Replace this manual (171528) if it is damaged and/or can not be read.

For product support or to order additional copies of this manual (171528), contact your distributor, local Hill-Rom representative, or go to www.hill-rom.com.

For training on the use of this product, contact your distributor or local Hill-Rom representative.

**Reference Documents**

*Progressa® Bed Service Manual* (171748)

*Progressa® Bed—Unpacking Instructions* (180421)
**QUICK VIEW™ LIST OF FEATURES**

For more information about a feature, go to the page number shown in the table below. The item callouts correspond to the **bold** headings in the Table of Contents on the next page.

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INTENDED USE

The Progressa® Bed is intended to be used to treat or prevent pulmonary or other complications associated with immobility; to treat or prevent pressure ulcers; or for any other use where medical benefits may be derived from either Continuous Lateral Rotation Therapy or Percussion/Vibration Therapy. The Progressa® Bed is intended to provide a patient support to be used in health care environments. The Progressa® Bed may be used in a variety of settings including, but not limited to, acute care, including critical care, step down/progressive care, medical/surgical, high acuity sub-acute care, post anesthesia care unit (PACU), and sections of the emergency department (ED). The Progressa® Bed is capable of being used with a broad patient population as determined appropriate by the caregiver or institution.

The intended users of this product are healthcare employees who have been trained to use the product, and who have the physical strength and cognitive skills to operate and control the product. There are some controls and features on the bed intended to be used by the patients and family members upon appropriate orientation by the caregiver. Follow facility safety protocols if an intended user does not have the physical strength or cognitive skills to operate and control the product safely.

⚠️ CONTRAINDICATION:

Use of active air therapy surfaces for patients with unstable spinal cord injury could cause serious injury to the patient.

⚠️ WARNING:

Do not use the product outside of the patient range. Patient entrapment or asphyxiation could occur.

The intended patient range is 70 to 500 lb (32 to 227 kg) and 59" to 74" (150 to 188 cm).

INTRODUCTION

This manual provides the required information for normal operation of the Progressa® Bed from Hill-Rom. Before operating the Progressa® Bed, be sure that you have read and understood in detail the contents of this manual. It is important that you read and strictly adhere to the aspects of safety contained in this manual. Any reference to a side of the bed is from the patient’s view lying in the bed.

The GCI bed image on the left side of the patient have the head of bed to the right as matches the orientation of the bed itself. The GCI bed image on the right side of the bed do not match the head/foot orientation of the bed.

The Progressa® Bed is equipped with an integrated scale intended to weigh the patient in the bed.

A single beep will sound when an activity is successful. A triple beep will sound when there is an error or caregiver attention is needed. A message will appear on the GCI for further instructions.
SYMBOLS

DOCUMENT SYMBOLS

These symbols are used in the manual:
- Standard text—used for regular data.
- **Boldface text**—emphasizes a word or phrase.
- **NOTE:**—sets apart special data or important instruction clarification.
- **WARNING, CONTRAINDICATION, RELATIVE CONTRAINDICATION, or CAUTION**

- A WARNING identifies situations or actions that may have an effect on patient or user safety. To ignore a warning could cause patient or user injury.
- A CONTRAINDICATION or RELATIVE CONTRAINDICATION identifies situations or actions that may have an effect on patient safety.
- A CAUTION identifies special procedures or precautions that persons must obey to help prevent equipment damage.

PRODUCT SYMBOLS

These symbols may or may not be on the Progressa® Bed:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Type B applied part according to EN 60601-1" /></td>
<td>Type B applied part according to EN 60601-1</td>
</tr>
<tr>
<td><img src="image" alt="WARNING (yellow and black)" /></td>
<td>WARNING (yellow and black)</td>
</tr>
<tr>
<td><img src="image" alt="CAUTION (white and black)" /></td>
<td>CAUTION (white and black)</td>
</tr>
<tr>
<td><img src="image" alt="Conforms to the European Medical Device Directive 93/42/EEC." /></td>
<td>Conforms to the European Medical Device Directive 93/42/EEC.</td>
</tr>
<tr>
<td><img src="image" alt="Medical Electrical Equipment Classified By Underwriters Laboratories Inc. with respect to Electric Shock, Fire, and Mechanical Hazards only in accordance with ES60601-1, EN60601-1, EN60601-2-52, and CAN/CSA C22.2 No. 60601.1." /></td>
<td>Medical Electrical Equipment Classified By Underwriters Laboratories Inc. with respect to Electric Shock, Fire, and Mechanical Hazards only in accordance with ES60601-1, EN60601-1, EN60601-2-52, and CAN/CSA C22.2 No. 60601.1.</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td><img src="image1" alt="Symbol" /></td>
<td>Mattress compatibility identification</td>
</tr>
<tr>
<td><img src="image2" alt="Symbol" /></td>
<td>Identifies a StayInPlace™ bed</td>
</tr>
<tr>
<td><img src="image3" alt="Symbol" /></td>
<td>Identifies a non-StayInPlace™ bed. Consult accompanying documents.</td>
</tr>
<tr>
<td><img src="image4" alt="Symbol" /></td>
<td>Identifies that a Progressa® Prevention Surface with the Chair Egress feature must be used for Chair Egress function.</td>
</tr>
<tr>
<td><img src="image5" alt="Symbol" /></td>
<td>Identifies a non-approved foam surface. Consult accompanying documents.</td>
</tr>
<tr>
<td><strong>REF</strong></td>
<td>Catalog number</td>
</tr>
<tr>
<td><strong>SN</strong></td>
<td>Serial number</td>
</tr>
<tr>
<td><img src="image6" alt="Symbol" /></td>
<td>Manufacturer</td>
</tr>
<tr>
<td><img src="image7" alt="Symbol" /></td>
<td>Date of manufacture</td>
</tr>
<tr>
<td><img src="image8" alt="Symbol" /></td>
<td>Safe Working Load symbol for the bed and accessories.</td>
</tr>
<tr>
<td><img src="image9" alt="Symbol" /></td>
<td>= 295 kg (650 lb)</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image1.png" alt="Symbol" /></td>
<td>Patient Weight for the bed—located on the frame under the head section.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Symbol" /></td>
<td>Patient Weight for the bed—located on the foot section.</td>
</tr>
<tr>
<td><img src="image3.png" alt="Symbol" /></td>
<td>Refer to the user manual for more information.</td>
</tr>
<tr>
<td><img src="image4.png" alt="Symbol" /></td>
<td>Must consult the user manual.</td>
</tr>
<tr>
<td><img src="image5.png" alt="Symbol" /></td>
<td>Identifying mains fuse</td>
</tr>
<tr>
<td><img src="image6.png" alt="Symbol" /></td>
<td>Identifies battery installation location</td>
</tr>
<tr>
<td><img src="image7.png" alt="Symbol" /></td>
<td>Beds with Serial Numbers before R217AW4088, with the NAWI EN45501 scale. CE—Shows that the scale meets the requirements of the NAWI directive. XX—Numeric digits show the year of manufacture. 0122—Shows the Certifying Notified Body.</td>
</tr>
<tr>
<td><img src="image8.png" alt="Symbol" /></td>
<td>Black M on green background—Signifies the scale (NAWI EN45501 only) is certified to weigh in approved positions.</td>
</tr>
<tr>
<td><img src="image9.png" alt="Symbol" /></td>
<td>Beds with Serial Numbers after R217AW4088, with the NAWI EN45501 scale. CE—Shows that the scale meets the requirements of the NAWI directive. M—Shows that the scale is certified to weigh in approved bed positions. ZZ—Numeric digits show the year of manufacture. 0122—Shows the Certifying Notified Body.</td>
</tr>
<tr>
<td><img src="image10.png" alt="Symbol" /></td>
<td>Scale class identifier—Identifies the scale as EN44501 Class III.</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image1" alt="Symbol" /></td>
<td>Manufacturer or distributor complies with the Waste Electric and Electronic Equipment Directive 2002/96/EC.</td>
</tr>
<tr>
<td><img src="image2" alt="Symbol" /></td>
<td>Transport position warning (refer to “Transport” on page 40).</td>
</tr>
<tr>
<td><img src="image3" alt="Symbol" /></td>
<td>Identifies Brake/Neutral/Steer position for the brake pedal</td>
</tr>
<tr>
<td><img src="image4" alt="Symbol" /></td>
<td>Identifies Brake/Neutral/Steer position for the steer pedal</td>
</tr>
<tr>
<td><img src="image5" alt="Symbol" /></td>
<td>Do not stand on the footboard (refer to “Footboard” on page 40).</td>
</tr>
<tr>
<td><img src="image6" alt="Symbol" /></td>
<td>Do not sit on the footboard (refer to “Footboard” on page 40).</td>
</tr>
<tr>
<td><img src="image7" alt="Symbol" /></td>
<td>Warning: Caregiver pendant only (refer to “Caregiver Pendant Controls” on page 25).</td>
</tr>
<tr>
<td><img src="image8" alt="Symbol" /></td>
<td>Warning: Transport shelf only (refer to “Transport Shelf” on page 73).</td>
</tr>
<tr>
<td><img src="image9" alt="Symbol" /></td>
<td>Identifies auxiliary outlet power cord.</td>
</tr>
<tr>
<td><img src="image10" alt="Symbol" /></td>
<td>Identifies bed power cord.</td>
</tr>
<tr>
<td><img src="image11" alt="Symbol" /></td>
<td>Electrical Shock Hazard—unplug the bed before you clean or service the bed.</td>
</tr>
<tr>
<td><img src="image12" alt="Symbol" /></td>
<td>Warning: Identifies auxiliary receptacle.</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image1.png" alt="Symbol" /></td>
<td>Crush Warning: Must consult accompanying documents.</td>
</tr>
<tr>
<td><img src="image2.png" alt="Symbol" /></td>
<td>Crush Warning</td>
</tr>
<tr>
<td><img src="image3.png" alt="Symbol" /></td>
<td>Foot pinch location.</td>
</tr>
<tr>
<td><img src="image4.png" alt="Symbol" /></td>
<td>Do not store cords here.</td>
</tr>
<tr>
<td><img src="image5.png" alt="Symbol" /></td>
<td>Warning: Do not put equipment on the base of the bed. Equipment damage could occur.</td>
</tr>
<tr>
<td><img src="image6.png" alt="Symbol" /></td>
<td>Protective Earth</td>
</tr>
<tr>
<td><img src="image7.png" alt="Symbol" /></td>
<td>Hip Locator (refer to “Hip Position Locator” on page 13).</td>
</tr>
<tr>
<td><img src="image8.png" alt="Symbol" /></td>
<td>Shoulder Locator (refer to “Rotation” on page 64 or “Percussion and Vibration” on page 66).</td>
</tr>
<tr>
<td><img src="image9.png" alt="Symbol" /></td>
<td>Do Not Use with Oxygen Tents—indicates the use of oxygen administering equipment of the nasal, mask, or ventilator type only or oxygen tents that can be contained inside the siderails.</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image" alt="CPR" /></td>
<td>CPR function—Identifies the release lever, and direction of travel (refer to “CPR Control” on page 12).</td>
</tr>
<tr>
<td><img src="image" alt="Lockout" /></td>
<td>Lockout control—Lock out articulation controls or the GCI (refer to “Lockout Controls” on page 15).</td>
</tr>
<tr>
<td><img src="image" alt="Control Lockout" /></td>
<td>Control lockout—comes on when a bed articulation control is locked out. Located next to the articulation control.</td>
</tr>
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<td><img src="image" alt="Trendelenburg" /></td>
<td>Trendelenburg control (refer to “Caregiver Siderail Controls” on page 14).</td>
</tr>
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<td>Reverse Trendelenburg control (refer to “Caregiver Siderail Controls” on page 14).</td>
</tr>
<tr>
<td><img src="image" alt="Bed Flat Control" /></td>
<td>Bed flat control (refer to “Bed Flat Control” on page 23).</td>
</tr>
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<td><img src="image" alt="Chair Position" /></td>
<td>Chair position control (refer to “Chair Positions” on page 20).</td>
</tr>
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<td><img src="image" alt="Bed Up and Down" /></td>
<td>Bed Up and Down control (refer to “Bed Up/Down” on page 16).</td>
</tr>
<tr>
<td><img src="image" alt="Knee Up and Down" /></td>
<td>Knee Up and Down control (refer to “Knee Up/Down” on page 17).</td>
</tr>
<tr>
<td><img src="image" alt="Head Up and Down" /></td>
<td>Head Up and Down control (refer to “Head Up/Down” on page 16).</td>
</tr>
<tr>
<td><img src="image" alt="Foot Elevate (Foot Up/Down)" /></td>
<td>Foot Elevate (Foot Up/Down) control (refer to “Foot Elevate (Foot Up/Down)” on page 17).</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image" alt="FlexAfoot™ Foot Extend/Retract control" /></td>
<td>FlexAfoot™ Foot Extend/Retract control (refer to “FlexAfoot™ Feature (Foot Extend/Retract)” on page 18).</td>
</tr>
<tr>
<td><img src="image" alt="Max-Inflate control" /></td>
<td>Max-Inflate control (refer to “Max-Inflate (Siderail Method)” on page 24).</td>
</tr>
<tr>
<td><img src="image" alt="Side Exit Assist" /></td>
<td>Side Exit Assist (refer to “Side Exit Assist” on page 24).</td>
</tr>
<tr>
<td><img src="image" alt="Boost® Position System control" /></td>
<td>Boost® Position System control (refer to “Boost® Position System” on page 19).</td>
</tr>
<tr>
<td><img src="image" alt="Enable control" /></td>
<td>Enable control—on the caregiver pendant (refer to “Caregiver Pendant Controls” on page 25).</td>
</tr>
<tr>
<td><img src="image" alt="Nurse Call control" /></td>
<td>Nurse Call control (refer to “Nurse Call” on page 23).</td>
</tr>
<tr>
<td><img src="image" alt="Music control" /></td>
<td>Music control (refer to “Radio” on page 70).</td>
</tr>
<tr>
<td><img src="image" alt="Reading Light control" /></td>
<td>Reading Light control (refer to “Reading Light” on page 69).</td>
</tr>
<tr>
<td><img src="image" alt="Room Light control" /></td>
<td>Room Light control (refer to “Room Light” on page 69).</td>
</tr>
<tr>
<td><img src="image" alt="Television control" /></td>
<td>Television control (refer to “Television” on page 70).</td>
</tr>
<tr>
<td><img src="image" alt="Television Channel control" /></td>
<td>Television Channel control—patient controls only (refer to “Television Channel Up/Down Control” on page 70).</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image1.png" alt="Symbol" /></td>
<td>Volume control—patient controls only (refer to “” on page 70).</td>
</tr>
<tr>
<td><img src="image2.png" alt="Symbol" /></td>
<td>Departure Transport Handle Sequence—raise and lock transport handles in position (refer to “Transport” on page 40).</td>
</tr>
<tr>
<td><img src="image3.png" alt="Symbol" /></td>
<td>Departure Transport Sequence—unplug the bed and release the brakes (refer to “Transport” on page 40).</td>
</tr>
<tr>
<td><img src="image4.png" alt="Symbol" /></td>
<td>Arrival Transport Sequence—set the brakes and plug in the bed (refer to “Transport” on page 40).</td>
</tr>
<tr>
<td><img src="image5.png" alt="Symbol" /></td>
<td>Arrival Transport Handle Sequence—stow the handles (refer to “Transport” on page 40).</td>
</tr>
<tr>
<td><img src="image6.png" alt="Symbol" /></td>
<td>IntelliDrive® Transport System</td>
</tr>
<tr>
<td><img src="image7.png" alt="Symbol" /></td>
<td>Bed battery charge status (refer to “CPR Control” on page 12).</td>
</tr>
<tr>
<td><img src="image8.png" alt="Symbol" /></td>
<td>Maintenance required (refer to “Service Required” on page 13).</td>
</tr>
<tr>
<td><img src="image9.png" alt="Symbol" /></td>
<td>Bed not in lowest position indicator—Comes on when the upper frame is not in the lowest position (located on the GCI and on the caregiver control pod on the siderail)</td>
</tr>
<tr>
<td><img src="image10.png" alt="Symbol" /></td>
<td>Home screen—press to return to the GCI home screen (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td>Symbol</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td><img src="image" alt="Alarm Symbol" /></td>
<td>Alarms control—press to go to the Alarms section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Scale Symbol" /></td>
<td>Scale control—press to go to the Scale section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Surface Symbol" /></td>
<td>Surface control—press to go to the Surface section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Therapy Symbol" /></td>
<td>Therapy control—press to go to the Therapy section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Reminders Symbol" /></td>
<td>Reminders control—press to go to the Reminders section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Preferences Symbol" /></td>
<td>Preferences control—press to go to the Preferences section on the GCI (refer to “Graphical Caregiver Interface (GCI)* Controls” on page 26).</td>
</tr>
<tr>
<td><img src="image" alt="Wireless Indicator" /></td>
<td>Wireless indicator on the GCI—identifies the operational status of the wireless connectivity module (refer to “Wireless Connectivity” on page 52).</td>
</tr>
<tr>
<td><img src="image" alt="FCC Symbol" /></td>
<td>Federal Communications Commission (on the Wireless Connectivity module) (refer to “Wireless Connectivity” on page 52).</td>
</tr>
<tr>
<td><img src="image" alt="Wireless Symbol" /></td>
<td>Wireless indicator (on the Wireless Connectivity module)—identifies the connection status of the wireless module to the facility wireless network (refer to “Wireless Connectivity” on page 52).</td>
</tr>
<tr>
<td><img src="image" alt="Connected Symbol" /></td>
<td>Connected indicator (on the Wireless Connectivity module)—identifies the connection status of the wireless module to NaviCare* SmartSync* System (refer to “Wireless Connectivity” on page 52).</td>
</tr>
<tr>
<td><img src="image" alt="Location Symbol" /></td>
<td>Location indicator (on the Wireless Connectivity module)—identifies the connection status of the Location feature (refer to “Wireless Connectivity” on page 52).</td>
</tr>
</tbody>
</table>
Additional GCI Symbols (see “Graphical Caregiver Interface (GCI)* Controls” on page 26).

- Help
- GCI Lock
- Pre-emptive Silence
- Bed Exit Alarm OFF
- Bed Exit: Position Alarm ON
- Bed Exit: Exiting Alarm ON
- Bed Exit: Out of Bed Alarm ON
- Surface: Sleep Mode
- Surface: Seat Deflate
- Surface: Max-Inflate
- Surface: Right Turn Assist
- Head of Bed Alarm ON
- Head of Bed Alarm OFF
- Bed Zeroed/Tared
- Bed Zeroed
- Rotation Therapy ON
- Percussion and Vibration Therapy
- Surface: Normal
- Surface: Left Turn Assist
- Opti-Rest ON
- Bed Not in Lowest Position
- Trendelenburg
- Bed Flat
- Reverse Trendelenburg
- Bed in Lowest Position
CPR CONTROL

The red CPR control pedals are located on each side of the base frame between the head-end and foot-end casters.

USE THE CPR CONTROL

When connected to AC power, the HandsFree® CPR Control lowers the head and knee sections, and raises the foot section. After the head section is flat, a tone sounds and the foot section rises. The foot section moves to a flat position within a maximum of 30 seconds if fully articulated.

The integrated air surface will Max-Inflate to provide a firm surface to support a CPR board. After 60 minutes of Max-Inflate, the optional air surface will go into Normal mode. If AC power is lost, the air surface stays at the level of pressure that existed at the time of power loss.

TO ACTIVATE:

1. Step down and hold the red CPR pedal with your foot until the head section reaches the flat position and you hear the audible tone. If you release the CPR pedal before the bed is flat, the head section will stop.
   - The foot and knee sections will automatically move to a flat position from any position including chair.
2. The surface automatically goes into Max-inflate for 60 minutes. After 60 minutes the surface will go into Normal/Standard mode.

NOTE:

Use of a CPR board may increase the effectiveness of CPR.
3. To stop foot section movement, press any other siderail control except Nurse Call.
4. To stop Max-Inflate, press the Surface control on the GCI home screen. Then press Normal.

NOTE:

When the AC power is lost, the head section will lower and the foot section will raise. The optional integrated air surface will not Max-Inflate and CPR board effectiveness may be reduced.

The Bed Up/Down controls are usable when the CPR function is activated.

When CPR is activated, any controls that are locked out will become unlocked.

INFORMATION INDICATORS

The Information Indicators provide the caregiver with visual indications about: Audible Indicators, Battery Status, Service Required, Hip Position Locator, and head section angle.

AUDIBLE INDICATORS

A single beep will sound when an activity is successful.
A triple beep will sound when there is an error or caregiver attention is needed. A message will appear on the GCI for further instructions.
**BED BATTERY POWER**

Charged - The Charged indicator comes on when the battery is charged.

**NOTE:**

If the bed is unplugged press any function to activate the battery power status.

Low - The Low indicator flashes when the battery is low. An intermittent tone sounds every two minutes when the battery reaches low condition and AC is unplugged.

Off - If the battery is too low to operate the bed.

⚠️ **CAUTION:**

Although a fully-charged battery is preferred, transport may be done when the battery charge is low. The bed should be reconnected to AC power as soon as possible.

If the Battery Indicator changes from Charged to Low consistently within four hours of being disconnected from AC power, the battery should be replaced.

While on battery power, the following will happen:

- All bed articulations will operate
- Integrated surfaces will remain inflated, but will not adjust pressures
- The GCI will not display

**SERVICE REQUIRED**

The Service required indicator illuminates when the bed detects a malfunction. Contact the facility maintenance department for assistance.

**HIP POSITION LOCATOR**

A hip position label appears on the intermediate siderails to indicate the correct position of the patient’s hips while on the bed. The labels are on the top of the intermediate siderail just above the caregiver controls.

Proper placement of the patient increases the effectiveness of the SlideGuard® Patient Position Mechanism and StayInPlace™ Patient Position Mechanism. These minimize migration of the patient to the foot end of the bed when you raise the head section.

**LINE-OF-SITE® HEAD ANGLE INDICATOR**

The head angle indicators mechanically indicate the approximate angle of the head section from -15° to +80° with respect to the floor. The head siderails contain head angle indicators on their outboard sides. The degree where the indicator ball rests is the correct angle. The angle indication is also shown on the home screen on the GCI.
**BRAKE NOT SET**

The Brake Not Set is an audible and visual alarm. The alarm will sound, and a message will show on the GCI, when the bed is connected to an AC power source and the brake is not set.

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**CAREGIVER SIDERAIL CONTROLS**

This section describes the siderail controls of the bed that are intended to be used by the caregiver. Not all controls listed are present on all beds.

⚠️ **WARNING:**

Instruct visitors not to use caregiver controls at any time. Visitors may assist patients in the use of patient controls. Unauthorized use of the caregiver controls may cause injury or equipment damage.

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**RAISE AND LOWER THE SIDERAILLS**

⚠️ **WARNING:**

Evaluate patients for entrapment risk according to facility protocol, and monitor patients appropriately. Make sure that all siderails are fully latched when in the raised position. Failure to do either of these could cause serious injury or death.

Siderails are intended to be a reminder to the patient of the bed’s edges, not a patient-restraining device. When appropriate, Hill-Rom recommends that medical personnel determine the proper methods necessary to make sure a patient remains safely in bed.

Siderails in the raised position are intended to make the patient aware of the proximity of the edge of the sleep surface.

Siderails in the down position, below the patient surface, facilitates a patient’s entry or exit from the bed. This design feature also facilitates unobstructed access to the patient.

**To Raise the Siderail**

1. Pull the siderail up until it latches into the locked position.
2. When you raise the siderails, a **click** will be heard when it latches into the locked position.
3. Once the **click** is heard, gently pull on the siderail to make sure it is latched properly.

**To Lower the Siderail**

1. Grasp the release handle and push up.
2. Lower the siderail.
SIDERAIL CONTROLS LOCATION

The Point-of-Care® Siderail controls are located on the outboard side of the siderails.

LOCKOUT CONTROLS

The Lockout controls are located on the intermediate siderail caregiver control panel. The Lockout controls disable the bed articulating functions. The Lockout controls are used when it is necessary to prevent bed movement. Emergency CPR will not be locked out. If CPR is activated, any controls that are locked out will become unlocked.

Follow facility protocol for lock outs to reduce the likelihood of unauthorized use of the bed controls.

⚠️ WARNING:

Lock out all articulation controls when traction equipment is installed. Failure to do so could cause patient injury.

To Activate

- At the same time press the Lockout control and the function control.
  - A single beep sounds and the locked function indicator will stay on. Both patient and caregiver controls are locked out.
  - If the lock out procedure is done incorrectly, the bed will beep three times and a screen will show on the GCI to show the correct procedure.
- The knee lockout will lock out the foot control. The foot Up/Down lockout will lock out the knee control.
- The bed up down lockout will lock out Trendelenburg and Reverse Trendelenburg.
- Any lockout will also lock out all chair positions and bed flat.

To Deactivate

- Disable any lockout by simultaneously pressing the Lockout control and the respective function control. A single beep will sound when the lockout is deactivated.
**BED UP/DOWN**

The Bed Up/Down controls are located on the head-end siderails and on the intermediate siderails. They adjust the height of the bed from a low position for patient exit to a high position for examination. To lock out a control, refer to “Lockout Controls” on page 15.

⚠️ **WARNING:**
Lowering the bed may cause linens, drainage bags, and other equipment to come in contact with the floor. Follow facility protocol if they touch the floor. Injury could occur.

⚠️ **CAUTION:**
Make sure there is sufficient headwall clearance when you raise/lower the bed. Equipment damage could occur.

**To Activate:**
- Press and hold the Bed Up control to raise the bed or press and hold the Bed Down control to lower the bed. Release the control when the desired height is reached.
- To disable the Bed Up/Down - Activate the Up/Down lockout control.

**NOTE:**
While holding the Bed Down button, the bed motion will slow down just before reaching the lowest position. Continue holding the Bed Down button until the bed stops completely. When the bed reaches the lowest position, the “Bed Not in Low position indicator” on the intermediate siderail control panel will go out and the bed position indicator on the home screen of the GCI will turn green.

**HEAD UP/DOWN**

The caregiver can raise or lower the head section by using the Head Up/Down controls. Use the Line-of-Site® Angle Indicators on the siderails or the GCI to see the specific angle. Refer to “Lockout Controls” on page 15.

**To Activate:**
- Press and hold the Head Up control to raise the head section. Release the control at the applicable position.
- Press and hold the Head Down control to lower the head section. Release the control at the applicable position.

Additionally, the bed is equipped with an automatic contour mode. When the Head Up control is pressed, the automatic contour mode raises the knee section to a maximum of 20°. When the head section is lowered, the knee section will go to the flat position.
- **Automatic Contour Feature - Press and hold the Head control.**
  The head and knee sections rise together to reduce patient migration toward the foot end of the bed.

**To Disable Automatic Contour**

Activate the Knee lockout control or press the Knee down control while you press the Head Up control to prevent the knee from moving.
**StayInPlace™ Feature**

Developed by Hill-Rom's ergonomic research labs, the optional StayInPlace™ advanced articulation technology mimics the natural movement of the patient that occurs while transitioning between the supine and upright positions. The StayInPlace™ Feature helps keep patients optimally positioned to minimize migration toward the foot end of the bed as the head of bed is raised.

**KNEE UP/DOWN**

**NOTE:**
The caregiver can raise or lower the knee section by using the Knee Up/Down controls. To lock out a control, refer to “Lockout Controls” on page 15.

**To Activate**
- Knee Up - Press and hold the Knee control to raise the knee section.
- Knee Down—Press and hold the Knee control to lower the knee section.

The automatic contour feature does not change the head angle when only using the Knee Up/Down controls.

**FOOT ELEVATE (FOOT UP/DOWN)**

The foot section angle can be changed by using the Foot Up/Down controls. Refer to “Lockout Controls” on page 15.

**NOTE:**
The Foot Up control also operates the Leg Elevation feature (refer to “Lower Leg Elevation (Vascular Position)” on page 18).

**Foot Down**
The foot section can be lowered from zero (flat) to approximately 70 degrees down from horizontal.

**To Activate Foot DOWN**
Press and hold the Foot Down control to lower the foot section

**Foot Up**
The foot section can be raised from 70 degrees below horizontal to flat.

**To Activate Foot UP**
Press and hold the Foot Up control. The foot section will raise if it had been previously lowered using Foot Down.

**NOTE:**
The Foot Up control also operates the Lower Leg Elevation.

⚠️ **WARNING:**
Lowering the foot section may cause linens, drainage bags, and other equipment to come in contact with the floor. Follow facility protocol if they touch the floor. Injury could occur.
WARNING:
Do not use ankle restraints when you activate this feature; injury to the patient may occur.

CAUTION:
Before you activate the foot section controls, make sure the area around the foot section is clear of equipment, or equipment damage may occur.

Lower Leg Elevation (Vascular Position)
The foot and lower leg section can be raised into a vascular position by using the Foot Up control. This position is achieved by the leg raising in combination with Trendelenburg and head section movement.

NOTE:
Lock out head controls if you do not want the head angle to raise or Trendelenburg to operate. To lock out a control, refer to “Lockout Controls” on page 15.

To Activate Lower Leg Elevation:
1. Press and hold the Foot Up control. The foot section will raise. Once the foot section is at maximum elevation, the head of bed will raise approximately 15 degrees, then the bed will move into Trendelenburg to raise the foot higher than the head.
2. Release the Foot Up control when the desired position is reached.

NOTE:
Another way to do this is Press Knee Up instead of Foot Up, then use Trendelenburg control. Alternately press Head up and Trendelenburg if you wish to adjust the head of bed angle with respect to Trendelenburg.

FLEXAFOOT™ Feature (Foot Extend/Retract)
The length of the bed can be adjusted using the extend or retract controls. This feature allows the Progressa® Bed to be customized to the patient’s height. The foot section can be retracted 10” (25 cm). To lock out a control, refer to “Lockout Controls” on page 15.

Make sure that the footboard is approximately 1-2” (25-51 mm) from the patient’s heels.

To Activate:
• Press and hold the Foot Extend control to extend the foot section.
• Press and hold the Foot Retract control to retract the foot section.

WARNING:
Do not use ankle restraints when you activate this feature; injury to the patient may occur.
TRENDELENBURG OR REVERSE TRENDELENBURG

The Progressa® Bed is capable of 13° Trendelenburg. Reverse Trendelenburg can achieve 18° (beds without Chair Egress) or 20° (beds with Chair Egress). The powered Trendelenburg and Reverse Trendelenburg controls can be activated at any bed height.

NOTE:
Retract foot section to achieve full Reverse Trendelenburg.

WARNING:
Trendelenburg/Reverse Trendelenburg may cause linens, drainage bags, and other equipment to come in contact with the floor. Follow facility protocol if they touch the floor. Injury could occur.

CAUTION:
While articulating in Trendelenburg position, make sure there is adequate headwall clearance.

To Activate
- Trendelenburg - Press and hold the Trendelenburg control. The foot end of the bed raises relative to the head end.
- Reverse Trendelenburg - Press and hold the Reverse Trendelenburg control. The head end of the bed raises relative to the foot end.

To Deactivate
- Return to flat position - Press the opposite control. (If in Trendelenburg - press Reverse Trendelenburg. If in Reverse Trendelenburg - press Trendelenburg.) When the level position is reached, the bed will pause. You can also press the Bed Flat control (refer to “Bed Flat Control” on page 23).

If the foot section is in the down position when Reverse Trendelenburg is activated, the foot section will automatically raise. This prevents the articulated foot section from interfering with the floor.

The Progressa® Bed will not move to the Trendelenburg/Reverse Trendelenburg position if the bed up/down controls are locked out.

BOOST® POSITION SYSTEM

The Boost® Position System assists with the movement of the patient to the head end of the bed.

The Boost® Position System will not work if the bed up down controls are locked out.

1. Press and hold the Boost control on the siderail.
   - If the bed has an air system, the mattress will go into Max-Inflate for 30 minutes.
   - Flattens the head and foot
   - May adjust bed height
   - If desired, you can continue to hold the button, the bed will transition to the Trendelenburg position

2. Release the Boost control when the desired position is reached.

3. Reposition the patient as needed.

To return to the flat position, press and hold the Bed Flat control and if the bed has an air system, press Normal on the GCI on the Surfaces screen.
**CHAIR POSITIONS**

The Chair control is located on caregiver control panel or caregiver pendant.

The Progressa® Bed will not move to a chair position if any of the articulation controls are locked out.

Use the chair control to put the Progressa® Bed in one of three chair positions:

- **Dining Chair®**
- **FullChair®**
- **Chair Egress**

Examine the Chair image on the outside of the intermediate siderail to determine what chair positions your version of Progressa® Bed can achieve. Refer to “Product Configuration Identification” on page 97.

When you press and hold the Chair control, the bed will move through all of the chair positions. Instructions will show in the GCI as the bed moves through the chair positions. Three beeps will sound when the instructions show on the GCI.

**Dining Chair® Position**

The Dining Chair® feature allows the patient to be placed in a customized semi-seated position.

**To Activate**

1. Make sure the brake is set.
2. Press and hold the Chair control. The patient deck transitions to the reclined position (first the patient deck will slightly recline backwards as the seat and lumbar sections on the mattress slightly deflate.) When the Chair control is released, the seat section will re-inflate to normal pressures (air surface beds only).
3. When the bed has reached the desired position, release the Chair control. If desired, use the Head, Knee, Foot, or Foot Retract controls to make custom Dining Chair® position adjustments.

⚠️ **WARNING:**

Do not transport a patient with the bed in a Dining Chair® position. Injury to the patient may occur.

⚠️ **WARNING:**

Do not use ankle restraints when using this feature. Injury to the patient may occur.

⚠️ **WARNING:**

Observe lines, drainage bags, and linens closely during chair positioning. Patient injury can occur.
**FullChair® Position**

The FullChair® feature is only available on beds with Chair Egress. It allows the caregiver to place the patient in a fully seated position without having to remove the patient from the bed.

**To Activate**

1. Set the brake.
2. Press and hold the Chair control. The patient deck transitions to the reclined position (first the patient deck will slightly recline backwards as the seat and lumbar sections on the mattress slightly deflate) then to the Chair position.
3. If the footboard is installed, when the articulation stops and a tone sounds, the bed has reached the FullChair® position.

**NOTE:**

If the footboard is not installed, bed will proceed into Chair Egress.

⚠️ **WARNING:**

Do not transport a patient with the bed in a chair position. Injury to the patient may occur.

⚠️ **CAUTION:**

Do not stand or sit on the footboard. Damage to equipment may occur.

⚠️ **WARNING:**

Observe lines, drainage bags, and linens closely during chair positioning. Patient injury can occur.

**Chair Egress**

The chair egress feature allows the caregiver to easily position a patient to exit from the foot end of the bed by pushing and holding one button.

The chair egress position is intended to facilitate patient exit and not long-term sitting.

The head section moves to full upright position, the foot section retracts and lowers completely, the bed lowers to its lowest height, the seat and leg sections deflate, the bed tilts and then the knee lowers. The back section can then be inflated to sit the patient straight up as an egress assist.

⚠️ **WARNING:**

Do not use the chair egress feature to return a patient to a Progressa® Bed with the Progressa® Prevention Surface. Adjust the bed to the flat position to return a patient to the bed. Failure to do so could cause injury to the patient or the caregiver.

**To Activate**
1. Make sure the brakes are set.

**WARNING:**
When the footboard is removed from the bed, do not lay the footboard flat on the floor. Store the footboard in a position or location so that it does not come in contact with biohazards. Failure to do so could cause injury.

2. Remove the footboard if installed.

**NOTE:**
If the footboard does not have a transport shelf installed, the footboard can be set upright on the floor. If a transport shelf is installed, the footboard can be put against a wall in a position so that it will not fall.

3. Press and **hold** the Chair control until the bed reaches the FullChair® position and lowers completely.

**NOTE:**
The patient deck first tilts back and then lowers as it goes to the FullChair® position.

- Whenever the bed beeps three times, follow the on-screen prompts to help you through the correct procedure for Chair Egress.
- Monitor the patient, patient lines, and drainage devices.
- For patient comfort, remove patients pillow before moving the bed to the chair egress position.
- For patient safety, remove the top sheet and any other items that may restrict leg movement before egressing the patient from the bed.

4. On beds with a Progressa® Prevention Surface with the Chair Egress feature, continue to press and hold the chair control until the bed is at the chair egress position.

5. On beds with an air surface, the GCI will indicate when the seat is deflating. Wait until the mattress deflates fully and the bed beeps three times.

**NOTE:**
Pressing cancel on the GCI screen will re-inflate mattress.

6. Press and hold the Chair control again. The frame will tilt forward to put the patient's feet closer to the floor.

   - One beep will sound when maximum tilt is reached.

7. If needed, press and hold the Chair control to inflate the back section of the mattress to assist with the patient egress until desired amount.

8. Make sure the patient's feet are on the floor and clear of all obstructions and trip hazards including the deflated surface and linens. Monitor the patient and patient lines during bed egress. Assist the patient with egress.

**WARNING:**
Wait for the bed to complete all frame articulations and mattress deflations and the patient's feet are touching the floor before the patient exits the bed. Patient injury could occur.
To Deactivate

To move the bed out of a chair position, press and hold the **Bed Flat** control.

⚠️ **WARNING:**
The patient’s feet must be supported by the floor at all times while in the exit chair position. Injury to the patient may occur from improper positioning.

⚠️ **WARNING:**
Do not transport a patient with the bed in the chair egress position. Injury to the patient may occur.

⚠️ **WARNING:**
Do not use ankle restraints when activating this feature. Injury to the patient may occur.

⚠️ **WARNING:**
Observe lines, drainage bags, and linens closely during chair positioning. Patient injury can occur.

⚠️ **WARNING:**
If bed sheets contact the floor during Chair Egress, follow standard infection control procedures.

**BED FLAT CONTROL**

Bed Flat controls are provided so that a caregiver can easily return the patient deck to the level position from any articulated position.

1. Press and hold the Bed Flat control.
2. The intermediate frame returns to level from the tilted position.
3. The individual sections move to the flat position. If the bed is starting in the Chair position, then it will move through the Reclining position on the way to level.
4. When all sections are flat, the bed stops and one beep sounds.

**NURSE CALL**

Use the **Nurse Call** control to activate the Nurse Call feature. The controls are located on both the inboard and outboard sides of the intermediate siderails. The Nurse Call controls are always active if connected to the facility communication system.

**To Activate:**

- Press a **Nurse Call** control.
- When the nurse station acknowledges the nurse call, the inboard indicator continuously illuminates amber and the outboard indicator does not illuminate.
- When the nurse station communication line is open, both the inboard and the outboard indicators continuously illuminate green.
- Speak into the speaker/microphone located on the inboard side of the head end siderails.
MAX-INFLATE (SIDERAIL METHOD)

To Activate
Press the Max-Inflate control.
  – The green indicator light will turn on.

To Deactivate
Press the Max-Inflate control
  – The green indicator light will turn off.

Refer to “Max-Inflate” on page 60 for an alternative method. This feature times out after 30 minutes.

SIDE EXIT ASSIST

The Side Exit Assist control inflates the seat section of the surface to assist in side exit of the bed. This feature times out after 30 minutes.

To Activate
1. Help patient to side sitting position on edge of mattress.
2. Raise or lower the bed so the patient’s feet will be flat on the floor.
3. Press the Side Exit Assist control on the head end siderail.
4. After the seat section inflates, assist the patient with bed exit.

To Deactivate
Press the Side Exit Assist control on the head end siderail.
CAREGIVER PENDANT CONTROLS

This section describes the pendant controls that are intended to be used only by the caregiver.

⚠️ WARNING:
The caregiver pendant is for use by the caregiver only. Use by the patient could result in patient injury.

⚠️ WARNING:
The pendant is not for use inside of an oxygen tent. Patient injury can result.

There is an Enable control located on the caregiver pendant. The Enable control deters unauthorized operation of controls on the pendant. The Enable control is only required for the functions connected with the green line. The controls in the blue area do not require the Enable control to be activated.

The Enable indicator stays on for 60 seconds. While this indicator light is on, the caregiver can activate any pendant control.

To Activate
- Press and hold the Enable control until the indicator light comes on. The Enable indicator light stays on for 60 seconds.
- During the 60-second period, you may activate bed controls on the pendant without pressing the Enable control again.
- If the enable control process is done incorrectly, the bed will beep three times and instructions will show on the GCI.
- If during the 60 second enabled time you want to turn it off, press the Enable control. The indicator light will turn off when the Pendant controls are no longer enabled.

To Remove from the Siderail or Footboard.
- Pull straight up on the pendant.
  or
- Rotate the pendant in a clockwise or counterclockwise direction until the mount clip disengages from the siderail or footboard.

To Store

⚠️ WARNING:
Only store the pendant on the footboard or on the upper part of the intermediate siderail as shown. Do not store the pendant on the patient side of the siderails or footboard, under the mattress, on the lower part of the siderail, or on the patient restraint and drainage bag holders. To do so could cause patient injury or equipment damage.

  Push straight down on the pendant until the mount clip engages on the top of the intermediate siderail or the footboard.
GRAPHICAL CAREGIVER INTERFACE (GCI)® CONTROLS

The GCI is located on the intermediate siderail next to the caregiver control panel.

To Activate
- Touch the screen.
- Slide your finger across the screen at the location shown.

The screen will dim after 1 minute of not being touched. After 2 minutes of the screen not being touched the screen will lock. When locked, the screen information will still be visible but if the screen is touched the user will need to unlock it again.

Lock the GCI
At any time the user can hide screen information by pressing the lock symbol in the lower left hand corner of the screen. The swipe screen will show until the screen is active.

HOME SCREEN DESCRIPTION

Information Indicators—touch for status details.

- Bed Exit Status
- Bed Zeroed Status
- Surface Status
- Trendelenburg Status
- Rotation Status
- Percussion and Vibration Status
- Screen Lock
- Head angle status
- Home Screen
- Scroll arrow-up
- Alarms
- Scale
- Surface controls
- Scroll arrow-down

Use the arrows or slide your finger up and down on the right to see different screen options.

- Pulmonary Therapies
- Reminders
- Preferences
- Help
**BED EXIT ALARM**

**Patient Position Mode**—this mode alarms when the patient moves towards either siderail or moves away from the head section, such as sits up in bed.

**Exiting Mode**—this mode alarms when a patient moves away from the center of the bed towards an egress point.

**Out of Bed Mode**—this mode alarms when the patient’s weight shifts significantly off the frame of the bed.

**Turn ON the alarm**
1. Make sure the patient is centered on the bed and aligned with the hip locator.
2. Press the Alarms control on the GCI.
4. Press one of these:
   - Patient Position
   - Exiting,
   - Out of Bed

**NOTE:**
Only one bed exit mode can be active at a time.

5. A message will show when the bed exit alarm is active.
   - When armed the alarm icon will turn green on the home screen and the center of the icon will show the selected level of sensitivity.

**NOTE:**
If you want Bed Exit set during a pulmonary therapy (Rotation or Percussion and Vibration), Bed Exit must be initiated before starting the therapy. Only Out of Bed Mode will work during a pulmonary therapy.

**Turn OFF the alarm**
1. Press the Alarms control on the GCI.
3. Press Off. This turns off the Bed Exit Alarm.
**Pre-Emptive Alarm Silence**

When the Bed Exit System is on, it can be silenced with the Pre-emptive alarm button in the lower left corner of the screen for 30 seconds and then suspended for 10 to 30 minutes without turning the system off.

**To activate the Pre-Emptive Alarm Silence**

Press the alarm silence control located at the lower left of the GCI/Touchscreen then press the Alarm Silence control. This will allow patient movement or procedures to be done without the alarm sounding.

**Silence a Bed Exit Alarm**

When the bed exit system is activated, and it detects an alarm condition, an alarm will sound and a message will show on the GCI.

Press Silence to acknowledge the alarm. During the Silence mode, the system stops monitoring the patient movement; therefore the system does not turn on the audible alarm or send a nurse call alarm. While the system is in Silence mode, you can change the position of the patient or assist the patient out of the bed.

Then, a new screen shows where you can select: Resume, Suspend, or Alarm Off. If nothing is selected on this screen the system will wait 30 seconds to allow the caregiver time to help the patient out of the bed, if for example the patient needs to use the bathroom.

After the system has been in Silence mode for 30 seconds, the system will try to arm itself for the previously set Bed Exit mode.

- **Suspend**—if silence is not a long enough interval, suspend allows 10 to 30 minutes more time before the bed attempts to re-arm the alarm. If the bed does not detect a patient after the time expires, the alarm will sound. This time can be configured by your facility maintenance personnel.
- **Resume**—immediately turns on the bed exit alarm on.
- **Alarm Off**—turns the bed exit alarm off.

**Change Alarm Volume**

The alarm volume can be changed from the default value to something softer.

**Change the Alarm Tone**

The alarm tone can be changed. Contact your facility maintenance personnel.

**NaviCare® System**

The NaviCare® System is an enterprise system that connects and monitors Hill-Rom beds and surfaces. The system sends bed and surface data to network applications for caregivers to view and receive alerts. For complete operational instructions for the NaviCare® System refer to the NaviCare System User Manual.
**HEAD ANGLE ALARM**

The head angle alarm lets the caregiver set an alarm to sound if the head section goes below 30° or 45°. A message will show on the GCI when the head section goes below the angle setting.

**To Activate**
1. Raise the head section to the applicable position above 30° or 45°.
2. Press the Alarms control on the GCI.
3. Press the desired head angle alarm.

**When an alarm sounds**
- Raise the head section above 30° or 45°.
- or
1. Press the Alarms control on the GCI.
2. Press Off to silence the alarm.

**SCALE**

The Scale control on the GCI allows you to Zero the Scale (does not clear history), New Patient (clears history and zeroes scale), Weigh Patient, adjust the weight, add/remove items, change from pounds (lbs) to kilograms (kg), calculate BMI, or view weight history.

If the bed has a pendant installed, make sure it is either on the siderail or footboard when you zero the scale or weigh a patient.

**Scale specifications**

**NOTE:**
Scale accuracy: 2.2 lb (0.99 kg) or 1% of patient weight, whichever is greater
Scale repeatability: 2.2 lb (0.99 kg) or 1% of patient weight, whichever is greater
The maximum scale capacity is 551 lb (250 kg), however the maximum patient weight for the bed is 500 lb (227 kg).
Recommended bed Position to Weigh a Patient and Required Bed Position to Zero the Bed

- Head lower than 45°.
- Foot not more than 30° below horizontal.
- Trendelenburg/Reverse Trendelenburg less than 2°.

Zero/New Patient

1. Make sure the patient is not on the bed.
2. Put the bed in the required position (refer to “Recommended bed Position to Weigh a Patient and Required Bed Position to Zero the Bed” on page 30).
3. Press the Scale control on the GCI.
5. Press:
   - New Patient
     - Erases Scale History (all previously recorded patient weights will be erased)
     - zeroes the scale
     - Returns the surface to Normal mode
     - Turns off all RemindMe reminders
   or
   - Zero
     - Does not erase Scale History
     - zeroes the scale
6. Follow the on-screen instructions.
   - If during Zero or New Patient, the “Not Required Position” message shows on the GCI, adjust the bed as applicable.
Weigh the patient

1. Make sure the patient is centered and laying on the bed.
2. Move any drainage bags on the bed to the green hooks under the foot end of the sleep deck.
   - You can weigh in the non-recommended position, however non-recommended positions may reduce accuracy and repeatability.
   - Items on the IV poles or in the oxygen tank holders at the head-end of the bed are not weighed.
3. Press the Scale control on the GCI.
4. Press the Scale control.
5. Press Weigh Patient. Follow the on-screen instructions.
6. Press Accept Weight to store the weight in the history.
7. Return the drainage bags to the drainage bag holders on the bed.
8. To protect the privacy of the patient, do not leave the patient weight displayed on the screen. Return to the Home screen by pressing the Home button on the GCI.

BODY MASS INDEX (BMI) CALCULATOR

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat, such as underwater weighing and dual energy x-ray absorptiometry (DXA). BMI can be considered an alternative for direct measures of body fat.

To Activate

1. Press the Scale control on the GCI home page.
2. Press the Scale control.
3. Press Patient Height icon and enter the patient height.
4. Press Accept.

WARNING:

Do not unlock or change the scale units without facility authorization. To do so may cause personal injury.

The option for a caregiver to change the scale units may be not be available for your bed. If you follow the instructions below and the lb/kg units do not change, then you will need to get facility
authorization to have maintenance or Hill-Rom change the units.

**Change between lb and kg, adjust weight, or Add/Remove Items**

Adjust Weight: Manually enter patient's estimated weight.
Add/ Remove Items: Manually account for items added or removed.
1. Press the **Scale** control on the GCI.

2. Press **Options**.

3. Press the **desired function**. Follow the on-screen instructions.
View weight history

The GCI will show the initial weight of the patient and will allow you to view at least 21 weights that were taken. The screen will show the date and time, last zero, the weight, and how much weight was adjusted.

1. Press Scale control on the GCI.
2. Press Scale.
3. Press History control.

If the weight was taken in a Not Recommended Position, an icon will appear, which shows the status of the bed when the weight was taken.

Use the arrows or touch a dot to see different weights.

SCALE—NAWI COMPLIANT (EN 45501)

Some beds are equipped with the NAWI Scale. You can tell if your bed is equipped by observing the “OT” on the left side of the home screen. Or, on the scale screen there will be a magnifying glass icon on the weighing screen. The weight is continuously updating.

The Scale control on the GCI allows you to Zero the Scale (does not clear history), New Patient (clears history and zeroes scale), Weigh Patient, adjust the weight, add/remove items, calculate BMI, or view weight history.

Non-Verified Weight is a live weight reading of the patient and all items on the weighing area that are not zeroed/tared out. To verify weight remove items on the weigh area that are not zeroed/tared and press Save Weight.

If the weight reading shows as all dashes, the scale is unable to weigh the patient. This may occur if the bed weight limit has been exceeded, or there is an internal error. Remove the patient from the bed. If this does not fix the problem, contact facility maintenance for further troubleshooting.

If the bed has a pendant installed, make sure it is either on the siderail or footboard when you zero the scale or weigh a patient.
To protect the privacy of the patient, do not leave the patient weight displayed on the screen. Return to the Home screen by pressing the **Home** button on the GCI.

**Unstable equilibrium**

Unstable equilibrium means the equilibrium between internal readings for the scale is not stable. If the Unstable equilibrium indicator is on, scale accuracy will be diminished. This function is automatic and cannot be selected by the caregiver.

**Bed not Recommended Position Button**

“Bed not in recommended position” means the bed is not in the position that the scale was certified in during manufacturing. You can weigh in the non-recommended position; however, non-recommended positions may reduce accuracy and repeatability. The weight can be saved, but will be noted as a non-verified weight.

**Recommended bed Position to Weigh a Patient and Required Bed Position to Zero/Tare the Bed**

- Head lower than 45°.
- Knee and foot sections straight and horizontal
- Bed full up position.
- Foot fully extended.
- Trendelendburg/Reverse Trendelenburg less than 2°.
- Left to right angle less than 2°.

**NOTE:**

If the bed is on an uneven floor surface, weighing or zero/tare is not possible. The “Out of Position Screen” indicating Trendelenburg/Reverse Trendelenburg is out of position will appear. If Trendelenburg/Reverse Trendelenburg is level, move the bed to a flat floor surface and retry weighing or zero/tare.

**View Weight History**

The GCI will show the initial weight of the patient and at least 21 weights that were taken. The screen will show the date and time, last zero, the weight, how much weight adjusted, and the bed position when the weight was taken.

If the weight was taken in a Not Recommended Position, an icon will appear, which shows the position of the bed when the weight was taken.

Use the arrows or touch a dot to see different weights.

1. On the **Scale** control on the GCI home screen.
2. Press **Scale** control.
3. Press **History**. Follow the on-screen instructions.
   - Press the dots to view more information about previously saved weights.
Zero/Tare the Scale or New Patient

The Zero/Tare function lets the caregiver reset the scale system before a new patient uses the bed.

1. Remove equipment and accessories from the bed.
2. Make sure the bed is in the correct position for Zero/Tare. Refer to “Recommended bed Position to Weigh a Patient and Required Bed Position to Zero/Tare the Bed” on page 34.
3. Press the Scale control on the GCI home screen.
4. Press Zero/Tare.
5. Press:
   - **New Patient**
     - Erases Scale History (all previously recorded patient weights will be erased)
     - Zeroes the scale
     - Returns the surface to Normal mode
     - Turns off all RemindMe reminders
   or
   - **Zero/Tare**
     - Does **not** erase Scale History
     - Zeroes/Tares the scale

After the scale is zeroed/tared, and the empty bed is in a stable position, a green indicator with +/- 0,25 e Zero/Tare will appear on the Scale screen. This indicates the bed has an acceptable zero/tare. Once there is weight in the bed this indicator will not show. If there is an unstable equilibrium +/- 0,25 e Zero/Tare indicator will also not show. If the empty bed has been zeroed/tared, is in a stable position, and the indicator is not on, the bed will need to be re-zeroed/tared.
Magnification Mode (Extended Weighing Device)

Only available on the NAWI Compliant (EN 45501) Scale. Pressing the magnifier button will change the scale display increments to 0.1 kg for 5 seconds. Weights cannot be saved in the Magnification Mode.

Save Weight
1. Make sure the patient is centered and laying on the bed.
2. Press the Scale control on the GCI.
3. Press Scale.
4. Verify the weight by removing items from the weighing area that were not zeroed.
5. Press Save Weight. Follow the on screen instructions.
   - Caregiver has verified and saved the patient weight.

NOTE:
If the Non-Verified Weight has two red dashes and the Save Weight button is grayed out, then re-zero/tare the bed.
**Add/Remove Items**

Add/Remove Items lets the caregiver change items on the bed and correct the weight reading while the patient is on the bed.

**NOTE:**

If the patient is **not** on the bed, use the Zero/Tare function after you change the items on the bed.

The Add/Remove Items function keeps the patient’s weight in memory as you change items on the bed. Before you add or remove items, use the Add/Remove Items option to keep the weight reading for the items being changed.

1. Press the **Scale** control on the GCI home screen.
2. Press **Options**.
3. Press **Add/Remove Items**. Follow the on-screen instructions.

After using the Add/Remove function the word *Net* will appear next to the non-verified weight. *Net* indicates a user has manually changed the non-verified weight. The weight saved after using Add/Remove Items will be noted with the word *Net* next to it. If that same device is later removed or the cumulated adjustment amount is 0 kg and the word *Net* will no longer appear.

**Scale specifications**

Class III

e = 0.5

Conforms to the European Medical Device Directive 93/42/EEC for a device that has a measuring function. The scale is classified per Scale Directive 2009/23/EC.

Maximum weight: 250 kg

Minimum weight: 10 kg

Display interval: 0.5 kg
Combined zero and tare range: 10 kg to 250 kg
The maximum scale capacity is 250 kg, however the maximum patient weight for the bed is 227 kg.

**PREFERENCES**
The New Patient control clears the weight history, clears Therapy Statistics, re-zeroes the scale, and resets Patient Comfort.

**History**
1. Press the Preferences control on the GCI home screen.
2. Press History to see Bed Exit alarm history, Head Angle, Weigh Patient History, Rotation Therapy, Percussion and Vibration Therapy, Chair, and Opti-Rest.
   - A History button is also present in each area of the GCI that has history associated with it. For example, the bottom of the Rotation screen.

**Views**
Bed Exit: Displays the time spent with the Bed Exit alarm on.
Head Angle: Time spent with the head of bed more than 30° or 45° since 12 AM with Head Angle alarm active.
Scale: Displays the saved weights in 24-hour periods.
Rotation: Displays the maximum number of cycles/hour the patient has rotated and hrs: mins in rotation, in 24 hours periods.
P&V: Displays the number of Percussion and Vibration treatments provided per 24-hour period.
Chair: Time spent in Chair position since 12 AM.
Opti-Rest: Time spent in Opti-Rest mode since 12 AM.
To clear histories, refer to “Zero/New Patient” on page 30 or “Zero/Tare the Scale or New Patient” on page 35.

**Change the Language**
1. Press the Preferences control on the GCI.
2. Press the Language control and select the applicable language.
3. Press Accept.

**Adjust Time and Date**
1. Press the Preferences control on the GCI.
2. Press the Adjust Date/Time button. Follow the onscreen instructions.
3. Press Accept when the time and date are correct.
BED FRAME FEATURES

This section describes general features found on the bed. Not all features listed are present on all beds.

POINT-OF-CARE® BRAKE AND STEER SYSTEM

The Point-of-Care® Brake and Steer System pedals are located: above the foot-end casters (brake), the sides of the bed (steer), and at the head-end of the bed (brake and steer). At the head-end of the bed, the brake pedal is on the left, and the steer pedal is on the right.

- Use the steer mode to help move the bed in a straight line and maneuver through hallways.
- Use the brake feature to keep the bed from moving.
- Use the neutral position to move the bed sideways in a room or small enclosed area.

There are three steer systems available on the bed: Corner Steer, 5th Wheel, and IntelliDrive® Transport System.

To Activate

Brakes—Step down on the orange Brake Pedal. Push and pull on the bed to make sure that the brake function is fully engaged.

Neutral Position—Move the Brake/Steer Pedal to the level position. The bed can now be moved in any direction.

Steer—Step down on the green Steer Pedal. The left foot-end caster locks in-line.

Corner Steer: The left foot-end caster locks in-line ready for system movements.

5th Wheel: When the brake and steer pedal is placed in steer, the front casters are not locked into steer mode. All four casters on the bed are put into the neutral position. This allows the bed to pivot on the 5th wheel. Pivoting on the 5th wheel, allows for tighter turns, and enhanced ease of steering.

IntelliDrive® Transport System: Steer mechanism operates as above in 5th wheel only with a power drive wheel.

When the bed is connected to AC power and the brakes are not set, an alarm sounds and a message shows on the GCI. When AC power is removed, the alarm will stop and the GCI will turn off.

WARNING:

Unless transporting the patient, always set the brakes. Make sure the brakes are set before and after any patient transport. Failure to do so may cause injury or equipment damage.
**HEADBOARD**

The headboard is attached to the head end of the frame, and it goes up and down with the frame.

The headboard can be removed for increased access to the patient’s head.

A caregiver can quickly remove or attach the headboard in a single step without the use of tools.

**To Remove/Install:**
- To remove, grasp the headboard and lift straight up.
- To install, position the headboard sockets, indicated by arrows on the back of the headboard, over the pins on the frame. Then lower the headboard onto the pins. Push the headboard down until the bottom rests on the frame.

**FOOTBOARD**

The footboard attaches to the articulating foot section, and it remains perpendicular to the surface of the foot section at all times. The footboard protects the patient during transport and room docking.

A caregiver can quickly remove or attach the footboard in a single step without the use of tools. When removed the footboard is designed to stand upright.

⚠️ **WARNING:**

Do not stand or sit on the footboard. Injury or equipment damage could occur.

**To Remove/Install:**
- To remove, grasp the handles on the footboard and lift straight up.
- To install, insert the pins of the footboard in the articulating frame. Push the footboard down until it rests on the deck.

⚠️ **WARNING:**

When the footboard is removed from the bed, do not lay the footboard flat on the floor. Store the footboard in a position or location so that it does not come in contact with biohazards. Failure to do so could cause injury.

**NOTE:**

If the footboard does not have a transport shelf installed, the footboard can be set upright on the floor. If a transport shelf is installed, the footboard can be put against a wall in a position so that it will not fall.

**TRANSPORT**

**NOTE:**

Do not walk in front of the bed during transport. Guide the bed from the sides.

**Transport Handles**

Transport handles are provided at the head end of the bed. The handles provide the caregiver easy-to-grasp grips for steering and positioning the bed.
To Use:
1. Raise the handles from the stowed position.
2. Lower the handles into the bed frame.

To Stow:
1. Pull the handles upward from the bed frame.
2. Lower the handles inward toward the center of the bed until they stop moving.

⚠️ CAUTION:
Do not push or pull the bed by IV poles or other equipment. Use the transport handles or footboard. Failure to do so can cause equipment damage.

Transport Position

⚠️ WARNING:
Do not transport a patient with the bed in a FullChair®, Chair Egress, or Dining Chair® position. Injury to the patient may occur.

⚠️ WARNING:
Do not push or pull the bed by the IV poles. Injury or equipment damage could occur.

⚠️ CAUTION:
Use caution when you move the bed through doorways. Equipment damage could occur.

The bed is intended to be used to transport patients with the foot end of the bed forward. Prior to transport, properly store the power cords to prevent tripping. Use the power cord storage hook at the head-end of the bed. Take care to prevent damage to AC power cords. An electrical shock hazard exists. Use only transport handles or the footboard to move the bed.
**Transport the bed**

1. Raise the bed so the transport handles are at a comfortable height.
2. Make sure the head section is low enough to have clear view of the travel path.
3. Make sure the patient, equipment, and all lines are securely placed within the perimeter of the bed.
4. Lower IV poles as applicable so they do not impact doorways or ceiling fixtures.
5. Unplug and stow the AC power cord, accessory outlet power cord, and communication cable on the storage hook at the head-end of the bed.
6. Set the brakes to Neutral or Steer (step down on the green brake pedal until it stops).
7. Make sure the casters are in the trailing position.
8. Use the transport handles or IntelliDrive® Transport System to move the bed.

**NOTE:**
A single person can transport the bed. Additional people may be needed for transport if the bed does not have IntelliDrive® Transport System during these conditions:
- Floor is not level—inclines, declines, or lateral tilt
- Floor obstructions—thresholds, floor transitions, or gaps
- Floor is not hard—carpeting
- High weight is on the bed—greater than 250 lb (113 kg)
- Casters not aligned with the direction of travel

**WARNING:**
During transport, use caution so the bed does not tip or overbalance. Failure to do so may cause injury or equipment damage.

Generally, as the load increases, the risk of instability goes up.

Lower the bed height to increase stability.

Use and position of accessories may affect stability. Do not overextend IV poles or similar accessories and do not overload accessories. If multiple accessories are in use, distribute them evenly from side to side or head to foot.

For inclines or thresholds, approach them as you move forward or backwards, rather than sideways.

To help prevent overbalance or collision with hidden objects or people, do not make sharp turns at corners and do not turn the bed at high speeds.
After transport

- Put the bed in the intended location.
- Set the brakes.
- Stow the transport handles or IntelliDrive® Transport System handles.
- Connect the AC power cord, accessory outlet power cord, and communication cable (as applicable).
- Return IV poles to correct working height.

IntelliDrive® Transport System (Power Transport)

The IntelliDrive® Transport System is a permanently attached powered drive mechanism built into the bed. This mechanism deploys or stows as a function of the position of the brake/steer pedal and AC power availability. It is activated by applying pressure to the transport handles located at the head end of the bed. This allows the caregiver to propel the Progressa® Bed during patient transport with minimal applied force. The label between the handles and on the bed frame shows the battery charge and the correct way to use the system.

To use the IntelliDrive® Transport System

1. Raise all four siderails to the up and locked position.
2. Adjust the bed position to make sure an unobstructed view from the head end of the bed.
3. Secure all equipment being transported with the bed, such as monitors, oxygen tanks, and IV poles.
4. Make sure the transport handles are up and locked in position.
5. Unplug the bed from its power source.
6. Unplug and stow all power cords and communication cords on the hook at the bottom of the transport handle.
7. Set the steer pedal to Steer (step down on the green brake pedal until it stops).

NOTE:

Unplugging the bed, and putting the bed in steer mode will automatically deploy the drive wheel, but will not power the IntelliDrive® Transport System.

8. Grip one or both of the transport handles located at the head end of the bed.
9. Press at least one of the enable switches on the underside of the blue transport handles.
   - Pressing an enable switch engages the drive wheel on the bed so it can move when pressure is applied to the handles.
   - Pressing an enable switch will not cause the bed to start moving if there is no pressure applied to the handles.
10. Push the transport handles forward to start forward movement or pull them toward you to start reverse movement. There may be a momentary delay before the bed moves.
   • Pressure sensors located in the transport handles sense the applied pressure, activate the motor, and propel the bed in the direction of applied pressure.
   • The amount of applied pressure to the handles will regulate the speed of the bed.
     – Increasing the forward applied pressure will move the bed forward faster. Maximum forward speed is between 2.5 and 3.5 mph on level flooring.
     – Increasing the reverse applied pressure will move the bed in reverse faster. Maximum reverse speed is between 1.0 and 2.0 mph on level flooring.

11. Decreasing pressure on the transport handles will slow the bed down.

12. Releasing the enable switch(es) on the transport handles will cause the bed to stop.

**To deactivate the IntelliDrive® Transport System**

1. Set the brake/steer system to neutral or brake, or
2. Plug the bed into an appropriate power source.

**To store the transport handles:**

1. Grasp the handles, and lift upwards to unlock the handles.
2. Swing the handles inward toward the center of the bed into the stowed position.

In case of battery or motor power loss, press the electronic brake switch (on the drive box on the bottom of the bed) to permit forward and reverse bed movement with a deployed, unpowered, IntelliDrive® Transport System.

**WARNING:**

If the bed propels forward or reverse when depressing one of the enable switches and not applying any pressure on either of the handles, contact your local service personnel for repair. Failure to do so can cause injury or equipment damage.

**WARNING:**

If the bed propels forward or reverse while applying pressure on either of the transport handles and not pressing either of the enable switches, contact your local service personnel for repair. Failure to do so can cause injury or equipment damage.

**WARNING:**

If the bed is stopped on a ramp, or a patient is left unattended, set the brake to avoid unwanted bed movement. Failure to do so can cause injury or equipment damage.
WARNING:
Significantly reduce the speed of travel when powering the IntelliDrive® Transport System when using freestanding patient attached equipment or traveling through doorways. Failure to do so can cause injury or equipment damage.

CAUTION:
The IntelliDrive® Transport System is intended for indoor use only. Outdoor use may cause temporary or permanent damage to the powered drive mechanism and/or drive belt.

**WALLGUARD® BUMPER SYSTEM**

The WallGuard® Bumper System protects the perimeter of the Progressa® Bed when it is being moved or transported.

Roller bumpers protect the walls and doorways when transporting the bed.

**LINE MANAGER (P7512)**

A Line Manager is on each side of the head end of the bed. The Line Manager helps to keep lines (such as IV lines, suction lines, etc.) together and away from the articulating frame. The flexibility of the Line Manager lets you bend it in any direction.

WARNING:
Make sure the lines are not pinched or kinked and there is sufficient slack in the lines for bed articulations and patient movement. Failure to do so could cause injury or equipment damage.

CAUTION:
Do not wrap the power cord or communication cable around the line manager. Equipment damage could occur.
DRAINAGE BAG HOLDERS

The bed is equipped with six drainage bag holders on each side of the bed.

Holders on the weigh frame include three (3) holders on each side of the foot section and two (2) hangers on each intermediate siderail.

There is one (1) green hanger on each side of the bed that is not on the weigh frame. Only the green drainage holders near the foot section will not be part of patient weighing.

The holders accommodate any combination of the following drainage devices:

- Fecal incontinence bag
- 250-2000 ml Foley collection bag
- Chest drainage devices on the tan siderail holders or on the foot-end holders not in the lowest bed height.

When the bed is docked, follow facility protocol for placement of the chest drainage devices.

The primary drainage bag holders are located on the weigh frame. The green hook under the foot section is not on the weigh frame and should be used to keep drainage bags off the floor when you weigh a patient.

⚠️ WARNING:

Remove drainage bags from the foot section before you use the Chair control and remove drainage bags from siderails before transport through doorways. Patient injury could occur.

⚠️ WARNING:

Use caution when you position the drainage bag tubing to keep it away from moving parts. Injury or equipment damage could occur.

⚠️ WARNING:

Lowering the bed may cause drainage bags to come in contact with the floor. Follow facility protocol if they touch the floor. Injury could occur.

⚠️ WARNING:

Use caution when you raise or lower a siderail with a drainage bag present. Injury could occur.

RERAINTS

The bed facilitates the use of vest, wrist, waist, and ankle restraints. Hill-Rom makes no recommendation regarding the use of physical restraints. Users should refer to legal restrictions and appropriate facility protocols before physical restraints are used. Ankle restraints can be tied to the designated ankle restraint holders and also to the drainage bag holders on the foot section of the bed.
**WARNING:**
Patient restraints are not intended as substitutes for good nursing practices. Physical restraints, even properly installed, can cause entanglement, physical injury, and death, particularly with agitated and disoriented patients. Monitor patients when using physical restraints in accordance with legal requirements and facility protocol.

**WARNING:**
Restraints must be attached to proper attachment points, not the siderails, to prevent injury to the patient.

**WARNING:**
Follow the restraint manufacturer's instructions. Injury could occur.

**WARNING:**
For restraining devices, consult the restraint manufacturer’s instructions for use to verify the correct application of each restraining device.

**WARNING:**
Never use ankle restraints in a chair position or when the foot section is retracted. Do not use the foot up/down or foot extend/retract controls as these will change the FlexAfoot™ Feature length. Injury could occur.

**WARNING:**
Never use ankle restraints in a chair position or when the foot section is retracted. Injury could occur.

**FLUOROSCOPY/C-ARM**

The bed provides a radiolucent head section that measures 17.7" x 23" (43 cm x 58 cm). The radiolucent head section allows a caregiver to perform fluoroscopy of patients from head to waist when the patient is lying flat.
**Bed setup when you use a C-arm:**
1. Set the brakes.
2. Lockout all articulation controls before you position the patient in the mobile scanner.

⚠️ **WARNING:**
Use of surface radiolucency in areas with identified artifacts is not intended for diagnosis of underlying pathology. Intended use in the identified artifact areas, for example, includes tracking location of a radio-opaque component of a vascular central line.

⚠️ **WARNING:**
Hill-Rom does not indicate the use of the Progressa® Bed with any particular portable CT scanner. Contact the portable CT scanner manufacturer to make sure of the compatibility with the bed and patient stability.

**Progressa® Therapy and Pulmonary mattress artifact locations**
(artifacts can include metal coil and non-metal tubing and fittings)

![Artifact locations]

**Prevention mattress artifact locations**

![Artifact locations]
**X-RAY SLEEVE**

The X-ray sleeve is available on powered air mattresses. It is located under the patient’s chest area. To use the sleeve, do as follows:

1. Make sure the head of the bed is between 45° and 60°. The position may be adjusted for patient comfort.
2. Put the mattress in the Max-Inflate mode.
3. Pull the sheet away from the edge of the mattress.
4. Lift the flap over the zipper.
5. Unzip the sleeve.
6. Make sure the x-ray cassette is in a pillow case or similar covering.
7. Insert the x-ray cassette.
8. Remove the x-ray cassette when finished.
9. Close and zip the sleeve.

**NOTE:**
The cassette should insert easily. If it does not, take action to further offload patient weight. This may generally be accomplished by raising the head of bed angle further, requesting the patient to lean forward, or obtaining the assistance of a second person, as appropriate for the clinical situation.

**EQUIPMENT SOCKETS**

Equipment sockets are provided at each corner of the deck for equipment such as IV poles and infusion support.

⚠️ **CAUTION:**
The equipment sockets are not to be used for overhead fracture frame equipment.

⚠️ **CAUTION:**
Before moving the bed into any of the chair positions, remove all equipment from the sockets at the foot end of the articulating deck.

⚠️ **CAUTION:**
While articulating into a Trendelenburg position, make sure there is adequate headwall clearance.
**Bed Frame Features**

**IV POLE SOCKETS**

The Progressa® Bed comes with four standard IV sockets. Two are located at the head end and two are located behind the footboard at the corners of the foot end.

⚠️ **WARNING:**

Remove all equipment from the foot-end equipment sockets before you put the bed in the chair position. Injury could occur.

⚠️ **WARNING:**

Make sure there is sufficient room at the head-end of the bed for equipment in the sockets when you raise the bed or go into the Trendelendburg/Reverse Trendelendburg positions. Injury or equipment damage could occur.

**FRACTURE FRAME SOCKETS**

⚠️ **WARNING:**

Caregiver to evaluate patients for entrapment and asphyxiation when using traction equipment.

⚠️ **WARNING:**

Follow facility protocol for lockouts of bed controls when traction equipment is installed. Failure to do so could cause injury.

There are four locations for the traction equipment to install—two at the head end, and one on each side of the bed near the thigh section. Make sure to use the appropriate adapter for the traction equipment according to the manufacturer’s instructions.

**PERMANENT IV POLE OPTION**

The Permanent IV Pole option consists of one IV pole that supports up to two IV pumps plus bags. The IV pole is attached to the frame near one of the corners of the headboard.

Up to 40 lb (18.1 kg) of total weight can be supported per pole.

A permanent IV pole will use one of the removable IV pole sockets on the head-end of the bed.

**To Raise**

1. Lift the IV pole from its stored position from behind the headboard.
2. Make sure that the pole drops and locks into position.
3. Hold the bottom section.
4. Raise the middle and upper sections of the pole until they click and lock into place. The pole is ready for use.
To Store
1. Grasp and hold the upper section of the pole. Pull the knob out and lower the upper pole section.
2. Lift the lower section of the pole up and rotate the pole down to the stored position between the transport handles and the headboard. The poles should rest in the storage slots provided on the frame.

⚠️ CAUTION:
Permanent IV Pole safe working load is 40 lb (18.1 kg). Exceeding the safe working load can cause equipment damage.

⚠️ CAUTION:
Do not mount infusion pumps on the lower section of an IV pole. Interference with head section articulation could result.

**AUXILIARY AC RECEPTACLE OPTION**

⚠️ WARNING:
Do not use the receptacle for life support equipment. There is no battery back-up. Plug life support equipment directly into facility power supply.

⚠️ WARNING:
Do not use oxygen enriched sources near the accessory outlet. Failure to do so could cause injury or equipment damage.

⚠️ WARNING:
Do not plug both power cords into the same wall receptacle. Plug the power cords into different receptacles on separate circuits. Failure to do so can cause equipment damage or tripping of facility power breakers.

⚠️ WARNING:
Before you move the bed, make sure both power cords are unplugged and stored correctly. Do not wrap the cords between the intermediate and upper frames. Failure to do so could cause injury or equipment damage.

⚠️ CAUTION:
Failure to store the accessory power cord when not in use, could cause damage from bed articulation.

The receptacle option is a convenient source of AC power for accessory devices. **The receptacle is not intended for life support equipment.** It is located at the foot end of the base frame.

The receptacle power cord is white, and the bed power cable is gray.

The receptacle provides up to 12 A of AC current (100 to 137 VAC beds) or 6 A of AC current (220 to 240 VAC beds). Beds that have this option are equipped with two power cords, one for the accessory receptacle and one for the bed. The receptacle is isolated from the bed's AC power supply.
COMposer® Communication System

The Progressa® Bed is compatible with the COMposer® Communication System. With the COMposer® Communication System, the bed can be monitored for the following functions:

- Bed in Low position
- Siderail(s) up or down
- Brake set
- Bed exit on or off

Wireless Connectivity

⚠️ WARNING:
The wireless module does not communicate nurse call information. The bed’s SideCom® Communication System cable must be connected to the facility network for remote nurse call communications.

The Wireless Connectivity module is not intended as a replacement for your wired Nurse Call connection.

The Wireless Connectivity module permits bed and surface data to be sent to a hospital’s information system without a communication cable; the module does not communicate nurse call information. The module has a Location feature that identifies the location of the bed when it is in a facility that has a real-time location system (RTLS) installed. The data is sent through Hill-Rom’s middleware solution, NaviCare® SmartSync® System, to the hospital’s information system. (For electrical specifications, see page 93.)

NOTE:
This module does not provide wireless use of environmental controls such as audio or room lighting.

The module operates only when the bed is connected to AC power; it does not operate on battery power.

Module Indicators

When you plug the bed into AC power, the module’s three indicators—Wireless, Connected, and Location—will all flash red, green, and off for two cycles (this may take up to 30 seconds to occur). This lets you know that the initialization process has started. The module first connects to the facility’s wireless network, then to NaviCare® SmartSync® System, and then to the RTLS. When the initialization process is complete, each indicator will either be green or red depending on its connection status (see the table below). The indicators will stay on until AC power is disconnected or an issue occurs with the module or its connections.

NOTE:
It may take up to 3 minutes for the initialization process to complete. During most of this time, the indicators will be off.
If the bed is receiving AC power, the initialization process is complete (at least 3 minutes have passed since power was connected), and any of the indicators are **red**, there is a network connection issue. If any of the indicators are **off**, there is a software issue. If either of these conditions occur, contact your IT or Service department.

The table below identifies the different states of the indicators:

<table>
<thead>
<tr>
<th>Wireless</th>
<th>Connected</th>
<th>Location</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flash red, green, and off</td>
<td>The module is initializing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off</td>
<td>Off</td>
<td>Off</td>
<td>The module either is not receiving AC power, is initializing, or is in an error condition.</td>
</tr>
<tr>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>The module is not connected to the wireless network.</td>
</tr>
<tr>
<td>Green</td>
<td>Red</td>
<td>Red</td>
<td>The module is connected to the wireless network, but is not communicating with NaviCare® SmartSync® System and can not identify the bed’s location.</td>
</tr>
<tr>
<td>Green</td>
<td>Green</td>
<td>Red</td>
<td>The module is connected to the wireless network and is communicating with NaviCare® SmartSync® System, but can not identify the bed’s location.</td>
</tr>
<tr>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>The module is connected to the wireless network, is communicating with NaviCare® SmartSync® System, and can identify the bed’s location.</td>
</tr>
</tbody>
</table>
GCI Indicators—Wireless Status and Bed Location

When you plug the bed into AC power, the color of the Wireless Status and Bed Location indicators on the GCI will identify the wireless connectivity status:

**Wireless Status**

- **No indicator**—the wireless module is not operating correctly or it is not receiving power.

- **White outline**—the wireless module is operating correctly, but it is not connected to the wireless network or it has not been configured.

- **Green bars**—the wireless module is operating correctly and is connected the wireless network.
Bed Location

- **No location text**—the wireless module is not operating correctly or it is not receiving power.

- **White “Unknown” text**—the wireless module is operating correctly, but it has not received a location or, it has not been configured.

- **Green location text**—the wireless module is operating correctly, and the bed’s location has been received.
LOCATION ASSET TAG

⚠️ CAUTION:
The Wireless Connectivity feature is configured for the Hill-Rom approved Location Asset tag. The location feature may not operate correctly if you use a different asset tag. Contact your local Hill-Rom representative for more information.

⚠️ CAUTION:
Do not have other wireless devices within 8" (20 cm) of the Location Asset Tag. If their locations are too close, the devices may not operate.

If installed, this tag is used along with the Wireless Connectivity option to identify the bed’s location (refer to “Wireless Connectivity” on page 52).

For more information about the Location Asset Tag, refer to the manufacturer’s instructions included with the tag.

OBSTACLE DETECT® SYSTEM

The Progressa® Bed is equipped with the Obstacle Detect® System that runs along the two sides of the base frame. On the sides, this system senses objects that are between the upper frame and the base frame.

If the system senses pressure on the sides of the base the Bed Not Down indicator on the siderails will flash.

If you try to lower the bed:

A message on the GCI will show the location of the obstruction as left, or right and you will not be able to lower the sleep deck.
If the bed is in motion and it encounters an obstacle:
The bed will stop lowering, and then raise automatically for 2 seconds. The GCI will show the location of the obstruction as left or right side of the bed.

BED UP/DOWN—FOOT CONTROLS
The bed height foot controls are located on both sides of the base frame, near the foot-end casters. This feature times out after 15 seconds.

To Activate
1. With your toe, lift up on the blue switch on the bottom of the foot control until you hear a beep (approx. 3 seconds).
   • If you release the blue switch before you hear the beep, three beeps will sound and a message will show on the GCI with instructions to enable the foot controls.
2. With your foot, press down on the bed up or bed down control, as applicable.

NIGHT LIGHT
There is a night light on each side of the bed, located on the base frame. The light is on continuously when the bed is plugged into AC power.

EQUIPOTENTIAL GROUND
The Equipotential Ground is located at the head-end of the bed, near the power cord.
SURFACES

⚠️ WARNING:
Some safety features of the bed may not function or may not operate as intended with surfaces not designed specifically for this bed. Check with the surface manufacturer to determine those safety features of the bed that have been tested and verified to work properly with the replacement surface. Failure to do so could cause serious injury or damage to equipment.

⚠️ WARNING:
A sound risk assessment and protocol is necessary to determine the appropriate surface for the patient's condition.

⚠️ WARNING:
Only Progressa® Prevention, Progressa® Pulmonary, and Progressa® Therapy Surfaces with the Chair Egress feature should be used with the Chair Egress function of the bed. Personal injury can occur.

⚠️ WARNING:
Only use Progressa® Pulmonary and Progressa® Therapy StayInPlace™ Surfaces on beds equipped with the StayInPlace™ Feature. Injury, through reduced performance, and equipment damage could occur.

NOTE:
The above warning does not apply to the Progressa® Prevention Surface. The Progressa® Prevention Surface has the StayInPlace™ feature built into the mattress. The Progressa® Prevention Surface can be used on a Progressa® Bed with or without the StayInPlace™ feature.

NOTE:
Hill-Rom recommends the use of Hill-Rom® Surfaces that have been designed and tested specifically for the bed. Customers electing to purchase replacement surfaces from other manufacturers should confirm that the replacement surface, when used in conjunction with the bed, meets applicable regulations, regulatory guidance and technical standards and does not create unacceptable risks of injury to patients or caregivers. Specifically, Hill-Rom suggests that surfaces utilize dimensions and construction to minimize gaps where entrapment could occur, provide for sufficient height between the surface and the top of the siderail to prevent accidental roll-over events, provide appropriate firmness at the edges of the surface to facilitate safe transfers into and out of the bed, and do not interfere with the proper operation of siderails.

There are three primary surfaces: Progressa® Prevention, Progressa® Therapy, and Progressa® Pulmonary.

Refer to “Mattress Compatibility” on page 88 for a list of surfaces and bed frame function compatibilities.

Refer to “Product Configuration Identification” on page 97 to identify the surface installed on the bed.

For an air mattress to operate correctly, there must be a minimum of 70 lb (32 kg) on the mattress.

Loose fitting sheets (preferably knitted) must be used for correct operation of the sleep surface.
The Progressa® Bed surfaces are designed especially to work with the following system features:

- StayInPlace™ Patient Positioning
- SlideGuard® Patient Position Mechanism
- FlexAfoot™ Retractable Foot Mechanism
- Chair Egress Patient Exit Position Mechanism

**PROGRESSA® PREVENTION SURFACE**

The Progressa® Prevention Surface is foam with non-powered air cylinders.

**PROGRESSA® THERAPY SURFACE**

⚠️ **WARNING:**

Use of an active air therapy surfaces for patients with unstable spinal cord injury could cause serious injury to the patient.

The Progressa® Therapy Surface has a MicroClimate Management® (MCM) topper that operates continuously while the patient is on the bed and helps decrease localized heat and moisture buildup that occurs between the patient and the surface.

**Modes**

**Normal**

The normal mode of the surface provides continuous full-body pressure redistribution for patients 70 to 500 lb (32 to 227 kg). The surface provides pressure redistribution by automatically adjusting the air system to accommodate changes in weight distribution.

Loose fitting sheets (preferably knitted) must be used for correct operation of the sleep surface.

Pressure Redistribution is always active unless one of these occur:

- Max-Inflate is active
- AC power is not available
- An error with the surface

⚠️ **WARNING:**

The therapy surface is not a substitute for good nursing practices. The therapy mode should be used in conjunction with good assessment and protocol.

⚠️ **WARNING:**

Sleep surface impermeability and pressure relieving capabilities of the surface could be affected by needle sticks or other bladder punctures. Caregivers should be instructed to AVOID surface cover and bladder damage caused by improper use of x-ray cassette holders and sharp objects that may puncture or lacerate the surface.

The surface should be regularly inspected for damage.

Refer to the GCI home screen or Surfaces status page on the GCI to determine the active therapy surface mode.
To Put the Mattress in Normal mode
1. Press **Surface** control on the GCI home screen.
2. Press **Normal**.

**WARNING:**
Patients with body weight or height near the recommended limits should be monitored more frequently for desired results. Lower the head section to optimize pressure performance if necessary.

**Max-Inflate**
The Max-Inflate mode maximizes the firmness of the primary section of the patient surface. This assists in patient surface-to-surface transfers and/or repositioning.

**NOTE:**
The Progressa® Therapy Surface will automatically exit the Max-Inflate mode and return to normal mode after 30 minutes. After 28 minutes, a beep will sound and a message will show on the GCI that there are 2 minutes left. The caregiver has the option of keeping the surface in Max-Inflate or let it return to normal mode.

**To Activate**
1. Press the **Surface** control on the GCI.
2. Press the **Max-Inflate** control.

**To Deactivate**
1. Press the **Surface** control on the GCI.
2. Press the **Normal** control.

**To Activate—Siderail method**
Press the **Max-Inflate** control.

**To Deactivate—Siderail method**
Press the **Max-Inflate** control.
Seat Deflate

The Seat Deflate feature allows for easier bedpan placement.

⚠️ WARNING:

Seat deflate is not recommended for side sitting or side egress.

To Activate

1. Press the Surface control on the GCI.
2. Press the Seat Deflate control.

The Progressa® Therapy Surface will automatically exit the Seat Deflate mode and return to normal mode after 30 minutes. After 28 minutes, a beep will sound and a screen on the GCI will appear that there are 2 minutes left.

To Deactivate

1. Press the Surface control on the GCI.
2. Press the Normal control.

Patient Comfort

Allows customizing based on patient request while maintaining pressure redistribution.

The system automatically supplies pressure distribution for the patient's position on the mattress.

To Adjust the Firmness

1. Press the Surface control on the GCI.
2. Press Patient Comfort on the GCI.
3. Use the Patient Comfort controls to change the pressure in the head, seat, and lower leg sections of the mattress assembly:
   • To Increase the pressure, press the Up arrow.
   • To Decrease the pressure, press the Down arrow.
Sleep

The Sleep Mode is used to reduce frequency of air system adjustments for patients who are sensitive to air surface movements. Pressure redistribution is active during Sleep mode. The air pressure in the mattress is monitored, but the air pump does not run unless the air pressure falls below or raises above a preset level.

After eight hours the Normal mode reactivates.

**To turn on the Sleep Mode**

1. Press the Surface control on the GCI.
2. Press the Sleep Mode control.

**To turn off the Sleep Mode**

1. Press the Surface control on the GCI.
2. Press the Normal control.

Turn Assist

The Turn Assist mode will inflate the mattress assisting the caregiver to turn the patient for linen changes, dressing changes, bed pan placement, back care, and other nursing procedures. Pressing Right Turn Assist will turn the patient to the patient's right side.

**NOTE:**

For enhanced posterior patient access, Max-Inflate may be used once the patient has been turned to the desired side.

The siderail the patient is turning towards MUST be in the up position to activate turn assist. If the siderail is down, a triple beep will sound and a message will appear on the GCI indicating the rail must be up to initiate. Once the patient has started to turn, the siderail the patient is turning away from can be lowered for easier patient access. Three beeps will sound as a safety alert, and a message will appear on the GCI when the siderail is lowered.
To Activate
1. Press the Surface button on the GCI.
2. Press Right or Left Turn Assist. The button turns green when active.
   - To stop Turn Assist, press the Normal control.
   - To hold the turn at less than the full angle, press the Hold control while the Turn Assist is inflating.

After 28 minutes, a beep will sound and a screen will appear that there are 2 minutes left. The caregiver has the option of keeping the surface in Turn Assist or let it return to Normal Mode
If the siderail the patient is turning towards is lowered the turn assist will stop.

To Deactivate
- Press the Normal control.

PROGRESSA® PULMONARY SURFACE
The Progressa® Pulmonary Surface features are the same as the Progressa® Therapy Surface, with the addition of Rotation, Percussion and Vibration, and Opti-Rest features. Refer to “Progressa® Therapy Surface” on page 59 for Progressa® Therapy Surface operation.

⚠️ CONTRAINDICATION:
Use of active air therapy surfaces for patients with unstable spinal cord injury could cause serious injury to the patient.

⚠️ WARNING:
Use care when you transfer a patient from the bed to another surface. Injury could occur.

⚠️ WARNING:
Operating Percussion and Vibration and Rotation Therapy together at higher than typical settings may cause elevated surface temperatures and patient harm, for example, the combination of the following control settings:
- Rotation therapy programmed at 100% with a 1 minute center pause time
- Rotation therapy operating continuously
- Percussion and Vibration programmed at a high setting
- Percussion and Vibration operating for 1 hour periods, greater than the rate of 1 hour for every 5 hours of Rotation therapy operation

The recommended therapeutic weight range for pressure relief and turning capabilities is 70 to 500 lb (32 to 227 kg).

The pulmonary surface has a MicroClimate Management® (MCM) topper that operates continuously while the patient is on the bed and helps decrease localized heat and moisture buildup that occurs between the patient and the surface.

The surface uses input from the bed scale system to adjust the cushion pressures based on the patient’s weight.
WARNING:
Sleep surface impermeability and pressure relieving capabilities of the sleep surface could be affected by needle sticks or other bladder punctures. Caregivers should be instructed to AVOID surface cover and bladder damage caused by improper use of x-ray cassette holders and sharp objects that may puncture or lacerate the surface.

Rotation
The rotation mode provides gentle, side-to-side, continuous lateral rotation therapy (CLRT) to aid in the prevention and treatment of pulmonary complications related to immobility. Patients can be positioned laterally on the right or left side with varying amounts of turn and pause times to match each individual patient’s condition. Pressure redistribution is provided when the rotation mode is active.

Rotation Reminders:
- Rotation therapy will be suspended when:
  - Any siderail is lowered. To restart rotation - raise siderail to the up and locked position.
  - Head of Bed (HOB) is raised higher than 40 degrees. To restart rotation - lower HOB.
  - Foot of Bed (FOB) is lowered more than 30 degrees. To restart rotation - raise FOB.
  - Chair position is attempted. To restart rotation - exit chair position.
  - Percussion/Vibration, Max-inflate, or Turn Assist is active.
- A message will show on the GCI when therapy has been suspended for any of the above conditions.
- If CPR is activated, rotation therapy automatically stops and Max-inflate is activated.
- Check the GCI screen if you are uncertain why the bed is beeping - the reason will be displayed on the GCI screen.

WARNING:
Observe lines closely during rotations and/or patient positioning. Always use good line management techniques to prevent lines and tubing from becoming dislodged during rotation and/or patient positioning. Patient injury can occur.

WARNING:
During rotation, monitor patient rotation position and make sure that the patient stays centered on the mattress with shoulders correctly aligned and that there is sufficient slack in lines for patient movement and mattress rotation. Failure to do so could cause injury or equipment damage.

Setup
1. Put the patient on the bed.
2. Align the shoulders with the shoulder position label located on the inside of the head-end siderail.
Start Rotation
1. Press the **Pulmonary Therapy** control on the GCI.
2. Select **Rotation**.
3. Select **Full, Moderate, Minimum** or **Custom**.
4. Training: Yes/No (Starts rotation at 50% of maximum programmed turn and increases 10% each hour for patient acclimation).
5. Press **Start** to begin Rotation.

**NOTE:**
If Rotation Therapy is desired with Bed Exit on, Bed Exit must be turned on before Rotation Therapy is started. Only Out of Bed Mode will work during Rotation Therapy.

Stop Rotation
1. Press the **Pulmonary Therapy** control on the GCI.
2. Press **Rotation**.
3. Press **Stop Therapies** or On the GCI home screen, press **Stop Therapies**.

Set Custom Setting
1. Press **Custom** or the desired setting.
2. Press the value for the applicable setting.
3. Move the slider bar to the applicable setting.
4. Press **Start** when all settings are correct.

The following settings can be customized
- Right turn %: Customize the amount of turn to the right
- Pause Time (Right, Center, Left): Amount of time in side-lying or centered position
- Left turn %: Customize the amount of turn to the left side
Surfaces

**Percussion and Vibration**

⚠️ **CONTRAINDICATION:**
Use of active air therapy surfaces for patients with unstable spinal cord injury could cause serious injury to the patient.

The percussion and vibration therapies can be done separately or together as a sequential treatment.

Treatments can be done with the patient in the supine or the right or left side lying positions to facilitate postural drainage or in conjunction with rotation.

Use the same treatment parameters as for manual percussion/vibration regarding frequency and duration, as directed by physician’s orders.

**Setup**
1. Put the patient on the bed.
2. Align the shoulders with the shoulder position label located on the inside of the head-end siderail.

**Start Percussion and Vibration**

1. Press the **Pulmonary Therapy** control on the GCI.
2. Press **P & V**.
3. Select **High**, **Medium**, **Low**, or **Custom**.
4. Press **Modify** to change the position.
5. Select **Left**, **Center**, **Right**, or **Rotation** position.
6. Press **back arrow**.
7. Press **Start** to begin P&V.

**NOTE:**
If Percussion and Vibration is desired with Bed Exit on, Bed Exit must be turned on before Percussion and Vibration is started. Only Out of Bed Mode will work during Rotation Therapy.

**Stop Percussion and Vibration**

1. Press the **Pulmonary Therapy** control on the GCI.
2. Select **Percussion** and **Vibration**.
3. Press **Stop Therapies** or on the GCI home screen, press **Stop Therapies**.

Alternatively, Percussion and Vibration Therapy will stop after the allotted time. It can also be stopped earlier using the steps above.

If rotation therapy is on and Percussion and Vibration is started (in left, right, or center), Rotation will be turned off automatically. Turn Rotation back on if desired.
Set Custom Settings
1. Press Custom.
2. Press the applicable setting.
3. Change the setting as applicable.
4. Press Start when all settings are correct.

The following settings can be customized
- Position: Right/Left/Center or Rotation
- Turn %: For right and left position only
- Percussion/Vibration: Right/Left/Center or Rotation
- Percussion frequency: 1 to 5 Beats per Sec
- Intensity: Low-Med-High
- Duration: 5 to 30 minutes, adjusted in increments of 5 minutes.
- Vibration frequency: 5 - 25 Beats per Sec (BPS)
- To operate Percussion and Vibration separately, select Intensity Off for the therapy that is not desired.

Opti-Rest
The Opti-Rest mode offers wave-like motions in the surface while maintaining pressure relief. It adjusts the pressure in the chest, seat, and thigh zones producing a massaging wave-like action.

Start Opti-Rest
1. Press the Surface control on the GCI.
2. Press Opti-Rest.
3. Opti-Rest is active when the button turns green.

Stop Opti-Rest
1. Press the Surface control on the GCI.
2. Press Normal control.
**Patient History**

To view the Patient History:
1. Press the Preferences control on the GCI home screen.
2. Press History.
3. Select the desired history to be viewed.

A History button is present in each area of the GCI that has history associated with it.

**Rotation:** Displays the maximum number of cycles/hour the patient has rotated and Hrs: Mins in rotation, in 24 hours.

Percussion and Vibration: Displays the number of treatments provided per 24-hour period.

**OPTI-REST:** Time spent in OPTI-REST mode since 12 am.

**Head Angle:** Time spent with the head of bed more than 30° or 45° since 12 am.

**Weight:** Displays the weight increase or decrease in 24-hour periods.

**Chair:** Time spent in Chair position since 12 am.

**Bed Exit:** Displays the time spent with the Bed Exit alarm on.

---

**PATIENT CONTROLS**

This section will describe the controls and features of the bed intended to be used by the patient. Not all features or controls listed are present on all beds.

When a caregiver locks out a control, the patient control for that feature is also locked out. Refer to “Lockout Controls” on page 15.

**LOCATION**

The Patient Positioning controls are located on the inboard side of the intermediate siderails.
**NURSE CALL**

On beds equipped with the Nurse Call option, NURSE call controls for the patient are located on the inboard side of the intermediate siderails.

**To Activate**

- Press the Nurse Call control.
- When the nurse station acknowledges the nurse call, the inboard indicator continuously illuminates amber and the outboard indicator does not illuminate.
- When the nurse station communication line is open, both the inboard and the outboard indicators continuously illuminate green.

After transport, connect the bed's Nurse Call cord to the facility communication system. Use only Hill-Rom communications cables for proper operation of the Nurse Call system.

**HEAD UP/DOWN CONTROL**

The patient can raise or lower the head section by using the Head Up/Down controls. Operation of this feature is the same as that for the caregiver control previously described in this manual except head elevation is restricted to a maximum of 55°. The Automatic Contour Feature will work from the head/up down patient controls as well.

**KNEE UP/DOWN CONTROL**

The patient can raise or lower the knee section using the Knee Up/Down controls. Operation of this feature is the same as that for the caregiver control previously described in this manual.

**NOTE:**

When in the Chair Egress position, the knee controls are locked out.

**ROOM LIGHT**

The Room Light control operates the room light.

**To Activate:**

1. Press the Room Light control.
2. To turn off the Room Light, press the Room Light control again.

**READING LIGHT**

The Read Light control operates the reading light, if present.

**To Activate:**

1. Press the Reading Light control.
2. To turn off the Reading Light, press the Reading Light control again.
**Patient Controls**

**TELEVISION**
The Television control turns the television on and off.

**To Activate:**
1. Press the **Television** control.
2. To turn off the television, press the Television control until the television turns off.

**RADIO**
The Music/Select control turns the music on and off.

**To Activate:**
1. Press the **Radio** control.
2. To turn off the **Radio**, press the **Radio** control again.

**TELEVISION CHANNEL UP/DOWN CONTROL**
The Television Channel Up/Down control changes the channel for the television or radio.

**To Activate:**
1. Press the + or - control.
2. To reach the desired channel, continue to press the control.

**VOLUME CONTROL**
The Speaker Volume control changes the volume of the radio and television.

**To Activate**
Press the + or - control to adjust the volume level.
ACCESSORIES

Accessories may be added or removed at the point of patient care by a caregiver without the use of tools. Accessories are interchangeable within a product configuration.

Accessories

<table>
<thead>
<tr>
<th>Product Number</th>
<th>Description</th>
<th>Usable Equipment Sockets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Head-End</td>
</tr>
<tr>
<td>P158A</td>
<td>Infusion Support System</td>
<td>X</td>
</tr>
<tr>
<td>P7515A</td>
<td>ISS pole adapter kit</td>
<td>X</td>
</tr>
<tr>
<td>P7510A</td>
<td>Progressa® Removable IV Pole</td>
<td>X</td>
</tr>
<tr>
<td>P2217A</td>
<td>Removable Telescopic IV Pole</td>
<td>X</td>
</tr>
<tr>
<td>P7511A</td>
<td>Progressa® Permanent IV Pole</td>
<td>X</td>
</tr>
<tr>
<td>P7514A</td>
<td>IV Pole adapter kit (for P2217 IV pole)</td>
<td>X</td>
</tr>
<tr>
<td>P7507A01/02/03/04</td>
<td>Caregiver Pendant</td>
<td>Refer to “Caregiver Pendant Controls” on page 25.</td>
</tr>
<tr>
<td>P7524A</td>
<td>Transport Shelf</td>
<td>X</td>
</tr>
</tbody>
</table>

a. Requires adapter.

INFUSION SUPPORT SYSTEM (P158A)

The Infusion Support System (ISS) consists of a movable and adjustable IV pole. The pole supports IV pumps or bags in a vertical orientation and raises or lowers the pumps or bags with respect to the bed frame.

The head end of the bed has attaching points for two mobile Infusion Support Systems. Each Infusion Support System can support one infusion pump plus two liters of intravenous solution.

The ISS pole installs in to one of the IV pole sockets with the P7515A adapter kit.

The P158A ISS IV pole is a removable, two section telescopic pole that installs at the head end of the bed into an adapter that snaps into the receiver holes. The IV pole can hold 20 lb (9 kg).

⚠️ CAUTION:

ISS Pole safe working load is 20 lb (9 kg). Exceeding the safe working load can cause equipment damage.

⚠️ CAUTION:

Do not mount infusion pumps on the lower section of an IV pole. Interference with head section articulation could result.

⚠️ CAUTION:

When lowering the upper section of an IV pole, always grasp and hold the upper section of the pole before pulling the release knob.
**Accessories**

**REMOVABLE IV POLE (P7510A)**

⚠️ **WARNING:**
Exceeding the safe working load can cause injury or equipment damage.

The IV pole is a removable, three section, telescopic pole that installs at the head end of the bed, in the hole provided. A permanently attached adapter is required. The IV pole can hold 40 lb (18 kg).

To install the standard IV pole, insert and rotate a quarter-turn clockwise. Removal is opposite of installation.

⚠️ **CAUTION:**
When lowering the upper section of an IV pole, always grasp and hold the upper section of the pole before pulling the release knob.

**NOTE:**
Added height recommended for gravity drain applications.

**REMOVABLE TELESCOPIC IV POLE (P2217A)**

⚠️ **WARNING:**
Exceeding the safe working load can cause injury or equipment damage.

The P2217A IV pole is a removable, two section telescopic pole that installs at any of the four corners of the bed, with adapters for the holes at the head end of the bed. The IV pole can hold 25 lb (11kg).

To install the P2217A IV pole, insert and rotate a quarter-turn clockwise. Removal is opposite of installation.

**PERMANENT IV POLE (P7511A)**

⚠️ **WARNING:**
Exceeding the safe working load can cause injury or equipment damage.

The P7511A IV pole is a permanently installed telescopic pole that installs at the head end of the bed, in the left or right IV pole sockets. The P7511A IV pole is normally ordered with a new bed, but can be added to a bed that is in service. The P7511A IV pole can hold 40 lb (18 kg).

If the P7511A IV pole is not installed, there is an adapter bushing installed to allow use of a removable IV pole.

**To Stow:**
Pull up on the IV pole, and fold it down toward the center of the bed.

**To Use:**
Pull up on the IV pole from the stowed position so that it is in the vertical position. The IV pole will then move down to lock in the vertical position.
**VERTICAL OXYGEN TANK HOLDER**

The oxygen tank holders are located in the head end corners of the upper frame. The blue sleeve holds a steel tank and the gray sleeve holds an aluminum tank. Each oxygen tank holder accommodates one **D**-size or **E**-size oxygen tank with a regulator.

If the optional oxygen tank holders are not installed, then this space will be covered.

⚠️ **WARNING:**

Each vertical oxygen tank holder safe working load is 30 lb (13.6 kg). Exceeding the safe working load can cause injury or equipment damage.

**To Install:**

Install the oxygen tank in the holder. Depending on the date of manufacture, the holder will have either a rigid plastic bottom or a spring-loaded metal support cage.

If the holder has a spring-loaded metal support cage, make sure that the support cage completely lowers when you install the tank.

**To Remove:**

Lift the tank out of the holder.

**NOTE:**

A blue insert sleeve is required for steel oxygen tanks. A gray insert sleeve is required for aluminum oxygen tanks.

**TRANSPORT SHELF**

⚠️ **WARNING:**

Do not exceed the 45 lb (20.4 kg) safe working load of the transport shelf. To do so could cause the shelf to fail. Injury or equipment damage could occur.

⚠️ **WARNING:**

The foot section must be flat for you to use the transport shelf. Otherwise, the equipment could fall and cause injury or equipment damage.

⚠️ **WARNING:**

Do not stand or sit on the transport shelf. Injury or equipment damage could occur.

⚠️ **WARNING:**

Failure to use the straps to hold equipment on the shelf could permit the equipment to fall and cause injury or equipment damage.

⚠️ **WARNING:**

After use, make sure the shelf is locked into the stowed position. Failure to do so could cause the shelf to accidentally contact the floor when you use the bed articulation controls. Injury or equipment damage could occur.
WARNING:
When the footboard is removed from the bed, do not lay the footboard flat on the floor. Store the footboard in a position or location so that it does not come in contact with biohazards. Failure to do so could cause injury.

NOTE:
If the footboard does not have a transport shelf installed, the footboard can set upright on the floor. If a transport shelf is installed, the footboard can be put against a wall in a position so that it will not fall. The transport shelf can be used to hold small equipment during patient transport and as a writing surface.

To Use:
1. Make sure the foot section is flat
2. Lift the shelf up and over the footboard toward the sleep surface until the shelf stops in the horizontal position.

To Stow:
1. Remove all equipment from the shelf, and connect the hook and loop straps
2. Lift the shelf up and over the footboard away from the sleep surface until the shelf is flat against the footboard and is locked in position.
SAFETY INFORMATION

BED POSITIONS

WARNING:
Medical bed should be left in its lowest position when the patient is unattended in order to reduce risk of injury due to falls.

BRAKES

WARNING:
Always set the brakes when the bed is occupied, except during patient transport. To help make sure the bed will not move, push and pull on the bed to check it after the brakes are engaged.

Brakes should always be set when the bed is occupied and especially when moving a patient from one surface to another. Patients often use the bed for support when getting out of bed and could be injured if the bed unexpectedly moves. After setting the brakes, push and pull the bed to make sure of stability.

FLUIDS

WARNING:
Fluid spills onto the bed electronics can cause a hazard. If such a spill occurs, unplug the bed, and remove it from service. Failure to do so could cause injury or equipment damage.

When fluid spills occur, outside of those seen in normal use, immediately:

- Unplug the bed from its power source.
- Remove the patient from the bed.
- Clean the fluid spill from the bed.
- Have maintenance inspect the bed completely.

Do not put the bed back into service until it is completely dry, tested, and determined to be safe to operate.

SIDERAIRS

Siderails may serve several beneficial uses including providing an edge reminder, bed exit assist, and access to caregiver interface and patient controls. The use of siderails also may provide a sense of security. Siderails should always be in the upright and latched position when the bed is in the chair position. The use of siderails in the bed position should be determined according to patient need after assessing any risk factors according to the facility protocols for safe positioning.

When raising the siderails, a click indicates that the siderails are completely raised and locked in place. Once the click is heard, gently pull on the siderail to make sure the siderail is latched in position.

WARNING:
Evaluate patients for entrapment risk according to facility protocol, and monitor patients appropriately. Make sure that all siderails are fully latched when in the raised position. Failure to do either of these could cause serious injury or death.
**WARNING:**
When a patient's condition (such as disorientation due to medication or clinical condition) could lead to patient entrapment, the sleep surface should be left in the flat position while unattended (except when required otherwise by medical staff for special or particular circumstances).

**NOTE:**
Siderails are intended to be a reminder, not a patient restraining device. Hill-Rom recommends that the appropriate medical personnel determine appropriate siderail usage.

**FOOTBOARD**

**WARNING:**
When the footboard is removed from the bed, do not lay the footboard flat on the floor. Store the footboard in a position or location so that it does not come in contact with biohazards. Failure to do so could cause injury.

**NOTE:**
If the footboard does not have a transport shelf installed, the footboard can set upright on the floor. If a transport shelf is installed, the footboard can be put against a wall in a position so that it will not fall.

**RESTRAINTS**

When appropriate, Hill-Rom recommends that medical personnel determine the proper methods necessary to help keep patients from pulling out lines or harming themselves or others while in bed.

1. Develop guidelines for all patients that indicate:
   - Which patients may need to be restrained and the appropriate restraint to utilize.
   - The proper method to monitor a patient, whether restrained or not, including time interval, visual check of restraint, etc.

2. Develop training programs for all caregivers concerning the proper use and application of restraints.

3. Maintain the bed at its lowest position whenever a caregiver is not in the room.

4. Clarify the need for restraint devices to families or guardians.

**ELECTRICITY**

**WARNING:**
Establish policies and procedures to train and educate your staff on the risks associated with electrical equipment. Failure to do so could cause injury or equipment damage.

**WARNING:**
To avoid the risk of electric shock, this equipment must only be connected to supply mains with a protective earth.

**WARNING:**
Make sure the position of the bed is such that you can quickly, without obstruction, unplug the power cord(s) from the main power supply if necessary. Failure to do so could cause injury or equipment damage.
**WARNING:**
Fluid spills onto the bed electronics can cause a hazard. If such a spill occurs, unplug the bed, and remove it from service. Thoroughly clean the bed and allow it to dry; then have the bed checked by service personnel.

**CAUTION:**
Before transporting the bed, make sure that the power cord is properly stored on the hook at the head-end of the bed. Failure to do so could cause equipment damage.

**WARNING:**
Improper use or handling of the power cord may cause damage to the power cord. If damage has occurred to the power cord, immediately remove the bed from service, and contact the appropriate maintenance personnel. Failure to do so could cause injury or equipment damage.

**WARNING:**
If the integrity of the external protective earth conductor is in doubt, operate the bed from its internal electrical power source. Failure to do so could cause injury.

**CAUTION:**
This device meets all requirements for electromagnetic compatibility per IEC 60601-1-2. It is unlikely that the user will encounter problems with this device because of inadequate electromagnetic immunity. However, electromagnetic immunity is always relative, and standards are based on anticipated environments of usage. If the user notes unusual device behavior, particularly if such behavior is intermittent and associated with nearby usage of radio or TV transmitters, cell phones, or electro-surgical equipment, this could be an indication of electromagnetic-interference. If such behavior occurs, the user should try moving the interfering equipment further from this device.

Policies and procedures must be established to train and educate your staff on the risks associated with electric equipment. It is never prudent or necessary for personnel to place any part of their body under or between moving parts of the bed. Whenever a bed is being cleaned or serviced, it should be unplugged from its power source, and the lockouts should be activated to keep the bed from accidentally operating due to the battery backup. Refer to the *Progressa® Bed Service Manual* (171748).

**PARTS AND ACCESSORIES**

**WARNING:**
Only use authorized replacement parts from Hill-Rom. Injury or equipment damage could occur.

Use only Hill-Rom parts and accessories. Do not modify the bed without authorization from Hill-Rom.

**OPERATING BED/SURFACE PRECAUTIONS**

**WARNING:**
Do not operate the bed in the presence of flammable gas or vapors. Doing so could cause injury or equipment damage.

**WARNING:**
Use oxygen administering equipment of the nasal, mask, or ventilator type only. Do not use the bed with oxygen tents or in oxygen rich environments. Doing so could cause injury or equipment damage.
WARNING: Make sure hands, arms, legs, and feet are not under the bed or between sleep deck sections as they move. Injury could occur.

WARNING: Make sure you position tubes, lines, and linens away from moving parts. Failure to do so could cause patient injury.

CAUTION: The bed shall only be used with certain hoists, because of the limited space underneath the medical bed.

SLEEP SURFACE/MATTRESS

WARNING: Some safety features of the Progressa® Bed may not function or may not operate as intended with surfaces manufactured by other companies. Check with the surface manufacturer to determine those safety features of the bed that have been tested and verified to work properly with the replacement surface. Failure to do so could cause serious injury or damage to equipment.

NOTE: Hill-Rom recommends the use of Hill-Rom surfaces that have been designed and tested specifically for the Progressa® Bed. Customers electing to purchase replacement surfaces from other manufacturers should confirm that the replacement surface, when used in conjunction with the Progressa® Bed, meets applicable regulations, regulatory guidance and technical standards and does not create unacceptable risks of injury to patients or caregivers. Specifically, Hill-Rom suggests that surfaces utilize dimensions and construction to minimize gaps where entrapment could occur, provide for sufficient height between the surface and the top of the siderail to prevent accidental roll-over events, provide appropriate firmness at the edges of the surface to facilitate safe transfers into and out of the bed, and do not interfere with the proper operation of siderails.

WARNING: Sleep surface impermeability and pressure relieving capabilities of the sleep surface could be affected by needle sticks or other bladder punctures. Caregivers should be instructed to AVOID surface cover and bladder damage caused by improper use of x-ray cassette holders and sharp objects that may puncture or lacerate the surface.

The sleep surface should be regularly inspected for such damage.

WARNING: The Progressa® Therapy Surface and Progressa® Pulmonary Surface will work most effectively when air circulation to the patient’s skin is unimpeded. Avoid use of plastic linen savers or plastic-lined incontinence pads which obstruct air flow and permit moisture to remain in contact with the skin for prolonged periods of time, contributing to skin breakdown. Any incontinence pads or bed-protecting linens used in conjunction with these surfaces should be highly absorbent and air permeable. Failure to follow this guidance could interfere with surface efficacy and cause injury.
WARNING:
If the surface has an MCM® topper, make sure it is installed before a patient is put on the bed. Injury could occur.

FLAMMABILITY
To help prevent the risk of hospital bed fires, make sure facility personnel follow the safety tips in the FDA Public Health Notification: Practice Hospital Bed Safety. (US only).

Reduce the possibility of fires by observing fire prevention rules and regulations.

WARNING:
Patients should not be allowed to smoke in bed. Sheets and pillows generally do not have flame retardance properties.

BED ARTICULATIONS
Do not operate bed controls until all persons and equipment are clear of mechanisms. To stop a function: release the control, and/or activate the opposite function, and/or immediately unplug the power cord.

WARNING:
Observe lines closely during articulations. Always use good line management techniques, particularly as the head section rises. Failure to do so could cause injury.

WARNING:
When routing cables from other equipment in the MEDICAL BED, precautions shall be taken to avoid squeezing those between parts of the MEDICAL BED.

VISITOR NOTIFICATION
Instruct visitors not to attempt operation of caregiver controls. They may assist the patient with patient controls.

PATIENT TRANSFER

WARNING:
Use extreme caution when transferring a patient from one surface to another (such as the bed to a stretcher). Failure to do so could cause injury.

Use Max-Inflate surface mode to maximize the firmness of surface to assist in patient surface-to-surface transfers (available on Progressa® Therapy and Progressa® Pulmonary Surfaces only).

TRACTION EQUIPMENT
Evaluate patients for entrapment and asphyxiation risk according to facility protocol, and monitor patients appropriately. Failure to do so could cause serious injury or death.
INTELLIDRIVE® TRANSPORT SYSTEM BATTERIES

\[\text{CAUTION:}\]

If the bed is disconnected from mains power for longer than 6 months, and the Intellidrive® Transport System is installed and not activated, transport system battery performance may be affected.

If the bed is disconnected from mains power for longer than 6 months, and the bed has the Intellidrive® Transport System installed and not activated, reduced battery performance, to include the inability to charge, may result. Disconnect the bed battery and Intellidrive® Transport System batteries for periods of storage longer than 6 months.

\[\text{CAUTION:}\]

If the bed is disconnected from mains power for longer than 4 days, and the Intellidrive® Transport System is installed and activated, transport system battery performance may be affected.

If the bed is disconnected from mains power for longer than 4 days, and the bed has the Intellidrive® Transport System installed and activated, reduced transport system battery performance, including the inability to charge, may result.

LARGE PATIENT PRODUCT PERFORMANCE

The following bed functions may have reduced performance with patients who are near the maximum patient weight or height for the product:

- Turn Assist—Less turn capability
- Rotation Therapy—Less turn capability
- Percussion and Vibration Therapy—Less effective
- Bed Up and Down—Slower speed while you raise the bed
- Head Up and Down—Slower speed while you raise the head section
- Knee Up and Down—Slower speed while you raise the knee section
- Intellidrive® Transport System—Slower acceleration and speed
- C-Arm Compatibility—Imaging device may not be large enough for bed and patient

ATMOSPHERIC PRESSURE PRODUCT PERFORMANCE

The following surface functions may have reduced performance at higher altitudes:

- Percussion and Vibration Therapy—Less effective
- Other Inflation Functions—Slower achieving maximum level
PREVENTIVE MAINTENANCE

WARNING:
Only facility-authorized personnel should perform preventive maintenance on the Progressa® Bed. Preventive maintenance performed by unauthorized personnel could cause injury or equipment damage.

The Progressa® Bed requires an effective maintenance program. We recommend that you perform annual preventive maintenance (PM) and testing for Joint Commission certification. PM and testing not only meet Joint Commission requirements but can help support a long, operative life for the Progressa® Bed. PM will minimize downtime due to excessive wear. For the preventive maintenance schedule, refer to the Progressa® Bed Service Manual (171748).

Perform annual preventive maintenance procedures to make sure all bed components are functioning as originally designed. Pay particular attention to safety features, including but not limited to:

- Siderail latching mechanisms
- Siderail dampers for oil leaks
- Caster braking systems
- Electrical system components
- Electrical power cords for fraying, damage, and proper grounding
- All controls return to off or neutral position when released
- Controls or cabling entanglement in system mechanisms or siderails
- Proper operation of the lockout controls
- Integrity of sleep surface cover

Main Battery
Replace the battery if any of these conditions exist (refer to the Progressa® Bed Service Manual (171748):

- The battery indicator does not come on within 3 minutes of bed connection to AC mains.
- The battery indicator does not increase the number of illuminated LEDs within 12 hours of bed connection to AC mains.

IntelliDrive® Transport System Batteries
Replace the batteries if the IntelliDrive® Transport System automatically shuts down power before the final battery charge indication LED flashes (refer to the Progressa® Bed Service Manual (171748)).

Press the blue button on the end of the drive box to disable the battery if the bed will be stored for an extended period of time.

After replacing the batteries, charge the batteries a minimum of 20 hours before use.

NOTE:
Follow instructions on the batteries for proper disposal or recycling.
Troubleshooting

⚠️ WARNING:
Only facility-authorized personnel should troubleshoot the Progressa® Bed. Troubleshooting by unauthorized personnel could cause injury or equipment damage.

Always check the battery charge status on the siderail. The bed may not be functioning due to the battery being drained, and the bed needing to be plugged into its appropriate power source.

EXPECTED LIFE

The expected life of a Progressa® Bed is 10 years of normal use provided that recommended preventive maintenance is performed by the facility. However certain components have a shorter life cycle and will need to be replaced in order for the bed to meet its expected life. They are listed below:

• Beds with IntelliDrive® Transport System—the transport system batteries have a 3 year life expectancy.
• Bed batteries have a 3 year life expectancy.
• Integrated bed surfaces have a 5 year life expectancy.
• Blower motor has a 30,000 hour life expectancy.
• The removable mattress cover has a 2 year life expectancy.

CLEANING/DISINFECTING

⚠️ WARNING:
When you clean and disinfect the bed and mattress, follow these safety instructions; otherwise, personal injury or equipment damage could occur:

• Hill-Rom recommends that you clean and disinfect the bed and sleep surface between patient use.
• The potential for electrical shock exists with electrical equipment. Failure to follow facility protocol could cause death or serious injury.
• Always follow the cleaning product manufacturer’s instructions.
• Do not steam clean or power wash the bed or mattress. Pressure and excessive moisture can damage protective surfaces of the bed and its electrical components.
• Do not use harsh cleansers/detergents, heavy duty grease removers, solvents such as toluene, xylene, or acetone, and do not use scouring pads (you may use a soft bristle brush).
• Do not use high temperatures to dry the topper. Air dry or select a low or non-heat dry cycle such as air fluff. High temperatures could impact the impermeability of the topper.
• Do not put the mattress on the bed until the mattress and bed are completely dry.
**SLEEP SURFACE COMPONENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topper</td>
<td>Advanced MicroClimate® Technology or low airloss mattresses have a topper. The topper zips on to the top of the mattress above the cover. The topper is wipeable and machine washable.</td>
</tr>
<tr>
<td>Cover</td>
<td>This is the top cover of the mattress; low airloss or foam. This layer encases the internal components of the sleep surface and is directly under the topper. Although you may remove the cover to examine the internal components of the sleep surface, it is recommended that you wipe the cover and do not launder it by machine.</td>
</tr>
<tr>
<td>Mattress/Surface</td>
<td>These terms are used interchangeably and are used to describe the complete sleep surface/mattress assembly.</td>
</tr>
</tbody>
</table>

**RECOMMENDATIONS**

Hill-Rom recommends cleaning and disinfecting the bed and sleep surface between patient use and regularly during extended patient stays. Refer to your facility’s cleaning and disinfection policies, as well as the recommendations below.

- Clean the sleep surface every 60 days for patients who are on the surface longer than 60 days.
- Wipe up fluid spills as soon as possible. Always unplug the unit from its power sources before you clean up major fluid spills. Some fluids used in the hospital environment, such as iodophor and zinc oxide creams, can cause permanent stains. Remove temporary stains by wiping vigorously with a lightly-dampened sponge or cloth.
- Use an EPA registered disinfectant and a soft bristle brush to remove difficult spots or stains.
- If there are no signs of heavy soil such as body fluids and/or substances, use a mild detergent and warm water to clean the bed or sleep surface. For disinfection, we recommend that you use a tuberculocidal disinfectant. See the cleaning and disinfectant solutions in the table below. (For customers in the US, use a disinfectant that is registered with the Environmental Protection Agency.) Refer to the manufacturer’s label for use instructions.

<table>
<thead>
<tr>
<th>Chemical Class</th>
<th>Active Ingredient</th>
<th>pH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quaternary ammonium</td>
<td>Didecyl dimethyl ammonium chloride = 8.704%</td>
<td>10.2</td>
</tr>
<tr>
<td>Chloride</td>
<td>Alkyl dimethyl benzyl ammonium chloride = 8.19%</td>
<td></td>
</tr>
<tr>
<td>Quaternary ammonium</td>
<td>Alkyl dimethyl benzyl ammonium chloride = 13.238%</td>
<td>10.0-</td>
</tr>
<tr>
<td>Chloride</td>
<td>Alkyl dimethyl ethylbenzyl ammonium chloride = 13.238%</td>
<td>14.0</td>
</tr>
<tr>
<td>Phenolic</td>
<td>Ortho-Phenylphenol = 0.026%</td>
<td>2.3 +/-</td>
</tr>
<tr>
<td></td>
<td>Ortho-Benzyl-para-Chlorophenol = 0.023%</td>
<td>0.3</td>
</tr>
<tr>
<td>Bleach</td>
<td>Sodium hypochlorite</td>
<td>12.2</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Isopropyl alcohol = 70%</td>
<td>5.0-7.0</td>
</tr>
<tr>
<td>Quaternary ammonium</td>
<td>n-Alkyl dimethyl benzyl ammonium chlorides</td>
<td>11.5-</td>
</tr>
<tr>
<td>Chlorides</td>
<td>n-Alkyl dimethyl ethylbenzyl ammonium chlorides</td>
<td>12.5</td>
</tr>
</tbody>
</table>
CLEAN AND DISINFECT THE BED AND SLEEP SURFACE

1. Unplug the bed.
2. Remove all linens.
3. If it is necessary to remove the sleep surface, do as follows:
   a. Adjust the sleep deck to the level position, and fully extend the foot section.
   b. Disconnect the surface hooks at the head and foot ends of the surface
   c. Disconnect the quick-disconnect connector at the seat section.
   d. Remove the surface.
4. Use these to clean the bed:
   - A soft cloth soaked with warm water and a mild detergent. Make sure the cloth is not so wet as to cause the solution to pool or flood the sleep surface or other bed components.
   - A soft bristle brush to remove stains and resistant soil. Do not use harsh or abrasive cleansers, solvents, or scouring pads.
5. Clean the bed. Give special attention to these areas:
   - Headboard and footboard—thoroughly clean as these are high-touch areas
   - Siderails—thoroughly clean the high-touch areas (such as the upper and under sides of siderail releases, pendants, and patient controls) and the latch areas and latch pins of the mount brackets
   - Bed frame
   - Casters
   - Fully-extended IV pole
   - Bed accessories
   - All other bed components
6. Disinfect the bed—wipe down all surfaces with an EPA registered disinfectant, used in accordance with the manufacturer’s instructions. Give special attention to high-touch areas such as the siderails, upper and under sides of siderail releases, pendants, patient controls, and head and footboards.
7. Wipe down the sleep surface and topper with chlorine bleach (50 ppm to 150 ppm) or a recommended cleaning solution and warm water followed by an EPA registered disinfectant. (2.5 oz of bleach per 10 gal of water is approximately 100 ppm of available chlorine.)

NOTE:
The topper can be either wiped down or machine washed. For machine washing, refer to “Machine Wash the Topper” on page 85.

NOTE:
If you turn the surface to clean it, make sure the cleaner/disinfectant solution does not pool or flow on to the other side or edges of the surface. This may permit fluid to get into the surface air outlets and zipper closures that ordinarily are protected by flaps.
8. Let the bleach or disinfectant remain in contact with the surface as instructed in the manufacturer’s instructions.
9. Remove the bleach or disinfectant, and rinse with warm water.
10. Let the surface and topper completely air dry.
11. Examine the condition of the surface. If there are holes, tears, or other signs of damage or deterioration, replace the surface.

12. Install the topper on to the surface, if applicable.

13. Make sure the bed frame is dry, and then install the surface on the bed as follows:
   a. Adjust the sleep deck to the level position, and fully extend the foot section.
   b. Put the sleep surface on the sleep deck.
   c. Connect the quick-disconnect connector at the seat section.
   d. Connect the surface hooks at the head and foot ends of the surface.
   e. Make sure the surface is extended completely to the footboard.

14. Put the linens on the bed.

15. Plug the bed into an applicable power outlet.

**Machine Wash the Topper**

For a lightly soiled topper, you may wipe it clean as described above. However, when there are signs of heavy soil such as body fluids and/or substances, machine wash the topper as follows:

1. Remove the topper from the sleep surface.

2. Machine wash the topper with chlorine bleach (50 ppm to 150 ppm) or detergent and an EPA registered disinfectant solution. (2.5 oz of bleach per 10 gal of water is approximately 100 ppm of available chlorine.)
   • Use the bleach or disinfectant as instructed in the manufacturer’s instructions.
   • To determine the amount of bleach or disinfectant to use, determine the amount of water in the washer, and follow the manufacturer’s dilution instructions.
   • During the wash cycle, soak the topper in the disinfectant or bleach.
   • Let the topper rinse thoroughly in clean water.

3. Use the **lowest** temperature setting of the dryer to dry the topper. Do not use high temperatures.
## TECHNICAL SPECIFICATIONS

### Product Identification

<table>
<thead>
<tr>
<th>Product Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P7500</td>
<td>Progressa® Bed—refer to “Product Configuration Identification” on page 97 for configurations.</td>
</tr>
</tbody>
</table>

### Dimensions for Progressa® Bed

<table>
<thead>
<tr>
<th>Feature</th>
<th>Dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Length—foot section extended</td>
<td>98” (2489 mm)*</td>
</tr>
<tr>
<td>Total Length—foot section retracted</td>
<td>88” (2235 mm)*</td>
</tr>
<tr>
<td>Maximum Width (siderails stored)</td>
<td>40.5” (1029 mm)</td>
</tr>
<tr>
<td>Maximum Width (siderails up)</td>
<td>40.5” (1029 mm)</td>
</tr>
<tr>
<td>Maximum Siderail Height above sleep deck</td>
<td>17” (432 mm)</td>
</tr>
<tr>
<td>Minimum Underbed Clearance</td>
<td>4.3” (109 mm) without IntelliDrive</td>
</tr>
<tr>
<td>Caster Size</td>
<td>6” (152 mm)</td>
</tr>
<tr>
<td>Total Weight—including maximum SWL and frame weight</td>
<td>1450 lb (635 kg)</td>
</tr>
<tr>
<td>Head Section Inclination (maximum)</td>
<td>67° or 77° for beds with Chair Egress</td>
</tr>
<tr>
<td>Thigh Section Inclination (maximum)</td>
<td>30°</td>
</tr>
<tr>
<td>Foot Section Inclination (maximum)</td>
<td>45° beds without Chair Egress</td>
</tr>
<tr>
<td></td>
<td>75° beds with Chair Egress</td>
</tr>
<tr>
<td>Bed Height Range (nominal)</td>
<td>16.5” to 35.7” (419.1 mm to 906.8 mm)</td>
</tr>
<tr>
<td>Trendelenburg Position (maximum)</td>
<td>13°</td>
</tr>
<tr>
<td>Reverse Trendelenburg Position (maximum)</td>
<td>18°</td>
</tr>
<tr>
<td>Safe Working Load—including patient weight, mattress and accessories</td>
<td>650 lb (295 kg)</td>
</tr>
<tr>
<td>Patient weight</td>
<td>70 to 500 lb (32 to 227 kg)</td>
</tr>
<tr>
<td>Patient height</td>
<td>59” to 74” (150 to 188 cm)</td>
</tr>
<tr>
<td>Progressa® Prevention Mattress Dimensions:</td>
<td></td>
</tr>
<tr>
<td>Mattress Width x Length x Thickness</td>
<td>35” x 84” x 7.125” (889 x 2133.6 x 181 mm)</td>
</tr>
<tr>
<td>Mattress Weight</td>
<td>31 lb (14 kg)</td>
</tr>
<tr>
<td>Progressa® Therapy Surface Dimensions:</td>
<td></td>
</tr>
<tr>
<td>Mattress Width x Length x Thickness</td>
<td>35.5” x 84” x 8” (901.7 x 2133.6 x 203.2 mm)</td>
</tr>
<tr>
<td>Mattress Weight</td>
<td>45 lb (20.4 kg)</td>
</tr>
<tr>
<td>Progressa® Pulmonary Dimensions:</td>
<td></td>
</tr>
<tr>
<td>Mattress Width x Length x Thickness</td>
<td>35.5” x 84” x 8” (901.7 x 2133.6 x 203.2 mm)</td>
</tr>
<tr>
<td>Mattress Weight</td>
<td>48 lb (21.8 kg)</td>
</tr>
</tbody>
</table>

*The Transport Shelf will add 1.5” (3.8 cm) to the total length.*
### Environmental Conditions for Transport and Storage

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>-40°F (-40°C) to 158°F (70°C)</td>
</tr>
<tr>
<td>Relative Humidity</td>
<td>10 to 95%</td>
</tr>
<tr>
<td>Pressure</td>
<td>500 hPa to 1060 hPa</td>
</tr>
</tbody>
</table>

### Environmental Conditions for Use

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambient Temperature—Progressa® Prevention Surface</td>
<td>50°F to 104°F (10°C to 40°C)</td>
</tr>
<tr>
<td>Ambient Temperature—Progressa® Therapy and Pulmonary Surfaces</td>
<td>50°F to 86°F (10°C to 30°C)</td>
</tr>
<tr>
<td>Relative Humidity Range</td>
<td>20% to 85% non-condensing</td>
</tr>
<tr>
<td>Atmospheric Pressure</td>
<td>70 kPa to 106 kPa</td>
</tr>
<tr>
<td>Altitude</td>
<td>Medical electric equipment rated to operate at an altitude of less than 9842.5’ (3000 m)</td>
</tr>
</tbody>
</table>

### Mains Power Requirements

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power/Input</td>
<td>6 A (220 V, 230 V, and 240 V beds) 12 A (100 V, 110 V, 120 V, and 127 V beds)</td>
</tr>
<tr>
<td>Frequency</td>
<td>60/50 Hz (all beds)</td>
</tr>
</tbody>
</table>

### Fuse Specifications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air System Fuse (air system optional)</td>
<td>6.3 A, 250 V~, 5 x 20 mm, UL 248-1 Slo-Blo® or equivalent</td>
</tr>
<tr>
<td>Battery Fuse</td>
<td>10 A, 32 V~, ATO</td>
</tr>
<tr>
<td>Mains Fuse (100V, 110V, 120V, and 127V bed model)</td>
<td>2 each 15 A, 250 V~, ¼&quot; x 1¼&quot;, UL 248-1 Slo-Blo® or equivalent</td>
</tr>
<tr>
<td>Mains Fuse (220V, 230V, and 240V bed model)</td>
<td>6.3 A, 250 V~, 5 x 20 mm, IEC127 Sheet III, Time Delay</td>
</tr>
</tbody>
</table>

### Auxiliary Outlet Power Specifications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptacle</td>
<td>12 A outlet, electrically isolated from the bed’s mains power (120 VAC beds)</td>
</tr>
</tbody>
</table>

### Applied Parts (in accordance with IEC 60601-1)

<table>
<thead>
<tr>
<th>Applied Parts</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siderail</td>
<td>Headboard</td>
</tr>
<tr>
<td>Footboard</td>
<td>Caregiver Pendant</td>
</tr>
<tr>
<td>Sleep deck</td>
<td>Sleep surface</td>
</tr>
<tr>
<td>Line manager</td>
<td></td>
</tr>
</tbody>
</table>
Scale Classification (European Scale Beds Only)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical and Quality Standards</td>
<td>EN45501</td>
</tr>
<tr>
<td>Classification per EN 45501</td>
<td>Class III</td>
</tr>
</tbody>
</table>

Nurse Call Connection Requirements
For information about the Nurse Call connection requirements, refer to the SideCom® Communication System Design and Application Manual (DS059).

Mattress Compatibility

<table>
<thead>
<tr>
<th>Bed Configuration</th>
<th>Available Mattress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dining Chair®</td>
<td>Chair Egress</td>
</tr>
<tr>
<td>Chair Egress</td>
<td>Chair Egress with StayInPlace™ Feature</td>
</tr>
<tr>
<td></td>
<td>Prevention</td>
</tr>
<tr>
<td></td>
<td>Therapy</td>
</tr>
<tr>
<td></td>
<td>Pulmonary (CLRT only)</td>
</tr>
<tr>
<td></td>
<td>Full Pulmonary (CLRT and P &amp;V)</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

WARNING:
The Envision E700 surface on the Progressa® Bed frame is not fully compliant to the IEC 60601-2-52:2009 standard; however, it is compliant with the FDA Guidance: Hospital Bed System Dimensional and Assessment Guidance to Reduced Entrapment [Issued March 10, 2006] standard. Use of a mattress in combination with the product that is not fully compliant to the IEC 60601-2-52:2009 standard may increase the risk of patients becoming trapped. In such cases, the patient must be monitored closely.

WARNING:
The following surfaces can be used with the Progressa® Bed with the Dining Chair® feature option. Do not use the following surfaces with the Chair Egress option. Do not use the FlexAfoot™ feature with the following surfaces:
- P500 MRS
- NP100—flat deck 36” x 84” (91 cm x 213 cm)
- AccuMax® Surface—flat deck 36” x 84” (91 cm x 213 cm)
## Classification and Standards

The Progressa® Bed is designed and manufactured according to the following equipment classifications and standards:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment Classification per EN 60601-1</td>
<td>Class I equipment, internally powered equipment</td>
</tr>
<tr>
<td>Degree of Protection Against Electric Shock</td>
<td>Type B</td>
</tr>
<tr>
<td>Classification According to Directive 93/42/EEC</td>
<td>Class Ia for therapy and pulmonary surfaces</td>
</tr>
<tr>
<td>Degree of Protection Against Ingress of Water</td>
<td>Ordinary Equipment - IPX4</td>
</tr>
<tr>
<td>Degree of Protection Against the Presence of Flammable Anesthetic Mixtures</td>
<td>Not for use with flammable anaesthetics.</td>
</tr>
<tr>
<td>Mode of Operation (Bed Articulation)</td>
<td>Continuous operation with intermittent loading, 2 minutes ON/18 minutes OFF</td>
</tr>
<tr>
<td>Attenuation (radiolucent panel aluminum equivalencies)</td>
<td>0.179 mm (one panel)</td>
</tr>
<tr>
<td></td>
<td>0.191 mm (two panels)</td>
</tr>
</tbody>
</table>
Electromagnetic Emissions Guidance

**CAUTION:**
This device meets all requirements for electromagnetic compatibility per IEC 60601-1-2. It is unlikely that the user will encounter problems with this device because of inadequate electromagnetic immunity. However, electromagnetic immunity is always relative, and standards are based on anticipated environments of use. If the user observes unusual device behavior, particularly if such behavior is intermittent and associated with nearby use of radio or TV transmitters, cell phones, or electro-surgical equipment, this could be an indication of electromagnetic-interference. If such behavior occurs, the user should try to move the interfering equipment further from this device.

**WARNING:**
The P7500 should not be used adjacent to or stacked with other electrical equipment. If adjacent or stacked use is necessary, observe the P7500 and the other electrical equipment to make sure they operate as intended.

Make sure the P7500 operates correctly when it is used near other electronic devices. Portable and mobile radio frequency (RF) communications equipment can affect electrical equipment.

Medical equipment needs special precautions in regard to electromagnetic compatibility (EMC) and needs to be installed and put into service according to the EMC information supplied in the tables that follow.

<table>
<thead>
<tr>
<th>Emissions Test</th>
<th>Compliance</th>
<th>Electromagnetic Environment—Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>RF emissions</td>
<td>Group 1</td>
<td>The P7500 uses RF energy only for its internal functions. Therefore, its RF emissions are low and are not likely to cause any interference in nearby electronic equipment.</td>
</tr>
<tr>
<td>RF Emissions</td>
<td>Class A</td>
<td>The P7500 is suitable for use in all establishments other than domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.</td>
</tr>
<tr>
<td>Harmonic Emissions</td>
<td>Class A</td>
<td></td>
</tr>
<tr>
<td>Voltage Fluctuations/Flicker Emissions</td>
<td>Complies</td>
<td></td>
</tr>
</tbody>
</table>
## Electromagnetic Immunity Guidance

### Guidance and Manufacturer’s Declaration - Electromagnetic Immunity

The P7500 is intended for use in the electromagnetic environment specified below. The customer or the user of the P7500 should make sure it is used in such an environment.

<table>
<thead>
<tr>
<th>Immunity Test</th>
<th>IEC 60601 Test Level</th>
<th>Compliance Level</th>
<th>Electromagnetic Environment—Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrostatic Discharge (ESD) IEC 61000-4-2</td>
<td>± 6 kV Contact</td>
<td>± 6 kV Contact</td>
<td>Floors should be wood, concrete, or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.</td>
</tr>
<tr>
<td></td>
<td>± 8 kV Air</td>
<td>± 8 kV Air</td>
<td></td>
</tr>
<tr>
<td>Electrical Fast Transient/Burst IEC 61000-4-4</td>
<td>± 2 kV for Power Supply Lines</td>
<td>± 2 kV for Power Supply Lines</td>
<td>Mains power quality should be that of a typical commercial or hospital environment.</td>
</tr>
<tr>
<td></td>
<td>± 1 kV for Input/ Output Lines</td>
<td>± 1 kV for Input/ Output Lines</td>
<td></td>
</tr>
<tr>
<td>Surge IEC 61000-4-5</td>
<td>± 1 kV Line(s) to Line(s)</td>
<td>± 1 kV Line(s) to Line(s)</td>
<td>Mains power quality should be that of a typical commercial or hospital environment.</td>
</tr>
<tr>
<td></td>
<td>± 2 kV Line(s) to Earth</td>
<td>± 2 kV Line(s) to Earth</td>
<td></td>
</tr>
<tr>
<td>Voltage Dips, Short Interruptions, and Variations on Power Supply Lines IEC 61000-4-11</td>
<td>&lt; 5% UT (&gt; 95% dip in UT) for 0.5 cycles 40% UT (60% dip in UT) for 5 cycles 70% UT (30% dip in UT) for 25 cycles &lt; 5% UT (&gt; 95% dip in UT) for 5 seconds (See Note 1)</td>
<td>&lt; 5% UT (&gt; 95% dip in UT) for 0.5 cycles &lt; 40% UT (60% dip in UT) for 5 cycles 70% UT (30% dip in UT) for 25 cycles &lt; 5% UT (&gt; 95% dip in UT) for 5 seconds</td>
<td>Mains power quality should be of a typical commercial or hospital environment. If the user of the P7500 requires continued operation during power mains interruption, it is recommended that the P7500 be powered from an uninterruptible power supply or a battery.</td>
</tr>
<tr>
<td>Power Frequency (50/60Hz) Magnetic Fields IEC 61000-4-8</td>
<td>3 A/m</td>
<td>3 A/m</td>
<td>Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment.</td>
</tr>
</tbody>
</table>

### Note 1: UT is the AC mains voltage prior to application of the test level.
## Electromagnetic Immunity Guidance

<table>
<thead>
<tr>
<th>Immunity Test</th>
<th>IEC 60601 Test Level</th>
<th>Compliance Level</th>
<th>Electromagnetic Environment—Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducted RF</td>
<td>3 Vrms 150 kHz to 80 MHz</td>
<td>3 V</td>
<td>Portable and mobile RF communications equipment should be used no closer to any part of the P7500, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. Note 2: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.</td>
</tr>
</tbody>
</table>
| Radiated RF   | 3 V/m 80 MHz to 2.5 GHz | 3 V/m            | Recommended separation distance 

\[ d = 1.2 \sqrt{P} \]

\[ d = 1.2 \sqrt{P} \quad 80 \text{ MHz to } 800 \text{ MHz} \]

\[ d = 2.33 \sqrt{P} \quad 800 \text{ MHz to } 2.5 \text{ GHz} \]

Where \( P \) is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and \( d \) is the recommended separation in metres (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range. Interference may occur in the vicinity of equipment marked with this symbol.

| Note 1: At 80 MHZ and 800 MHz, the higher the frequency range applies. |

a. Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the P7500 is used exceeds the applicable RF compliance level above, the P7500 should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as reorienting or relocating the P7500. 

b. Over the frequency range of 150 kHz to 80 MHz, field strength should be less than 3 V/m.
The P7500 is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the P7500 can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the P7500 as recommended below, according to the maximum output power of the communications equipment.

<table>
<thead>
<tr>
<th>Rated maximum output power of transmitter, W</th>
<th>Separation distance according to frequency of transmitter, m</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>150 kHz to 80 MHz</td>
</tr>
<tr>
<td>0.01</td>
<td>$d = 1.2 \sqrt{P}$</td>
</tr>
<tr>
<td>0.1</td>
<td>0.12</td>
</tr>
<tr>
<td>1</td>
<td>0.38</td>
</tr>
<tr>
<td>10</td>
<td>1.2</td>
</tr>
<tr>
<td>100</td>
<td>3.8</td>
</tr>
<tr>
<td>100</td>
<td>12</td>
</tr>
</tbody>
</table>

For transmitters rated at a maximum output power not listed above, the recommended separation distance $d$ in metres (m) can be estimated using the equation applicable to the frequency of the transmitter, where $P$ is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

NOTE 1: At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.

NOTE 2: These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

**WIRELESS CONNECTIVITY SPECIFICATIONS**

The Wireless Connectivity module supports these security protocols:

**Standards**
- Wireless Equivalent Privacy (WEP)
- Wi-Fi Protected Access (WPA)
- IEEE 802.11i (WPA2)

**Encryption**

The Wireless Connectivity module supports these encryption protocols:
- Wireless Equivalent Privacy (WEP, RC4 Algorithm)
- Temporal Key Integrity Protocol (TKIP, RC4 Algorithm)
- Advanced Encryption Standard (AES, Rijndael Algorithm)
- Encryption Key Provisioning Static (40-bit and 128-bit lengths)
- Pre-Shared (PSK)
- Dynamic 802.1X
Technical Specifications

Encryption Options
- Off
- On
- Auto
- PSK
- WPA-TKIP
- WPA2-PSK
- WPA2-AES
- CCKM-TKIP
- CCKM-AES
- WPA-PSK-AES
- WPA-AES

Extensible Authentication Protocol Types (EAP Types)
- EAP-FAST
- PEAP-MSCHAP
- EAP-TLS
- PEAP-TLS
- EAP-TTLS
- LEAP
- PEAP-GTC

Regulatory Information
Changes and/or modifications not expressly approved by Hill-Rom Co., Inc. could void the user's authority to operate the equipment.

The module must be installed and used in accordance with the Hill-Rom user and installation instructions. Hill-Rom is not responsible for any radio or television interference caused by unauthorized modification of the devices included with the Hill-Rom module, or the substitution or attachment of connection cables and equipment other than that specified by Hill-Rom Co., Inc. The correction of interference caused by such unauthorized modification, substitution, or attachment is the responsibility of the user. Hill-Rom is not liable for any damage or violation of government regulations that may arise from the user failing to comply with these requirements.

California Proposition 65 Warning:

⚠️ WARNING:
This product contains chemicals known to the State of California to cause cancer and birth defects or other reproductive harm.
USA—Federal Communications Commission (FCC) Radiation Exposure Statement

**CAUTION:**
The radiated output power of the module is far below the FCC radio frequency exposure limits. Nevertheless, the module must be used in such a manner that the potential for human contact during normal operation is minimized. To avoid the possibility to exceed the FCC radio frequency exposure limits, you should keep a distance of at least 8” (20 cm) between you (or any other person in the vicinity) and the antenna that is built into the wireless module.

**Interference Statement for FCC**

These devices comply with Part 15 of the FCC Rules. Operation of the devices is subject to these two conditions: (1) the devices may not cause harmful interference, and (2) the devices must accept any interference that may cause unwanted operation.

This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to Part 15 of the FCC Rules. These limits are designed to supply reasonable protection against harmful interference in a residential installation. This equipment generates, uses, and can radiate radio frequency energy. If the equipment is not installed and used in accordance with the instructions, the equipment may cause harmful interference to radio communications. There is no guarantee, however, that such interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception (which can be determined by turning the equipment off and on), the user is encouraged to take one of these measures to try to correct the interference:

- Move this device.
- Increase the separation between the device and the receiver.
- Connect the device to an outlet on a circuit different from that of other electronics.
- Consult the dealer or an experienced radio technician for help.

**NOTE:**
The module must be installed and used in strict accordance with the manufacturer’s instructions as described in the user documentation that comes with the product. Any other installation or use will violate FCC Part 15 regulations. Modifications not expressly approved by Hill-Rom could void your authority to operate the equipment.

The module must not be co-located or operated in conjunction with any other antenna or transmitter.

**Canada—Industry Canada (IC)**

This device complies with RSS210 of Industry Canada.

Operation is subject to these two conditions: (1) this device may not cause interference, and (2) this device must accept any interference, which include interference that may cause unwanted operation of this device.

The term "IC" before the equipment certification number only signifies that the Industry Canada technical specifications were met.

To prevent radio interference to the licensed service, this device is intended to be operated indoors and away from windows to provide maximum shielding. Equipment (or its transmit antenna) that is installed outdoors is subject to licensing.
**CAUTION:**

Exposure to Radio Frequency Radiation.
The installer of this radio equipment must make sure the antenna is located or pointed such that it does not emit an RF field in excess of Health Canada limits for the general population; consult Safety Code 6, obtainable from Health Canada’s website http://www.hc-sc.gc.ca/rpb.

### Wireless System Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency Band—2.4 GHz</td>
<td><strong>FCC:</strong> 2.4 GHz to 2.483 GHz <strong>ETSI:</strong> 2.4 GHz to 2.483 GHz <strong>MIC:</strong> 2.4 GHz to 2.495 GHz <strong>KC:</strong> 2.4 GHz to 2.483 GHz</td>
</tr>
<tr>
<td>Frequency Band—5GHz</td>
<td><strong>FCC:</strong> 5.15 GHz to 5.35 GHz, 5.725 GHz to 5.825 GHz <strong>ETSI:</strong> 5.15 GHz to 5.35 GHz, 5.47 GHz to 5.725 GHz <strong>MIC:</strong> 5.15 GHz to 5.35 GHz, 5.47 GHz to 5.725 GHz <strong>(W56)</strong> <strong>KC:</strong> 5.15 GHz to 5.25 GHz, 5.725 GHz to 5.825 GHz</td>
</tr>
<tr>
<td>Modulation</td>
<td><strong>BPSK @ 1, 6, 6.5, 7, 2, and 9 Mbps</strong> <strong>QPSK @ 2, 12, 13, 14.4, 18, 19.5, and 21.7 Mbps</strong> <strong>CCK @ 5.5 and 11 Mbps</strong> <strong>16-QAM @ 24, 26, 28.9, 36, 39, and 43.3 Mbps</strong> <strong>64-QAM @ 48, 52, 54, 57.8, 58.5, 65, and 72.2 Mbps</strong></td>
</tr>
<tr>
<td>Network Standards</td>
<td><strong>IEEE 802.11a, 802.11b, 802.11d, 802.11e, 802.11g, 802.11h, 802.11i, 802.11n</strong></td>
</tr>
<tr>
<td>Data Rates Supported</td>
<td><strong>802.11a (OFDM): 6, 9, 12, 18, 24, 36, 48, 54 Mbps</strong> <strong>802.11b (DSSS, CCK): 1, 2, 5.5, 11 Mbps</strong> <strong>802.11g (OFDM, HT20, MCS 0-7): 6.5, 13, 19.5, 26, 39, 52, 58.5, 72.2 Mbps</strong> <strong>and 7.2, 14.4, 21.7, 28.9, 43.3, 57.8, 65 Mbps</strong></td>
</tr>
<tr>
<td>Transmit Power Settings</td>
<td><strong>802.11a:</strong> 6 Mbps 15 dBm 54 Mbps <strong>13 dBm</strong> (PER - 10%) <strong>802.11b:</strong> 1 Mbps 16 dBm 11 Mbps <strong>16 dBm</strong> (PER - 10%) <strong>802.11g:</strong> 6 Mbps 16 dBm 54 Mbps <strong>14 dBm</strong> (PER - 10%) <strong>802.11n:</strong> 2.4 GHz <strong>MCS0 Mbps</strong> 16 dBm <strong>MCS7 Mbps</strong> 12 dBm <strong>802.11n:</strong> 5 GHz <strong>MCS0 Mbps</strong> 15 dBm <strong>MCS7 Mbps</strong> 12 dBm <strong>Bluetooth 2 dBm (1.58 mW)</strong> (Class 2)</td>
</tr>
</tbody>
</table>
PRODUCT CONFIGURATION IDENTIFICATION

- Burgundy border label
  - Pulmonary Surface Dining Chair®

- Blue border label
  - Therapy Surface Dining Chair®

- Borderless label
  - Prevention Surface Dining Chair®

- Burgundy border label
  - Pulmonary Surface Chair Egress

- Blue border label
  - Therapy Surface Chair Egress

- Borderless label
  - Prevention Surface Chair Egress

- Burgundy border label
  - Pulmonary Surface Chair Egress StayInPlace™ Feature

- Blue border label
  - Therapy Surface Chair Egress StayInPlace™ Feature

- Borderless label
  - Prevention Surface Chair Egress StayInPlace™ Feature