 078514)

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

- STANDARD MATTRESS** – no skin concerns  36in/91.4cm (Geo/Matt350–SAP 313101)  48in/122cm (Atlas–SAP 313102)  54in/137cm (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 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 is at 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.  36in/91.4cm (Custom Care-SAP 127820-only available for single bed width)
- TSS-ALTERNATING AIR (POWERED)** Braden Score less than 13 (must be attached). Client is at high risk of a pressure injury and is unable to reposition self and/or client is unable to offload off a pressure injury.  36in/91.4cm (APM2-SAP 127809)  48in/122cm (APM2-SAP 128097)  54in/137cm (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 low air loss topper is included – only available for single bed width)

**Section 2a: Low Air Loss Topper**

If client has a high risk of pressure injury (Braden Scale score less than 13), excessive sweating, or weighs less than 100 lbs / 45 kgs a low air loss topper may be considered for approval. Submission of Braden Scale (WCC-002282) is required. Check yes to request a low air loss topper be considered for the following risk factors:

- Low air loss topper to be added for management of micro-climate?**  Yes
- Low air topper to be added to provide float for pressure redistribution?**  Yes

(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)



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**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 electric beds require bed or assist rails. All rails can be used for bed mobility. Some are not safe to be used as a transfer assist. WRHA Approved Equipment list gives indications for rail use.**

The use of bed rails in the following situations listed below are defined by the WRHA as a restraint and rationale must be documented if requesting two ¼ bed rails secured on opposite sides of a bed **OR** one ¾ bed rail secured on one side of a bed when the opposite side of the bed is flush against a wall **OR** four ½ rails secured on opposite sides of a bed.

**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: *Health Canada website: Hospital Bed Safety*. Bedrails for the single bed are SAP 078520. If rails are needed for other beds, see WRHA Approved Equipment List for SAP numbers.

- Not Required
- Rails are required for (Check all that apply)  positioning, and/or bed mobility  assistance with sit-stand transfers

**Assessor:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME / DESIGNATION

Date: 

D	D	M	M	Y	Y	Y	Y		

Phone Number: 

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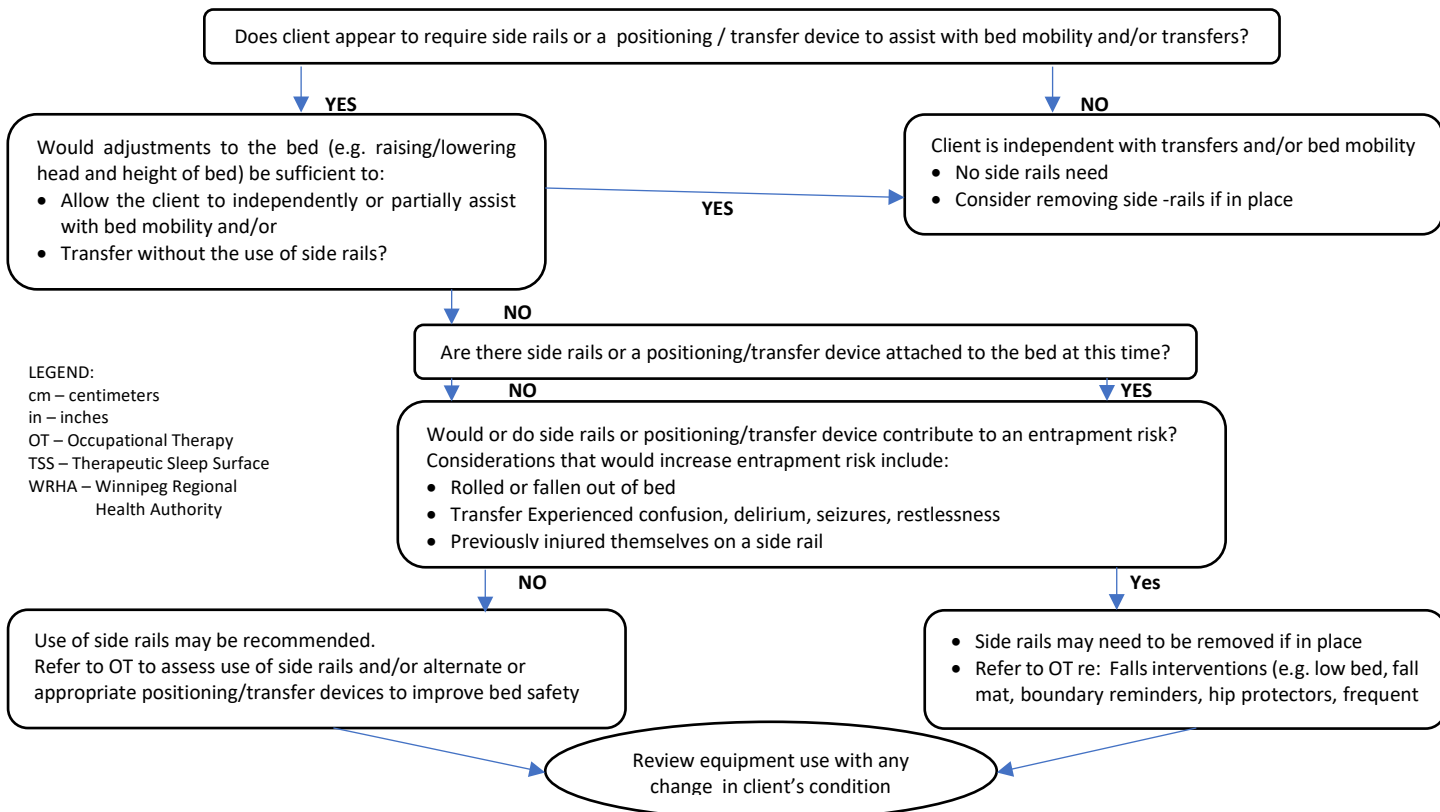
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 Site: \_\_\_\_\_

**Bed Rail Environment Safety Algorithm**



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