

# PATIENT INFORMATION



AVENUE MORI MEDICAL EQUIPMENT, INC.

5115 Avenida Encinas, Ste. F  
Carlsbad, CA 92008

[www.avenuemori.com](http://www.avenuemori.com)



ROTECH HEALTHCARE INC.  
3600 VINELAND ROAD, SUITE 114  
ORLANDO, FLORIDA 32811

[www.rotech.com](http://www.rotech.com)

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# W E L C O M E !

We are dedicated to providing professional and comprehensive home care services to our patients. We provide the latest quality home care products available, and we genuinely care about the patients we serve. Our services include the following:

- Patient instruction and training.
- Clinical assessment and/or equipment maintenance visits, as ordered by your physician.
- Quality clinical, delivery and office staff to assist you.
- 24 hours, 7 days-a-week emergency service for rental equipment issues.
- Routine delivery and set-up of equipment and supplies.

## Who We Are

Avenue Mori Medical Equipment, Inc. ("AMME") is a service-disabled veteran-owned small business (SDVOSB) contracted with the Indian Tribal, Federal, State and local government, to provide home medical equipment and supplies since 2015. Rotech Healthcare Inc. ("Rotech") is a national leader in providing home oxygen and Durable Medical Equipment (DME) since 1981. Rotech has an expertise in the delivery and clinical management of oxygen and DME to Medicare and Medicaid beneficiaries for the past 36 years, Managed Care beneficiaries for 22 years and Veterans Affairs (VA) beneficiaries for over 20 years.

Both AMME and Rotech are accredited with the Joint Commission. Being Joint Commission accredited ensures all parties are meeting the elements required through accepted healthcare standards. Together AMME and Rotech have established a joint venture partnership to care honourably for those that have served honourably.

# Mission & Vision Statement

## **Mission Statement:**

To honourably care for those who honourably served in an ethical, compassionate, respectful, timely, effective and efficient manner to achieve the best clinical outcomes and patient satisfaction.

- To our patients, our mission is to make their lives better.
- To our referral sources, our mission is to make their lives easier.
- To our employees, our mission is making the difference.

## **Vision Statement:**

We strive for excellence in providing goods and services to patients with the goal of being the industry's gold standard for patient care, ethical business practices and business efficiency.

# Patient Rights & Responsibilities

## **Patients of the VA Medical Center have the RIGHT to:**

1. Be treated with appropriate, considerate, respectful and courteous care.
2. Discuss your concerns or issues pertaining to the quality of services or devices furnished to you.
3. Express your concerns regarding the timeliness of services and devices provided.
4. Discuss your eligibility and entitlement to Prosthetic Services with staff personnel.
5. Have privacy and to refuse to take part in any research studies.
6. Complete a Patient Satisfaction Survey and have it placed in your medical record.
7. Receive a response to a written complaint in a timely manner.
8. Refuse treatment/equipment to the extent permitted by law and informed of consequences of actions.
9. Appeal any decision made by the Prosthetic & Sensory Aids Service concerning your eligibility and entitlement to receive services.

## **Patients of the VA Medical Center have the RESPONSIBILITY to:**

1. Treat VA and vendor staff with respect and courtesy.
2. Take reasonable care when using devices and appliances issued to you.
3. Exercise reasonable care and maintenance of devices and appliances issued to you.
4. Immediately advise the Prosthetic & Sensory Aids Service about defective equipment.
5. Inform your clinician at the VA Medical Center when equipment is no longer required for your use.
6. Not to sell or give away any equipment provided to you by the Department of Veterans Affairs.
7. Comply with the prescribed plan of treatment and communicate any health care concerns or needs with your health care providers.

## **Respiratory Patients of the VA Medical Center have the RESPONSIBILITY to:**

1. Allow the vendor's staff to make home visits on a regular basis.
2. Immediately advise the vendor supplying your oxygen about problems with your oxygen equipment.

# Help Us Help You

We understand your time is valuable, and emergencies happen which may result in your missing a scheduled appointment or delivery. To avoid service interruptions or delays to you and other veterans, please let us know as soon as possible when you need to reschedule or cancel your appointment. Our goal is to provide you with consistent and courteous service; help us do that by knowing what we need from you.

What Occurs After You Have Scheduled a Delivery or Maintenance Visit?

We provide a delivery schedule when you are setup as a new patient.

- New patient set-ups or maintenance visits may take as long as 40 minutes.
- Cylinder refills or deliveries may take as long as 20 minutes.

Your servicing location will contact you the day before your scheduled delivery. It is important that you return their call as soon as possible, as this will validate your availability for your scheduled appointment, provide you with the anticipated 4-hour delivery window and ensures that we have adequate supplies to meet your needs during the scheduled visit.

We try to keep the 4-hour window consistent for each visit; however, should we anticipate a delay, our technicians will contact you as soon as possible and advise you of the new estimated time of delivery.

Contact us by phone as soon as possible if you cannot be home for your scheduled appointment.

**\*\*If we cannot reach you before your scheduled delivery date, we may automatically reschedule you to the next delivery date.**

For some types of service problems, a technician is required to travel to your home for the scheduled appointment, even if our calls go unanswered such as:

- Equipment failure resulting in the equipment no longer being operational;
- Complete oxygen depletion;
- Problems with your home phone, such as no dial tone.
- Ensure the area our technician will be installing the equipment has been cleared and is easily accessible. The technician will not move personal furniture.
- If you have a pet, ensure they are secure in a safe place, clear of the entrance to the home and area the technician needs to work.
- You or an adult you designate must be present. Our technician needs to be able to gain access to your home to install your equipment and ensure it operates properly after the installation is complete.

## **Miscellaneous Supply Delivery**

If you believe you will run out of supplies before your next scheduled delivery, the location will mail additional supplies. It is imperative that you notify your servicing location timely when you believe you do not have enough supplies.

## **Cylinder Refills**

To avoid service interruptions or delays our technicians will be able to schedule a delivery when you need a minimum of five (5) cylinders replaced (10 if you live further than 50 miles from your servicing location).

### **Concentrator Maintenance**

If you are prescribed an oxygen concentrator, we must complete preventative maintenance (PM) visits to ensure continuous operation of your equipment. We will do our best to coordinate the PM visit with your regularly scheduled cylinder delivery to eliminate multiple appointments.

### **After Hours Call Center (AHCC)**

We have staff available 24 hours a day, seven days a week to offer education and equipment management. Medical emergencies are directed to call 9-1-1.

Local on-call personnel are only dispatched to a patient's residence if the Veteran indicates an equipment emergency exists, equipment failures that we are unable to resolve over the phone; order is on file indicating oxygen is used continuous or during sleep; OR Veterans with a bypassed upper airway and receive invasive ventilator therapy (RT/RN).

\*\*AHCC is not to be used for cylinder or supply delivery services for veterans who missed a scheduled delivery.

### **Noncompliance**

We will notify the home VA facility Point of Contact (POC) if non-compliance with service requirements exist and reserve the right to request you to visit your assigned servicing location for any resupply you need immediately.

Failure to comply with this policy may include:

- Using the AHCC to have supplies delivered because you missed your scheduled delivery.
- Indicating an equipment failure or complete oxygen depletion for an unscheduled delivery when you are suffering from neither.
- Indicating an emergent situation where none exists.
- Missing a scheduled delivery after confirming your availability with no mitigating circumstances.
- Failing to provide adequate notification of cylinder refill/resupply needed (i.e., emergent requests requiring off-route, unscheduled delivery).

### **Travel**

Notify your servicing VAMC Facility a minimum of two weeks prior to any scheduled travel. After the VA has authorized your requested travel dates, destination and equipment, our travel department will contact you for any additional details needed to coordinate your trip.

Emergent travel (48-Hours or less notice) will only be coordinated for veterans with an urgent, unexpected need (i.e. death in the family, medical necessity, or other mitigating circumstance) and may require you to pick up any necessary equipment/supplies from our local office closest to your destination.

A minimum of 24 Hours' notice is required for veterans needing a portable oxygen concentrator.

# Fire Escape Planning

## **More Than 4,000 Americans Die Each Year In Fires And 20,000 Are Injured**

Deaths resulting from failed emergency escapes are particularly avoidable. The U. S. Fire Administration (USFA), a part of the U. S. Department of Homeland Security, believes that having a sound escape plan will greatly reduce fire deaths and protect you and your family's safety if a fire occurs.

## **Have a Sound Fire Escape Plan**

In the event of a fire, remember, TIME is the biggest enemy and every second counts! Escape plans help you get out of your home quickly. In less than 30 seconds a small flame can get completely out of control and turn into a major fire. It only takes minutes for a house to fill with thick black smoke and become engulfed in flames. Fire can quickly spread to neighboring residences and buildings, putting others at risk.

## **Practice Escaping From Every Room In The Home**

Practice escape plans every month. The best plans have two ways to get out of each room. If the primary way is blocked by fire or smoke, you will need a second way out. A secondary route might be a window onto an adjacent roof or a collapsible ladder - evaluated by a nationally recognized laboratory such as Underwriters Laboratories (UL) - for escape from upper story windows. Make sure windows are not stuck, screens can be taken out quickly and security bars can be properly opened. Also, practice feeling your way out of the house in the dark or with your eyes closed.

## **Security Bars Require Special Precautions**

Security bars may help to keep your family safe from intruders, but they can also trap you in a deadly fire! Windows and doors with security bars must have quick release devices to allow them to be opened immediately in an emergency. Make sure everyone in the family understands and practices how to properly operate and open locked or barred doors and windows.

## **Immediately Leave The Home**

When a fire occurs, do not waste any time saving property. Take the safest exit route, but if you must escape through smoke, remember to crawl low, under the smoke and keep your mouth covered. The smoke contains toxic gases which can disorient you or, at worst, overcome you.

## **Never Open Doors That Are Hot To The Touch**

When you come to a closed door, use the back of your hand to feel the top of the door, the doorknob, and the crack between the door and door frame to make sure that fire is not on the other side. If it feels hot, use your secondary escape route. Even if the door feels cool, open it carefully. Brace your shoulder against the door and open it slowly. If heat and smoke come in, slam the door and make sure it is securely closed, then use your alternate escape route.

## **Designate A Meeting Place Outside And Take Attendance**

Designate a meeting location away from the home, but not necessarily across the street. For example, meet under a specific tree or at the end of the driveway or front sidewalk to make sure everyone has gotten out safely and no one will be hurt looking for someone who is already safe. Designate one person to go to a neighbor's home to phone the fire department.

## **Once Out, Stay Out**

Remember to escape first, then notify the fire department using the 911 system or proper local emergency number in your area. Never go back into a burning building for any reason. Teach children not to hide from firefighters. If someone is missing, tell the firefighters. They are equipped to perform rescues safely.

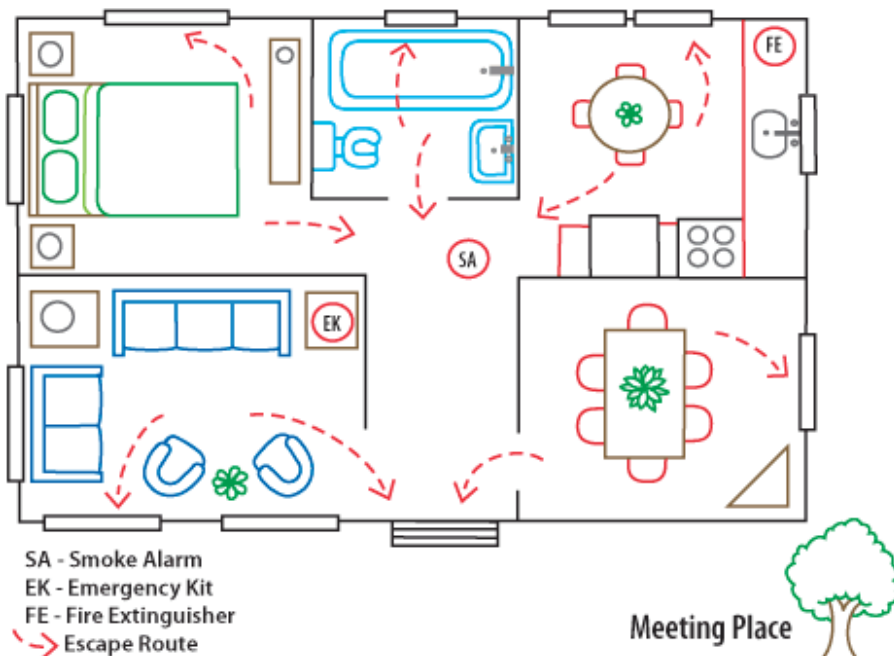


Finally, having working smoke alarms installed on every level of your home dramatically increases your chances of survival. Smoke alarm batteries need to be tested every month and changed with new ones at least once a year. Also, consider replacing the entire smoke alarm every ten years, or as the manufacturer guidelines recommend.

### CREATE A FIRE SAFETY PLAN

USE THE SPACE BELOW TO CREATE YOUR FIRE ESCAPE PLAN

- Draw a map of your home and include all windows and doors.
- Mark two ways out of every room.
- Mark all smoke alarms.
- Designate a meeting place outside of the home.
- Practice your plan at least twice a year.



# Advanced Directives

We recognize your right to participate in the formulation of decisions that may affect your care. This includes respecting and conforming to decisions you have made regarding the level of care you desire when confronted with a health or life-threatening situation. These decisions made by you in a legally appropriate manner, defined by the state in which you reside, referred to as ADVANCE DIRECTIVES.

Advance Directives (such as a Living Will, Durable Power of Attorney or Do Not Resuscitate order) give direction to your family and care providers regarding your wish to withhold extraordinary measures to revive you if a cardiac or respiratory emergency occurs.

If you have an Advance Directive, provide us a written copy of your directions. Unless directed otherwise by an Advance Directive, any staff member who encounters an unresponsive patient will call "911" to activate the emergency medical system. Employees of our company may not participate in the withdrawal of life support equipment. If you wish to execute an Advance Directive, inform your physician, attorney, caregiver and support system.

Inform us if your Advance Directive changes so we can update our records. Your decision regarding whether to execute an Advance Directive will never be a condition of providing care or a basis for discrimination for or against you as a patient.

# Emergency Preparedness

## In case of an emergency: Dial 9-1-1

- Stay calm and speak clearly.
- Listen carefully and verbally respond to the dispatchers questions.
- Stay calm and speak clearly.
- State your emergency.
- State your address
- STAY ON THE LINE. Do not hang up until the dispatcher tells you it is OK to do so.
- If you can, stay by the phone in case the dispatcher needs to call you back.



Are you prepared for an emergency?

## **ARE YOU READY?**

- Refill medications promptly to ensure you have an adequate supply on-hand.
- Have an emergency back-up source/supply for any medical equipment requiring electricity.
- Keep a list of emergency phone numbers available, including your medical equipment supplier.
- Have a family member or neighbor check on you if an emergency occurs.
- Determine an evacuation route and alternatives.
- Arrange for a friend or relative in another town to be a communication contact for the extended family.
- Listen to daily weather forecasts and be aware of changing conditions.
- Have a flashlight and extra batteries nearby for power outages.
- Keep extra blankets available in case the power goes out.
- Keep supply of bottled water on-hand.

# Preventing Falls at Home

## Make Your Home Safer

- Remove things you can trip over from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars installed next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.



## Have handrails and lights installed on all staircases.

- Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

## Have Your Medications Reviewed

- Have your doctor or pharmacist review all medicines you take (including non-prescription items such as cold medicines). As you get older, the way some medicines work in your body can change.
- Some medicines (or combination of medicines) can make you drowsy or light-headed which can lead to a fall.

## Begin A Regular Exercise Program

- Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination are the most helpful.
- Lack of exercise leads to weakness and increases your chances of falling.
- Ask your doctor or health care worker about the best type of exercise program for you.

## Have Your Vision Checked

- Have your eyes checked by an eye doctor.
- You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts limiting your vision.
- Poor vision can increase your chances of falling.

# Infection Control & Prevention

## IT'S IN YOUR HANDS

Contact with infected body fluids such as blood, urine, feces, mucous or the droplets sprayed into the air when a person coughs or sneezes can spread illnesses from one person to another. Some infections are spread through items that have been contaminated by drainage from infected sores or discharges from the nose, mouth, eyes or genital/rectal area.

Controlling the spread of infections means interrupting the way illness travels from one person to another. Maintaining a clean environment helps to keep infections under control. Maintaining personal hygiene is important to your health.

### ***Washing your hands prevents the spread of colds, influenza, strep and other illnesses.***

1. Wet your hands with warm water.
2. Add soap and rub your hands to make a soapy lather.
3. Wash the front and back of your hands, between your fingers and under your nails. Count to 20 or sing "Happy Birthday" to yourself (it takes about 20 seconds).
4. Rinse well.
5. Dry hands with a clean paper towel.
6. Turn off faucet with a paper towel, if possible.
7. When hand washing is not possible use a 60% or greater alcohol-based hand gel.

You have rights and a role regarding your treatment and care. This brochure has questions and answers to help you learn about your rights and role as a patient. Knowing your rights and role can help you make better decisions about your care.

## Know Your Rights

### **What are your rights?**

- You have the right to be informed about the care you will receive.
- You have the right to get important information about your care in your preferred language.
- You have the right to get information in a manner that meets your needs, if you have vision, speech, hearing or mental impairments.
- You have the right to make decisions about your care.
- You have the right to refuse care.
- You have the right to know the names of the caregivers who treat you.
- You have the right to safe care.
- You have a right to have your pain addressed.
- You have the right to get a list of all your current medicines.
- You have the right to be listened to.
- You have the right to be treated with courtesy and respect.
- You have the right to have a personal representative, also called an advocate, with you during your care. Your advocate is a family member or friend of your choice.
- You have the right to care that is free from discrimination. You should not be treated differently because of age, religion, gender identity, ethnicity, physical or mental limitations, race, socioeconomic status, language, sexual orientation or culture.
- You have the right to know when something goes wrong with your care.

### **What is your role in your health care?**

- You should be active in your health care because your choices will affect your care and treatment.
- You should ask questions.
- You should pay attention to instructions given to you by caregivers.
- You should share as much information as possible about your health with your caregivers. For example, give them a list of your medicines, vitamins, herbs and supplements. And remind them about your allergies.

### **What is the role of your advocate?**

- Your advocate can be with you to provide support during your care.
- Your advocate can get information and ask questions when you cannot.
- Your advocate can remind you about instructions and help you make decisions.
- Your advocate can ask for help if you are not getting the care you need.
- Find out if there is a form to fill out to name your advocate.
- Ask about your state's laws regarding advocates.

### **Can your advocate make decisions for you?**

Yes, if they are your legal guardian or if you signed a legal document giving them the power to make decisions for you. This document may be called a health care power of attorney.

### **Can other people find out about your disease or condition?**

Health care providers must keep some details about your health private. You can sign a form if you want health care providers to share information with others.

### **What is "informed consent?"**

Informed consent means that you understand your treatment choices and their risks. Your caregivers should help you understand the treatment choices and risks, and what will happen if you are not treated. Informed consent is required if you are asked to try any experimental treatment.

### **Can the organization take pictures or videos of you?**

Yes. They can take pictures, videos, or other images and recordings to be used for your care or treatment, or to identify you. The staff must ask your permission to use the images or recordings for any other purpose.

### **What happens if something goes wrong during treatment or with my care?**

If something goes wrong, you have the right to an honest explanation and an apology. These should be made in a reasonable amount of time.

### **How do you file a complaint?**

- Contact the state agency that licenses or certifies the health care facility.
- Call the health care facility or health system so that they can correct the problem.
- Contact The Joint Commission with complaints about our accredited organization.

# Complaint Resolution

We have a comprehensive complaint resolution process to help resolve issues in a quick and effective manner. Your candid feedback helps us continually improve our service to patients.

We genuinely strive to provide the highest quality health care services to our patients. When you have a concern that does not need to be addressed immediately, you may speak to the person delivering your equipment at the next visit. If you do not want to wait to speak to the delivery person or if the issue involves our employee, call your service location and speak with the manager.

- To file a complaint by mail:

**Avenue Mori Medical Equipment, Inc**  
**5115 Avenida Encinas, Ste. F**  
**Carlsbad, CA 92008**

To file a complaint by phone:

**(866) 922-6038**



# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

For questions about this notice, contact Rotech Healthcare Inc., Corporate Compliance & Ethics Department:

Email: [corporate@rotech.com](mailto:corporate@rotech.com) or by phone (407) 822-4600

## **PURPOSE OF THIS NOTICE**

This notice describes the ways in which we may use and disclose medical information about you. This notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

## **OUR LEGAL REQUIREMENTS**

The law requires us to make sure medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; obtain acknowledgment of receipt of this notice from you; follow the terms of the notice that currently are in effect; change the notice only in accordance with federal rules; and provide our internal complaint process for privacy issues to you.

## **WHO WILL FOLLOW OUR PRIVACY PRACTICES**

This notice describes Rotech's practices and that of all Rotech employees, staff and other Rotech personnel; all Rotech entities that have common ownership and/or control. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or health care operations purposes described in this notice.

## **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services that we provide to you. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care we generate. This notice also applies to other health information about you, such as information collected with your authorization during research studies. Your personal doctor and other entities providing products or services to you may have different policies or notices regarding their use and disclosure of your medical information.

## **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

### **Right to Inspect and Copy.**

You have the right to inspect, request a summary and obtain a copy of your medical information about you or your care. To inspect and obtain a copy of medical information about you or your care, you must submit your request in writing to: Rotech's Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In order to obtain the request form, call Rotech's Privacy Officer, Compliance Department, at 877.603.7840. If you request a physical copy of the information, we may charge a fee for the costs of copying, mailing, and office supplies associated with your request. If you request an electronic copy of your medical information, our fee will not exceed our labor costs in responding to your request for the electronic copy (or summary or explanation), the costs of the electronic media (such as a CD or zip drive),

and postage, if mailed. If we may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and submitted to: Rotech's Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for us; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

### **Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures. This accounting is a list of the disclosures we made of medical information about you. This list will not include disclosures made for treatment, payment or Rotech's health care operations, disclosures that you have previously authorized us to make or other disclosures specifically exempted from the disclosure accounting requirements by the federal. To request this list or accounting of disclosures, you must submit your request in writing to: Rotech's Privacy Officer, Attn: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. Your request must state a time-frame, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list, such as on paper or electronically. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request unless the disclosure is to a health plan for a payment or health care operation purpose and the medical information relates solely to a health care item or service for which we have been paid out-of-pocket in full. If we do agree, we will comply with your request unless the information necessary to provide you emergency treatment. To request restrictions, you must make your request in writing to: Rotech's Privacy Officer, Attention: Compliance Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, submit your request in writing to: Rotech's Privacy Officer, c/o Compliance & Ethics Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. We will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how or where you wish to



be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy. You may obtain a copy of this notice on our website, [www.rotech.com](http://www.rotech.com). To request a paper copy, submit a request in writing to: Rotech's Privacy Officer, c/o Compliance & Ethics Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811.

### **Right to Notification of Breach of Medical Information**

You have the right to be notified following any breach of unsecured medical information that compromises the privacy of the information.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we are permitted to use and disclose medical information as a health care provider, although certain of these categories may not apply to our business and we may not actually use or disclose your medical information for such purposes. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in category will be listed. However, all of the ways we are permitted or required to use and disclose information will fall within one of the categories.

### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your physician, home health agency and/or respiratory therapist who are involved in taking care of you. *[For example, telephone contact for medication refills, mail contact for billing and collection purposes, etc.]* We also may disclose medical information about you to people who may be involved in your medical care after you have received our products and services, such as family members, clergy or others we use to provide services that are part of your care.

### **For Payment**

We may use and disclose medical information about you so that the treatment and services we provide you may be billed to and payment may be collected from you, an insurance company or a third party. *[For example, we may need to give your health plan information about products and services we provided to you so your health plan will pay us or reimburse you for the products and services.]* We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

### **For Health Care Operations**

We may use and disclose medical information about you for our health care operations. These uses and disclosures are necessary to run our company and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information for review and learning purposes. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Delivery Reminders**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

#### **Treatment Alternatives**

We may use and disclose medical information to inform you about or recommend possible treatment options or alternatives that may be of interest to you.

#### **Health-Related Benefits and Services**

We may use and disclose medical information to inform you about health-related benefits or services that may be of interest to you.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care or payment for such care. We may also notify your family member, personal representative or another person responsible for your medical care regarding your location, general condition or death. In addition, we may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### **Research**

Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We will almost always ask for your specific authorization if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

#### **As Required by Law**

We will disclose medical information about you when required to do so by federal, state or local law.

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **SPECIAL SITUATIONS**

#### **Military and Veterans**

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

#### **Workers' Compensation**

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

#### **Public Health Activities**

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;

- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

### **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime under certain circumstances;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Organ and Tissue Donation**

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Sale of Business Assets**

We reserve the right to transfer medical information about you to a third party in conjunction with the sale of our company or certain assets belonging to our company.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each Rotech location and on Rotech's website at [www.rotech.com](http://www.rotech.com). The notice will contain on the first page, in the top right-hand corner, the effective date.

### **COMPLAINTS**

If you believe your privacy rights have been violated you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing to: Rotech's Privacy Officer, c/o Compliance & Ethics Department, 3600 Vineland Road, Suite 114, Orlando, Florida 32811. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing, and disclosures that would be a sale of medical information require your written authorization. If you provide us authorization to use or disclose medical information about you. You may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Please take a moment to complete the survey below and return it to a company representative. Your feedback will help us improve our service to our customers.

# Perception of Care

Please take a moment to complete the survey below and return it to a company representative. Your feedback will help us improve our service to our customers.

Patient Name: \_\_\_\_\_

ANSWER EACH QUESTION BELOW:	YES	NO	NOT APPLICABLE
Equipment setup at time scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment was clean and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct equipment and supplies were provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written instructions for equipment was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company representative was neatly dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal instructions received for equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company representative explained your financial responsibility <b>(N/A VA)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel safe using the equipment provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NOT APPLICABLE	1 EXTREMELY DISSATISFIED	2 SOMEWHAT SATISFIED	3 SATISFIED	4 VERY SATISFIED	5 EXTREMELY SATISFIED
Overall satisfaction with our company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Location #: \_\_\_\_\_

Survey Administered: Phone During Setup Patient

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# **HOME MEDICAL EQUIPMENT**

Operating, Safety & Cleaning Instructions

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# Ambulatory Aids

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## Overview

An ambulatory aid can give a person the proper support for safe and independent walking. Most ambulatory aids are made from lightweight materials to reduce user fatigue.

## Operating Instructions

### Safety tips when using any ambulatory aids:

- ⚠ Wear non-skid, flat sole shoes that can support your weight.
- ⚠ Check to ensure your shoes are buckled or tied securely.
- ⚠ Use good posture when walking.
- ⚠ Look ahead when walking, not at your feet.
- ⚠ Do not take steps that are too big.
- ⚠ When turning, take small steps and pivot.
- ⚠ Ensure the area you will be walking is clear, dry and well lit.

## Cane

1. When standing, the cane should extend from the floor to your hip joint (adjust height if needed).
2. Keep your elbow at a 30-degree angle and hold the cane in the hand opposite of the injury with the tip 4 inches from the outside of the stronger (uninjured) leg/foot.
3. Move the cane and step with your injured leg at the same time, keeping the cane close to your body for support and balance.
4. Support your weight on the cane and step up to (or through) with the uninjured leg.





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## Crutches

1. Stand in the middle of your crutches, grasping hand grips, while supporting your weight with your hands, not your underarm.
2. The top of the crutches should be about 1 to 1.5 inches below your underarm and your arm should be slightly flexed, but not straight.
3. Place crutches in front of you at a comfortable arm's length.
4. Push down on the hand grips and step forward to the crutches with your weaker leg.
5. Continue forward and step past crutches with your stronger leg.
6. Continue steps 3-5.



## Walker

1. Stand up straight with your feet close together and place the walker in front of you (arms length) with all four of the legs on the floor.
2. Grasp the top handle on each side of the walker and keep your elbows nearly straight. If necessary, adjust the walker height.
3. Move the weaker leg toward the walker first (if both legs are injured, use either one to begin walking).
4. Then bring your good leg ahead of the weaker leg.
5. To carry items, attach a basket or bag to the side or front of the walker using Velcro or straps.



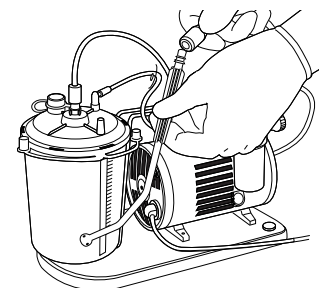
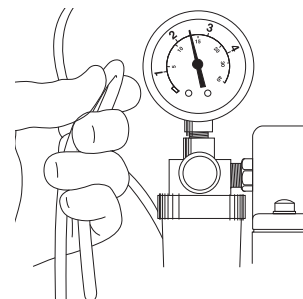
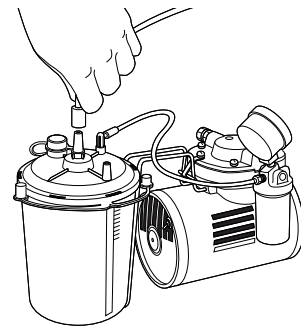
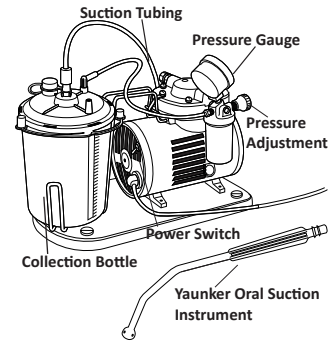
# Aspirator

## Overview

An aspirator (also known as a suction machine) removes secretions from the airways and allows the patient to breathe easier. Suctioning may be performed orally, nasally or through a tracheotomy opening.

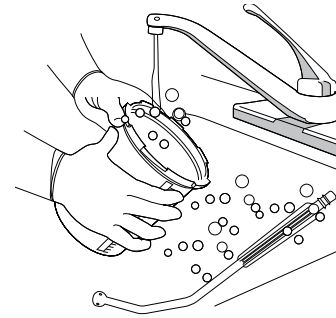
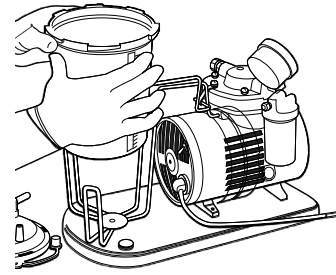
## Operating Instructions

1. Place Suction Machine on a flat surface near the patient.
2. Connect short tubing from suction machine fitting to the port on the collection bottle labeled "SUCTION" or "VACUUM".
3. Connect larger tubing port on the collection bottle labeled "PATIENT".
4. Plug suction machine power cord into appropriate electrical outlet.
5. Turn on power switch.
6. Occlude the end of the tubing while reading pressure gauge. Adjust pressure based on patient type:
  - Adult = 100 to 120 cmH<sub>2</sub>O
  - Children = 80 to 100 cmH<sub>2</sub>O
  - Infants = 60 to 80 cmH<sub>2</sub>O
7. Attach suction instrument to connecting tubing.
8. Introduce suction instrument into the patient's mouth above the tongue and advance into the back of the throat. Use caution as this may cause the patient to gag.
9. Aspirate secretions into the collection bottle.
10. After each use, aspirate a small amount of water to prevent secretions from drying in the instrument or tubing and causing an obstruction.
11. Store suction instrument in its sleeve or a paper towel to keep it free from dust and other contamination.



## Cleaning Instructions

1. Discard contents of cannister into toilet daily.
2. Wash cannister and tubing with warm, soapy water.
3. Rinse under cold running water.
4. Allow to air dry.
5. Once every 3 days after washing, soak cannister for 30 minutes in a solution of 1 part white vinegar and 3 parts water. Do not soak tubing in solution.
6. Rinse under cold running water.
7. Allow to air dry.
8. Dispose of white vinegar and water.



## Troubleshooting

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
Aspirator will not work.	Aspirator not plugged into outlet.	Ensure aspirator plugged in outlet.
	Household fuse blown.	Check fuse/breaker box.
	Power switch is in "off" position.	Check power switch on device.
No suction from tubing/no pressure reading on gauge.	Suction cannister lid is not tight.	Ensure cannister lid is secure.
	Tubing not connected to cannister.	Check tubing connections.
	Pressure gauge set too low.	Increase pressure setting.
	Cannister full.	Empty cannister contents.
Unable to adjust vacuum	Defective regulator.	Contact equipment provider to replace unit.

**\*Contact your local medical equipment supplier if you are unable to correct problem.**

# Hospital Bed

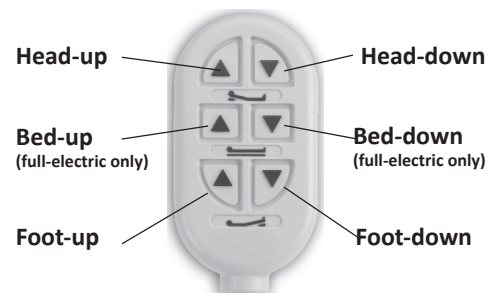
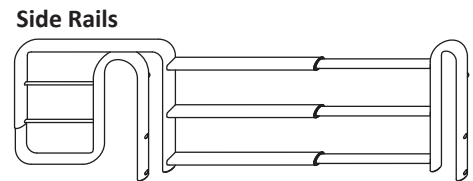
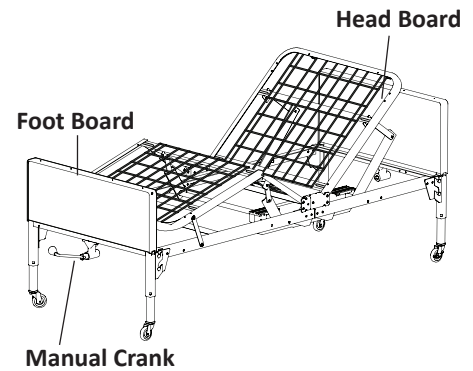
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## Overview

A hospital bed is a specially designed for patients in need of some form of health care. These beds have special features both for the comfort and well-being of the patient and for the convenience of health care workers. Common features include adjustable height for the entire bed, the head, and the feet, adjustable side rails and electronic buttons to operate both the bed and other nearby electronic devices.

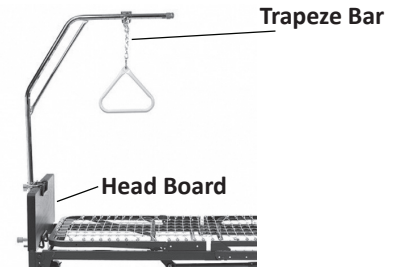
## Operating Instructions

1. Place the bed away from walls to prevent movement of the bed when raising or lowering the bed rails.
2. Bed height can be adjusted by either putting the crank in bed ends and adjusting to height or using center crank at foot end of bed (fully electric beds are adjusted from bed controller).
3. Support side rails with hand while pulling out release pin located by bottom of side rail at either end and lower carefully.
4. To raise side rails pull up until side rail locks. Make sure side rail is securely in UP position before leaving patient unattended.
5. Do not pull on rails to position patient.
6. Raise head and knees with bed controller.
7. Lower head and knees by using the DOWN arrow.
8. Move controller from area when bathing patient.)
9. In case of power outage, use manual crank found under the mattress in the bedsprings.
10. Place crank into base of motor and turn to raise or lower head and knees.



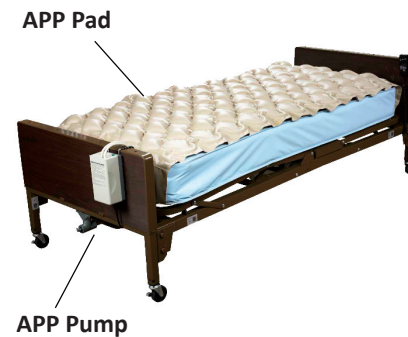
## Trapeze Bar

1. Adjust trapeze by loosening clamp that holds triangle, move forward and back, then tighten securely.
2. Adjust length of chain on hook to raise or lower to desired height.
3. Periodically check trapeze brackets for tightness.



## Alternating Pressure Pump & Pad

1. Place the pad onto the mattress and ensure the flaps are tucked under the mattress.
2. Attach the pump to the foot board of the bed.
3. Connect the air lines to the pump and pad.
4. Plug the pump into electrical outlet.
5. Turn on power to the pump and allow the pad to fill with air.
6. Check for leaks when the pad is almost full.



## Troubleshooting

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
Bed spring does not move.	End of direction stroke reached.	Operate opposite button.
Hi/Lo bed function (full electric bed only) does not work.	Bed not plugged in.	Ensure power cord is plugged into power source.
	Household fuse or breaker blown.	Check household fuse/breaker box.
	Power outage	Use manual crank for bed adjustments until power returns.
Bed spring does not stop moving.	Pendant controller button stuck.	Check controller buttons.
Bed does not stay in place.	Casters unlocked.	Lock casters.

**\*Contact your medical equipment supplier if you are unable to resolve the problem.**

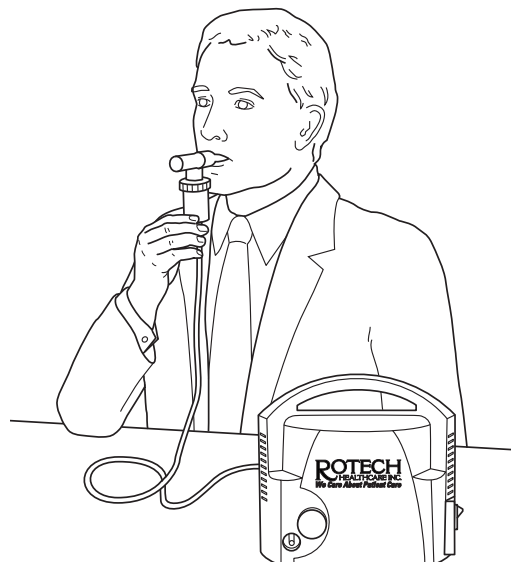
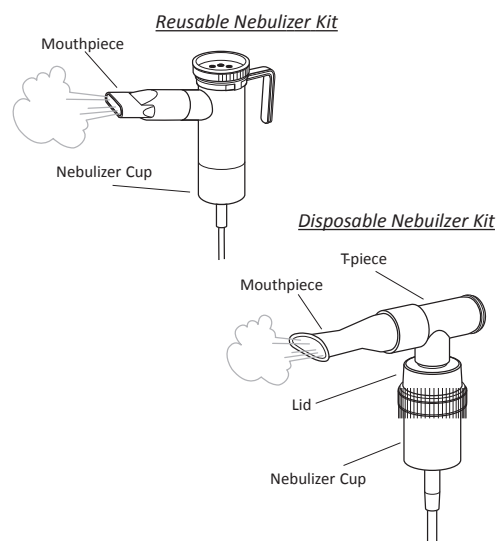
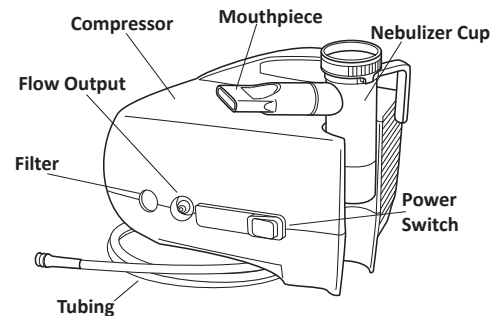
# Nebulizer Compressor

## Overview

A nebulizer compressor is a device to convert liquid medication into a mist for inhalation. The nebulizer compressor is very portable and lightweight. Some units can be powered with an optional battery pack for greater convenience. Nebulizer therapy uses a prescribed drug. Never increase your frequency of treatments or volume of medication without the specific approval of your physician.

## Operating Instructions

1. Place compressor on a flat level surface.
2. Assemble nebulizer kit.
3. Fill medication cup with prescribed solution.
4. Attach tubing to the flow output valve on the compressor and to the port on the medication cup.
5. Plug the power cord into an appropriate electrical outlet.
6. Turn compressor power switch on.
7. Nebulizer kit will begin to create white medication mist.
8. Place lips over mouthpiece and breathe normal.
9. Take deep breath every 30-60 sec. and hold for a count of 5.
10. If unable to hold nebulizer in mouth, use a face mask with treatment.
11. For infants, direct the mist at the nose and mouth.
12. Continue treatment until medication cup is empty (approximately 10-15 minutes). Listen for sputtering sound.
13. Turn compressor power switch off.



## Cleaning Instructions

### After Each Treatment

1. Disassemble nebulizer kit.
2. Wash with warm, soapy water.
3. Rinse thoroughly under cold running water.
4. Place nebulizer parts on a paper towel to air dry and cover with another paper towel to keep off dust.

### Every Other Day

1. After rinsing, soak all nebulizer parts (except tubing) in a solution of 1 part white vinegar and 3 parts water for 30 minutes.
2. Rinse parts thoroughly under cold running water.
3. Place nebulizer parts on a paper towel to air dry and cover with another paper towel to keep off dust.
4. Discard vinegar/water solution.

### Tubing

Tubing (replace every 2 weeks with disposable neb; every 6 months with non-disposable neb). Wipe with damp cloth if soiled. Do not attempt to soak/clean tubing.

### Alternative Disinfection for Reusable Kits

Disassemble kit and place in dishwasher in or boiling water for 10 minutes (allow adequate time for water to cool before attempting to reassemble).

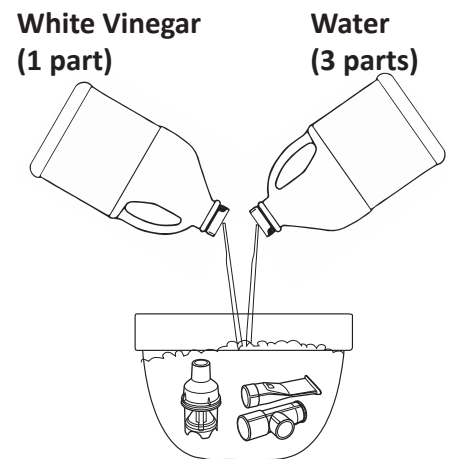
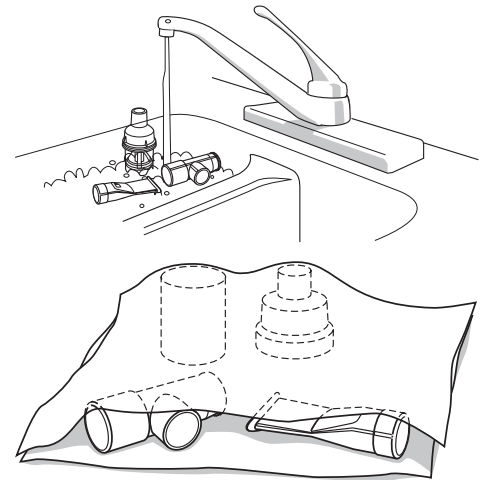
## Replacement Schedule for Supplies

- Disposable Nebulizer Kit: Every 2 weeks
- Reusable Nebulizer Kit: Every 6 months

## Troubleshooting

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
Medication is not making a mist.	Nebulizer cup is not clean.	Clean nebulizer cup and reassemble. Use a new nebulizer kit if needed.
	Nebulizer cup is not properly assembled.	Reassemble nebulizer cup. Use a new nebulizer kit if needed.
Medication leaks out of the nebulizer cup.	Nebulizer cup is cross-threaded.	Unscrew cap from nebulizer cup and reassemble.
Compressor does not turn-on	Unit is not plugged in.	Plug in unit. If unit is plugged in, check fuse box for tripped breaker.
Compressor does not have enough flow.	Filter is dirty.	Replace filter.

\*Contact your medical equipment supplier if you are unable to resolve the problem.



# Oxygen Safety

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## Overview

It is estimated between 700,000 and 1,000,000 people in America use oxygen therapy in the home. When used properly, oxygen is very safe. It has many benefits including extending life expectancy, improving activity levels, reducing symptoms such as shortness of breath and reducing damage to the heart and other body organs. However, when used inappropriately, it can present a hazard. Here are some guidelines to follow for safe and effective use.

## Physician's Order

Oxygen is a drug that requires a prescription from your physician. A physician's prescription is also required to discontinue oxygen. If you choose to stop using your oxygen, notify your physician.

## Fire Risk

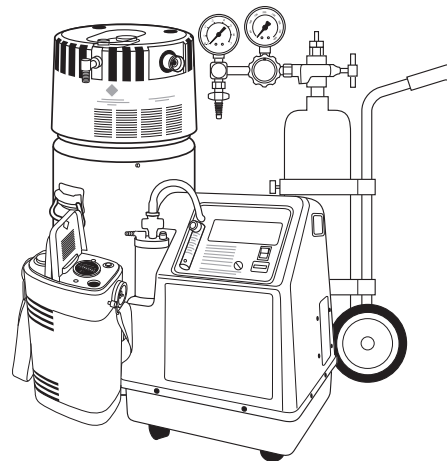
Three things are necessary for a fire. First, a combustible material (i.e. something that will burn); secondly, an ignition source (i.e. a spark, flame, or high temperature to get the fire going); and thirdly, oxygen. While oxygen itself is not flammable, oxygen must be present for a fire to occur. When higher concentrations of oxygen are present (such as when using oxygen therapy), the result is:

- Easier ignition of combustible material
- Much higher flame temperatures
- Extremely fast flame spread

Thus, when a patient is using oxygen, combustibles that are in close contact with oxygen (e.g. clothing, oxygen tubing, hair, pillow, blanket, a cigarette) are more prone to catch on fire, and if they ignite, will burn hotter and the flame will spread faster.

To use oxygen safely, maintain a safe distance (**at least 15 feet**) between all oxygen equipment (including tubing) and any flame or other potential source of ignition. Other potential ignition sources include cooking stoves, heating stoves, fireplaces, gas hot water heaters and candles.

Avoid using products on your face containing petroleum-based ingredients, as they are flammable. Examples include petroleum jelly, mentholated rubs, some lip balms and oily lotions. If you need to use these types of products, check the label and use only water-based products instead of petroleum-based (e.g. K-Y Jelly instead of Vaseline).

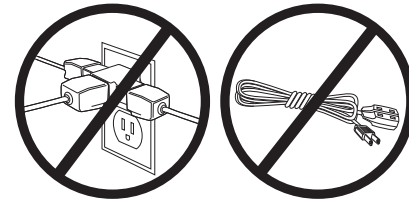




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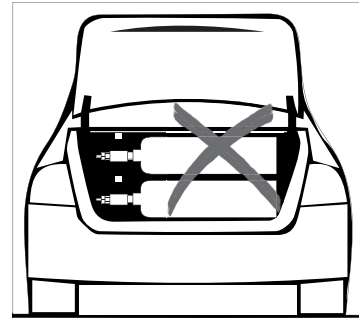
### Oxygen Concentrators

1. Only plug device into a properly grounded outlet.
2. Do not use extension cords or multi-outlet adapters.
3. Avoid using power sources that create heat or sparks.
4. Keep concentrator away from walls, drapes, curtains, bedspreads, etc.



### Portable Oxygen Concentrators

1. Keep extra charged batteries with you during travel.
2. While using in a vehicle, keep at least one window partially open for ventilation.
3. Do not use portable oxygen concentrator in pulse mode during sleep.



### Oxygen Cylinders

1. Always keep tanks secured so they cannot fall or roll.
2. Do not store tanks under extreme temperatures.
3. Do not transport tanks in the trunk of a car.

### Liquid Oxygen Systems

1. Never touch frosted components on the system.
2. If the unit falls over, cautiously set it back upright.
3. If liquid oxygen ever leaks from the unit, do not touch it.



### All Oxygen Systems

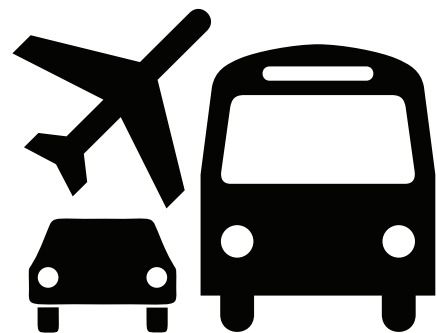
1. Remember to post “No Smoking” signs on your entry doors and wherever oxygen is being used or stored.
2. A smoke detector and fire extinguisher are recommended when using oxygen in the home.
3. Never adjust your oxygen flow without your doctor’s permission. If you feel the prescribed flow is not appropriate for you, tell your doctor.

### Changing & Cleaning Oxygen Disposable Supplies

1. Change nasal cannula every two (2) weeks (more frequently when you have a cold).
2. Change humidifier bottle monthly (if attached).
3. Change oxygen extension tubing every 90 days.

### Travel Tips

1. Must notify the VA at least 2 weeks prior to travel.
2. Contact your travel reservation office for specific information about the use of oxygen and special accommodations.
3. Most travel companies require at least two weeks notice if you are going to be using oxygen on your trip.
4. Most airlines require at least four weeks notice if you need oxygen during your flight.
5. If traveling by plane, request a direct flight, if possible.
6. Most airlines allow you to bring a portable oxygen concentrator on board.



# Best of Breathe Easy: It's Never Too Late To Kick The Habit

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Smoking is the number one cause of preventable lung disease. Smoking is the major cause of COPD (eg, chronic bronchitis, and emphysema) and aggravates other breathing problems such as asthma. For those with chronic lung disease who continue to smoke, the number one thing that you can do to improve your future outlook is to stop smoking. Quitting will help to stabilize your lung function and may actually result in an improvement for a period. Follow these tips for an improved chance of success.

## **Set a Quit Date**

Write the date down and tell a few close friends. Although it is best to pick a time that is relatively calm, don't postpone quitting. Waiting for a "stress-free" time will likely never occur. Prepare- Write down your reasons for quitting. Include pictures of family who will be influenced by your decision. Keep these with you and look at it during weak moments. Make a list of alternate activities that you can use when an urge to smoke returns. List health reasons why you should quit.

## **Get Help**

Using nicotine replacement therapy (eg, gum, patch) or bupropion (an antidepressant pill) has been shown to greatly increase success rates. Some are available over the counter and others require a physician prescription. Talk with your doctor about which is best for you.

## **Support Groups**

Participation in a smoking cessation program or even the support of close friends can increase your chances of quitting. Have a close friend (ex-smoker) or support group member that you can call when things get tough. Quit rates may be up to 8 times higher when using a support program and cessation aids (eg, patches, medication) as when trying to quit on your own.

## **Go Cold Turkey**

Experts agree that stopping all at once is the way to go. Make the decision to quit and throw away your cigarettes and ashtrays. Expect that cravings will be greatest within the first 3-4 days and be prepared.

## **Change Your Lifestyle**

See quitting as a whole new lifestyle. Become more active, avoid the smoke break room at work, get up and walk after eating, avoid activities associated with smoking (e.g., drinking alcohol, coffee, etc.) and request non-smoking seating in restaurants.



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### **Never, Never, Never Give Up**

If you've tried before and failed, try again. Most people who quit have tried several times previous. If you have tried several times before and failed, you may want to consider counseling. Depression, which is very common in those with chronic lung disease, may contribute to your inability to stop. If you have already quit, encourage your relatives and friends to stop. Point out the negative effects that smoking has had in your life.

Talk to your doctor if you have questions and remember stopping smoking is the best thing to help you *Breathe Easy*.

### **15 Activities to Try When You Have a Craving**

Find the ones that work for you. Pick activities that are not associated with smoking.

1. Take a walk.
2. Brush your teeth.
3. Chew sugar-free gum.
4. Take a bath or shower.
5. Call a family member or friend that will encourage you.
6. Go to a movie.
7. Go to a nonsmoking restaurant.
8. Prepare low-cal snacks (eg, carrot sticks) for munching.
9. Suck on a toothpick or straw.
10. Go see your children/grandchildren.
11. Have a cup of tea rather than coffee (if you normally smoke with coffee).
12. Avoid alcohol.
13. Treat yourself to something special with the money you are saving.
14. Swim.
15. Review your list of why you quit.

**Do anything, but don't smoke!**

# Fire Hazard Warning: Don't Let This Happen To You!

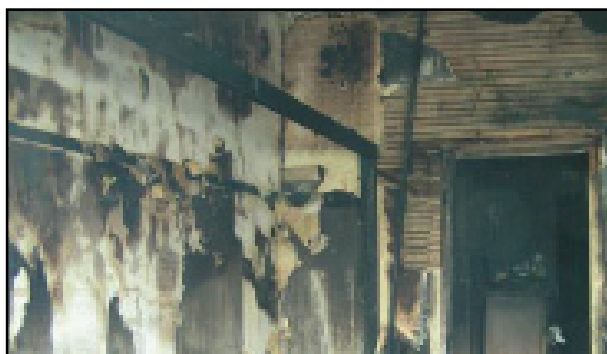
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*Fire destroyed a patient's car after lighting a match while using oxygen.*



*Fire destroyed a patient's bed after leaving a cigarette burning while using oxygen.*



*Fire burned the interior of a patient's home after turned on the gas while using oxygen.*



*Using oxygen near any open flame or sparks can result in serious bodily harm or even death.*



**NO SMOKING OR OPEN FLAME  
WITHIN 15 FEET OF OXYGEN EQUIPMENT**

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**NO SMOKING OR OPEN FLAME  
WITHIN 15 FEET OF OXYGEN EQUIPMENT**

# Oxygen Concentrator

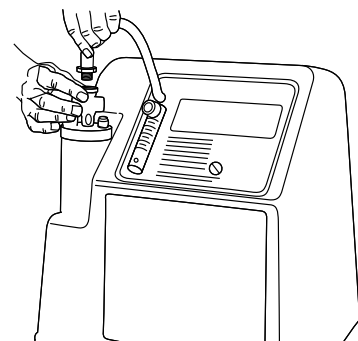
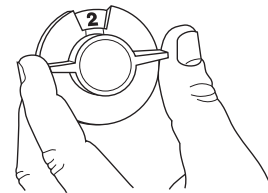
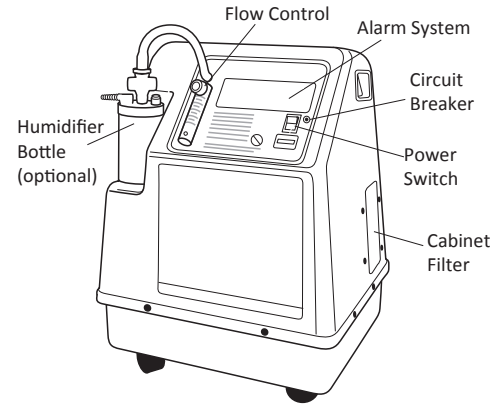
## Overview

An oxygen concentrator is an electrically operated device that draws in room air, separates the oxygen from the other gases in the air and delivers the concentrated oxygen to you. The concentrator acts like a strainer. It traps oxygen and releases the other gases (mostly nitrogen) back into the room air. This process goes on continuously until the oxygen inside the unit is highly concentrated.

Oxygen concentrators are available in different sizes and models. However, all models have the same basic parts: a power switch to turn the unit on and off, a flow selector that regulates the amount of oxygen you receive and an alarm system that alerts you if the power is interrupted.

## Operating Instructions

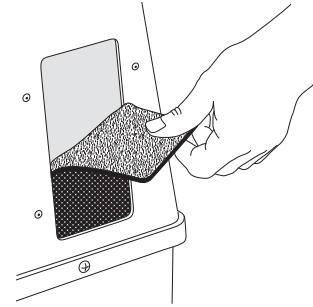
1. Place concentrator in a well ventilated area, at least 12-18 inches away from walls, drapes or curtains.
2. Keep equipment at least 15 feet away from open flame, heat source, stoves, smoking, etc.
3. Keep equipment away from combustible materials (grease, oil, lotions, petroleum based products).
4. Use power switch to start concentrator (alarm sounds briefly).
5. Turn flow control knob until the middle of the ball is at the prescribed rate (for rotary dial, turn knob until prescribed rate appears).
6. Connect nasal cannula (or oxygen tubing) directly to the oxygen flow outlet (or humidifier if prescribed).
7. Is using humidifier, add distilled water up to maximum fill line on jar.
8. Fit the nasal cannula to face by inserting the 2 prongs into the nose (prongs curve down).
9. Slide nasal cannula tubing over and behind each ear.
10. Slide tubing adjuster upward under the chin (not too tight).
11. Use oxygen at the prescribed rate for prescribed hours or activities.
12. Do not increase or decrease oxygen flow rate unless directed by your physician.



## Cleaning Instructions

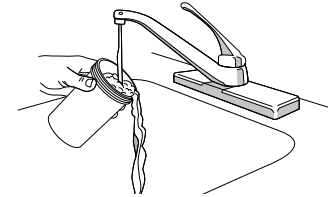
### Cabinet: (weekly)

1. Wipe outside cabinet with a clean damp (water only) cloth.
2. Do not use cleaning solution on equipment.



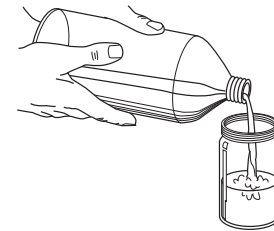
### Filter: (weekly)

1. Remove filter element.
2. Wash filter in warm, soapy water.
3. Rinse completely in cold running water.
4. Squeeze filter in paper towel to dry.
5. Replace filter element.



### Humidifier Bottle: (every 3 days; replace monthly)

1. Remove the humidifier bottle and wash in warm, soapy water.
2. Rinse thoroughly under cold running water.
3. Soak for 30 minutes in a mixture of 1 part white vinegar and 3 parts water.
4. Rinse under cold running water.
5. Allow the bottle to air dry.
6. Discard vinegar solution.
7. Refill humidifier bottle with distilled water.
8. Reconnect the humidifier to the concentrator.



### Nasal Cannula:

Wipe with damp cloth if soiled and replace every 2 weeks (more often if you have a cold).

### Tubing:

Wipe with damp cloth if soiled and replace every 90 days. Do not attempt to soak tubing.

## Troubleshooting

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
No oxygen flowing from system.	Cannula or nipple adapter not connected tightly.	Check connection at cannula and nipple adapter.
Water blocking oxygen tubing.	Overfilling the humidifier bottle or tubing lying on a cold floor.	Add water trap to catch water or use a dehumidifier.
Unit not operating (power failure alarm sounds).	Plug not firmly in wall.	Check plug at outlet.
	Concentrator circuit breaker tripped.	Press reset button on back of concentrator.
	Electrical power outage.	Use back-up oxygen system until power is restored.
Unable to dial prescribed flow rate.	Obstructed humidifier bottle.	Disconnect humidifier bottle. If pressure is restored, replace humidifier bottle.

**\*Contact your medical equipment supplier if you are unable to resolve the problem.**

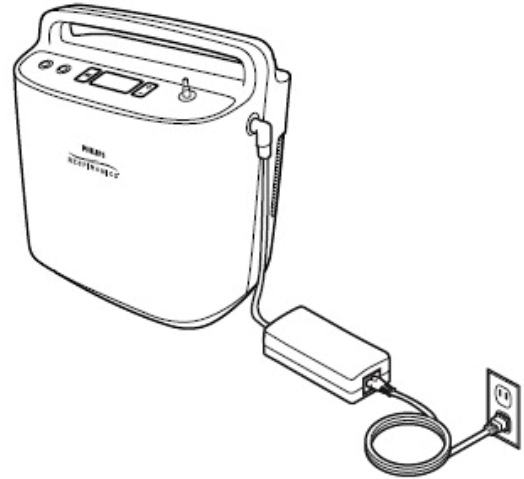
# Portable Oxygen Concentrator

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## Overview

A portable oxygen concentrator (or POC) is a portable device used to provide oxygen therapy to patients at substantially higher oxygen concentrations than the levels of ambient air. It is very similar to a home oxygen concentrator, but is smaller in size and more mobile. The portable oxygen concentrator makes it easy for patients to travel freely; they are small enough to fit in a car and most of the major concentrators are now FAA-approved.

Most of the current portable oxygen concentrator systems provide oxygen on a pulse (on-demand) delivery in order to maximize the purity of the oxygen. The latest models can be powered from main electrical supply, 12v DC (car, boat, etc.) or battery packs.



## Operating Instructions

1. Use power switch to start portable oxygen concentrator.
2. Press up/down arrows until prescribed liter flow appears in the LED window (button placement may differ from image shown, please review the product manual).
3. Connect nasal cannula to portable oxygen concentrator.
4. Fit the nasal cannula to face by inserting the 2 prongs into the nose (prongs curve down).
5. Slide nasal cannula tubing over and behind each ear.
6. Slide tubing adjuster upward under the chin (not too tight).
7. Use oxygen at the prescribed rate for prescribed hours or activities.
8. Do not increase or decrease oxygen flow rate unless directed by your physician.

### Battery Placement:

Using its handle, position the battery over the battery compartment. Lower into place and press until it snaps into place.

### Estimated Duration:

Flow Rate (Hours): 1 (3 hours); 2 (3 hours); 3 (2.5 hours); 4 (2 hours); 5 (2 hours)

### Recharge Time:

Approximately 2-3 hours

SimplyGo  
Battery





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## Cleaning Instructions

### Cabinet: (weekly)

1. Wipe equipment cabinet with a clean damp cloth using water only.
2. Do not use cleaning solution on equipment.

### Filter: (weekly)

1. Remove filter element.
2. Wash in warm, soapy water.
3. Rinse completely under cold running water.
4. Squeeze filter in paper towel to dry.
5. Return filter element to concentrator.

## Frequently Asked Questions

Question	Answer
I am getting a No Breath Detect alarm when using my device on pulse, is this normal?	Yes. The no breath detect alarm is to alert the user that a breath has not been triggered and no oxygen is being delivered.
Can I change the settings?	You should use the equipment at the setting prescribed by your physician. If you feel this setting is no longer sufficient, contact your physician's office for reevaluation.
After using the device on battery for a few weeks my batter life is less. Is there anything I can do?	Yes, it is recommended that you "FULLY" drain the battery (until the unit shuts off), then "FULLY" recharge the battery. Do not unplug from AC power until the battery is at 100%. Repeat at least once a week or more often depending on how often you are using the device.
When I use the device on DC power (in a vehicle) the battery does not charge. Is this a defect?	No. Some vehicles do not produce enough amperage to charge the device or it may not be a feature available on your specific make/model. To test this, remove the battery while plugged in to DC power. The device should continue to run and allow you to use battery power when you reach your destination.
How do I know if AC or DC power supply is plugged into my device.	All units we provide have an indicator on top of the control panel or on the display screen. If you do not see this look for a green indicator power light on the AC/DC. If this light is not illuminated it could indicate a problem.
I am getting an alarm when using my device, what should I do?	Make note of the alarm and contact your local servicing location.

*\*Always Contact your medical equipment supplier if you are unable to resolve the problem.*

# Oxygen Cylinders

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## Overview

High pressure oxygen cylinders provide short-term supplemental oxygen for necessary travel while away from your stationary unit and for use during emergency situations. Oxygen cylinders are not to be used while at home in place of your stationary unit.

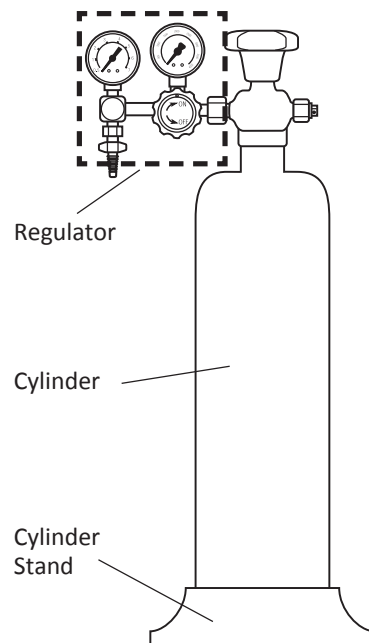
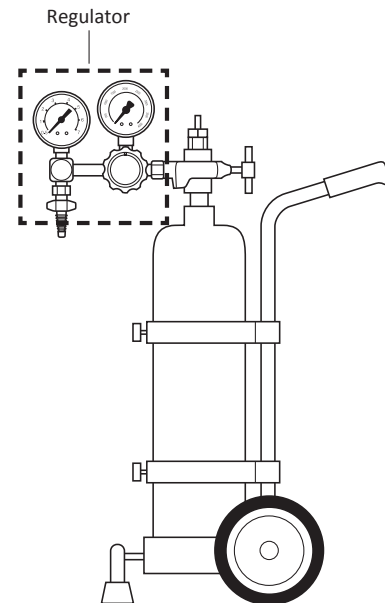
Oxygen cylinders are available in a variety of sizes to provide portability while traveling away from the home. The cylinders are made portable through the use of a wheeled cart or small shoulder bag. Often, an oxygen conserving device is applied to a cylinder to extend the duration of the tank.

## Operating Instructions

- ⚠ Keep oxygen cylinders at least 15 feet from heat sources (smoking, matches, stoves, heaters, toasters, hair dryers, etc.).
- ⚠ Keep oxygen cylinders away from combustible materials (grease, lotions, solvents, etc.).
- ⚠ Keep oxygen cylinders in a well-ventilated area.
- ⚠ Do not store oxygen cylinders in a closet or cabinet.
- ⚠ Do not store oxygen cylinders standing upright unless in a rack or cart.
- ⚠ Do not transport oxygen cylinders in the trunk of a car.
- ⚠ Do not change oxygen liter flow unless directed by your physician.

### Stationary Back-up System (H or M Cylinder)

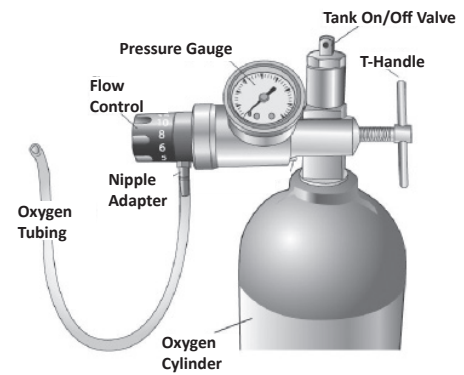
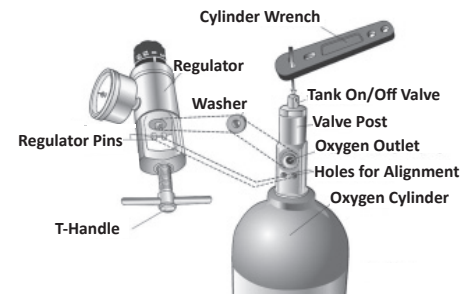
1. If necessary, remove the white tape on the cylinder.
2. Open the cylinder valve slightly by turning counterclockwise. This will blow off any dust in the orifice of the cylinder outlet. Close the valve tightly.
3. Attach the regulator to the cylinder by threading the regulator connector nut clockwise on the cylinder outlet. Tighten firmly with a cylinder wrench.



4. Attach a nipple adapter to the regulator outlet and attach the oxygen tubing to the nipple adapter.
5. Slowly open the cylinder valve by turning counterclockwise.
6. Adjust flow to prescribed rate.
7. Place nasal cannula in nose and secure tubing over and behind ears.
8. When finished using oxygen, turn flow control counterclockwise (to the right) to turn off oxygen.

### Continuous Flow Portable System (E or D Cylinder)

1. Remove tape from cylinder valve.
2. Using cylinder wrench, slightly open then close cylinder valve to blow away any dust or debris from the outlet.
3. Check pins on regulator to ensure washer is present and is not damaged.
4. Place the regulator over the top of the cylinder post and align the pins with the opening on the cylinder.
5. Turn the T-handle clockwise (to the right) to create a tight seal between the cylinder and regulator.
6. Use cylinder wrench to open valve.
7. Attach the end tubing from nasal cannula to the nipple adapter.
8. Set flow control to prescribed rate.
9. Place nasal cannula in nose and secure tubing over and behind each ear.
10. When finished using oxygen, turn flow control counterclockwise (to the right) to turn off oxygen.



## Oxygen Conserving Device

An oxygen conserving device extends the lifespan of your oxygen cylinders by delivering oxygen only on inspiration, therefore conserving the amount of oxygen you use.

### Pneumatic Powered Device

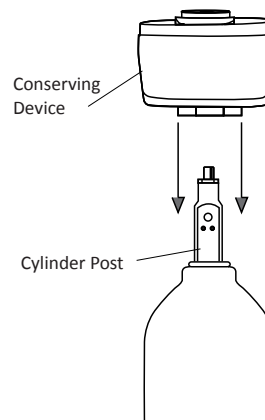
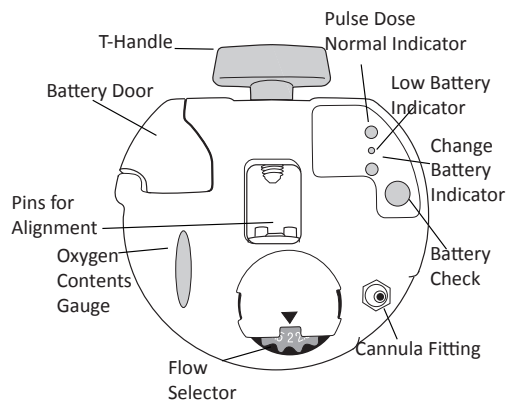
1. Remove protective tape from cylinder valve.
2. Use cylinder wrench to slightly open, then close cylinder valve to blow away any dust or debris in the cylinder outlet.
3. Place the regulator over the top of the cylinder post. Align the pins with the opening on the cylinder.
4. Turn the t-handle clockwise (to the right) to create a hand-tight seal between the cylinder and regulator.
5. Use cylinder wrench to open valve.
6. Attach the connecting tubing from a dual-lumen nasal cannula (required) to the conserving device.
7. Set Flow control to prescribed rate.

### Electronic Battery Powered Conserving Device

1. Remove protective tape from cylinder valve.
2. Use cylinder wrench to slightly open, then close cylinder valve to blow away any dust or debris in the cylinder outlet.
3. Place regulator over the top of the cylinder post and align pins with the opening on the cylinder.
4. Turn the t-handle clockwise (to the right) to create seal between the cylinder and regulator.
5. Use cylinder wrench to open valve.
6. Attach the end tubing from nasal cannula to the conserving device.
7. Place nasal cannula in nose and secure tubing over and behind each ear.
8. Set flow control to prescribed rate. Conserving device will deliver a puff of oxygen at the prescribed setting, usually on inspiration and may not happen with each breath.

### Check/Change Battery

1. Press battery check button on top for current status or look for low battery light.
2. To replace battery, open battery door, remove old battery and replace with same type/size.



## Troubleshooting

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
No oxygen flowing from cannula	Cylinder is empty.	Check pressure gauge. If cylinder is empty, replace with new full cylinder.
	Cannula connection to regulator is loose.	Check tubing connection to regulator.
	Cylinder valve is off.	Check cylinder valve to ensure it is open.
	Flow control is off.	Check flow control to ensure it is on.
	Battery is dead (if using battery operated conserving device).	Change battery in device.
	Not using special double lumen cannula (if using pneumatic conserving device).	Connect double lumen nasal cannula to device.
Oxygen cylinder hisses and leaking oxygen.	Regulator is not tightly connected to cylinder.	Turn cylinder off. Tighten regulator connection to cylinder.

*\*Contact your medical equipment supplier if you are unable to resolve the problem.*

## Usage Hours by Cylinder Size

FLOW RATE	USE TIME (HOURS)						
	1	1.5	2	2.5	3	4	5
<b>M4</b>							
Pulse Dose	5.7	3.8	2.9	2.3	1.9	1.4	1.1
Continuous Flow	1.9	1.3	0.9	0.7	0.6	0.5	0.4
<b>M6</b>							
Pulse Dose	8.3	5.5	4.1	3.3	2.8	2.1	1.7
Continuous Flow	2.7	1.8	1.4	1.1	0.9	0.7	0.6
<b>ML6</b>							
Pulse Dose	8.6	5.7	4.3	3.4	2.9	2.1	1.7
Continuous Flow	2.8	1.9	1.4	1.1	0.9	0.7	0.6
<b>C</b>							
Pulse Dose	12.1	8.1	6.1	4.9	4.0	3.0	2.4
Continuous Flow	4.0	2.7	2.0	1.6	1.3	1.0	0.8
<b>D</b>							
Pulse Dose	21.0	14.0	10.5	8.4	7.0	5.2	4.2
Continuous Flow	6.9	4.6	3.5	2.8	2.3	1.7	1.4
<b>E</b>							
Pulse Dose	34.4	23.0	17.2	13.8	11.5	8.6	6.9
Continuous Flow	11.4	7.6	5.7	4.6	3.8	2.8	2.3

# Liquid Oxygen System

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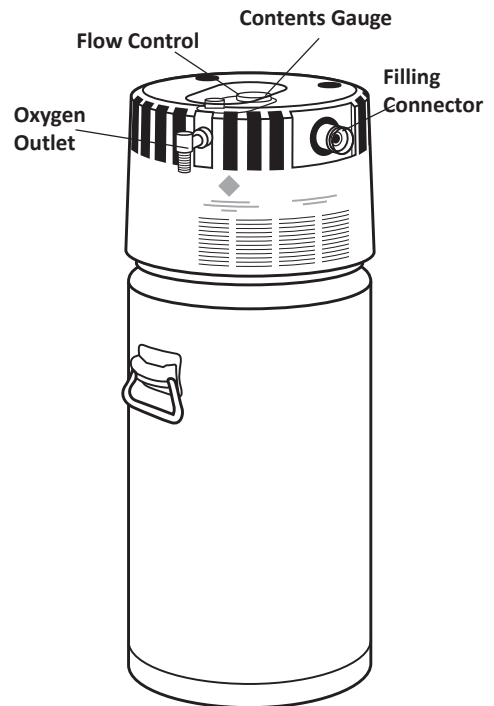
## Overview

When oxygen is cooled to a very low temperature (around 300 degrees below zero Fahrenheit), it becomes a liquid. In liquid form, large amounts of oxygen can be stored in a container at a low pressure. To remain in the liquid form, the oxygen must continue to be kept very cold. Therefore, the units in which the liquid oxygen is stored are insulated canisters. As the liquid oxygen leaves the container, it warms up to room temperature and becomes a gas again. A liquid oxygen system usually includes a stationary reservoir and a portable unit.

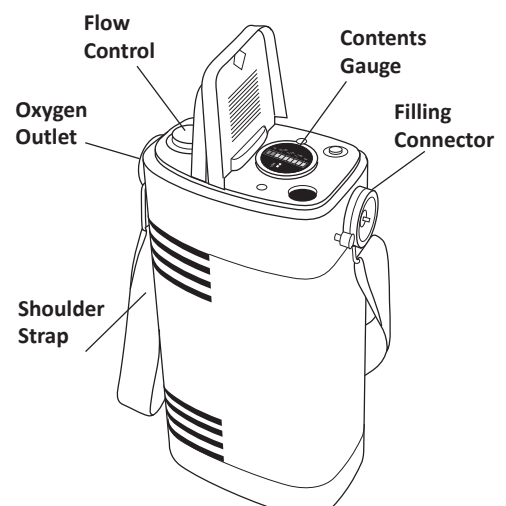
## Operating Instructions

1. Keep equipment in a well-ventilated area (not in a closet).
2. Keep unit on a flat surface, do not allow the unit to tip over.
3. Keep equipment away from combustible materials (grease, lotions, solvents, etc.)
4. Keep equipment at least 15 feet from heat sources (smoking, matches, open flame stoves, heaters, toasters, hair dryers, burning candles, etc.)
5. Do not place anything on top of the equipment (drinks, plants, covers, etc).
6. Adjust liter flow by turning the rotary flow control to the prescribed rate.
7. Keep equipment in upright position at all times.
8. Fit the nasal cannula to face by inserting the prongs into the nostrils (prongs point downward).
9. Slide tubing over and behind each ear.
10. Move slider upward under the chin but not too tight.
11. Use oxygen at the prescribed liter flow, number of hours and/or activities each day.

### Liquid Oxygen Stationary Unit

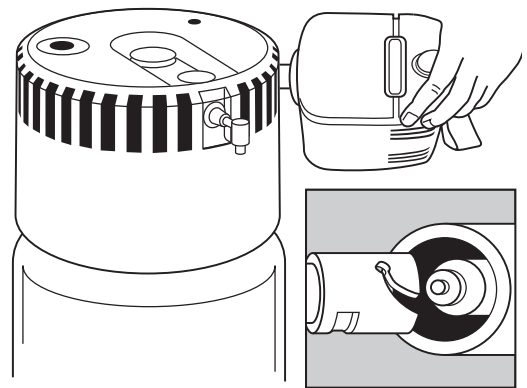
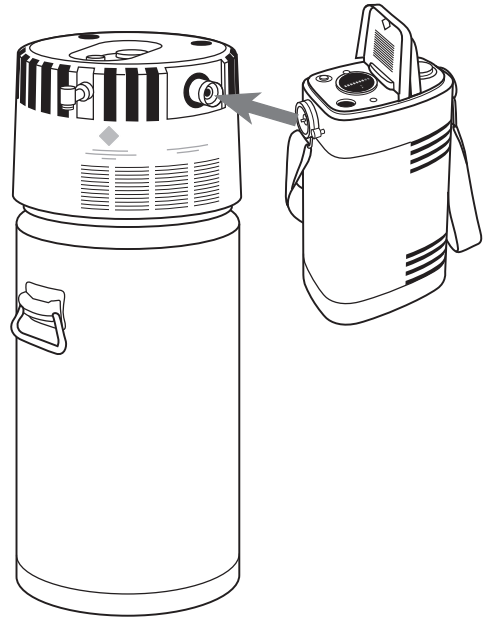


### Liquid Oxygen Portable Unit



## Filling the Portable Unit:

1. Wipe both of the filling connectors with a clean, dry, lint-free cloth to remove dust and moisture.
2. Turn off flow selector on portable unit.
3. Attach portable unit to stationary unit.
4. Open the valve (could be a lever, button, or key) to start fill process:
5. During the fill process it is normal to hear a loud “hissing” sound.
6. It will take approximately two (2) minutes to fill the portable unit. Stay with equipment while portable is filling.
7. Portable unit is full when “hissing” noise changes and a vapor cloud begins to spew from stationary unit.
8. Disengage the portable unit from the stationary unit.
  - If portable unit does not separate easily, the valves may be frozen together.
  - Wait until valves warm up to disengage (usually 5–10 minutes).
  - To prevent skin damage, do not touch any of the frosted areas.
9. Connect nasal cannula to oxygen outlet on portable unit.
10. Adjust flow to prescribed rate.



## Other Precautions

### In the event of accidental tip over:

1. Cautiously place unit back in upright position.
2. Never touch any of the frosted parts.
3. Avoid contact with the liquid stream while filling the portable unit.

### In the event of a liquid oxygen leak:

1. Attempt to reattach portable unit.
2. Open windows and doors and leave the area.
3. Contact your home oxygen provider.

### In the event of a liquid oxygen spill:

1. Ventilate the area by opening doors and windows.
2. Do not touch the liquid oxygen.
3. Do not smoke or expose yourself to any heat source or fire.
4. If the spill is on asphalt, the area cordoned off the area for at least 30 minutes.
5. Avoid sources of ignition and do not walk or roll equipment on affected area.
6. Contact your home oxygen provider.
7. Any clothing or porous material that is splashed with liquid oxygen should be removed and aired for at least one hour away from any source of ignition.
8. Direct exposure to liquid oxygen or exposure to its vented gas or components cooled by liquid oxygen can result in frostbite.
9. If frostbite occurs, seek medical attention immediately.

### If the vent fails to close and hissing continues

1. Remove portable unit by pressing the release button on the stationary unit.
2. Keep the portable oxygen unit upright and do not tip unit during this time.
3. The portable oxygen unit will stop venting in a few minutes.
4. Allow the portable oxygen unit to warm until you can close the vent valve.
5. The portable oxygen unit may require up to 60 minutes to restore adequate pressure for usage.

## Cleaning Instructions

Wipe equipment as needed with damp cloth (water only). Do not use any type of cleaning products on the equipment.





### Nasal Cannula

Replace every 2 weeks, more frequently if you have a cold.

Wipe with damp cloth if soiled. Do not attempt to soak/clean tubing.

### Mask

Discard mask if worn out or damaged

Clean with a mild soap and warm water twice a week.

### Oxygen Tubing

Replace every 3 months

Wipe with damp cloth if soiled. Do not attempt to soak/clean tubing.

### Humidifier

Replace monthly

1. Fill with distilled water as necessary.
2. Dispose of any remaining water before refilling. Tap water can be distilled by boiling for 30 minutes; cool and add to humidifier as needed.
3. Once every 3 days, soak for 30 minutes in a 1:3 parts mixture of white vinegar and water, rinse under cold running water, and allow to air dry. Dispose of white vinegar and water.

### **Troubleshooting.**

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
No oxygen flow from cannula or mask.	Loose connections.	Check each connection from the unit to the cannula.
	Flow control knob is not pointing directly to setting.	Adjust flow knob pointing directly to prescribed setting.
	Unit is empty	Call your home care supplier.
	Stationary unit obstructed flow.	Fill portable unit and call your home care supplier.
	Dirty or faulty cannula or mask.	Remove cannula or mask and check tubing for kinks or obstructions. Replace item if needed.
	Decreased awareness of oxygen flow.	Place cannula in clean glass of water, if bubbles observed, unit is functioning properly.
Portable unit cannot be removed from stationary system.	Units are frozen together.	Wait 15-30 minutes for connection to thaw.
Portable unit does not last as long as usual.	Not fully filled.	Review filling procedure. If problem persists, call your home care supplier.
White vapor spewing out of connector after uncoupling.	Fill valve stuck open.	Immediately reconnect portable to stationary while being careful not to come in contact with the vapor. Wait 15-30 minutes for ice to thaw. Remove portable.

*\*Contact your medical equipment supplier if you are unable to resolve the problem.*

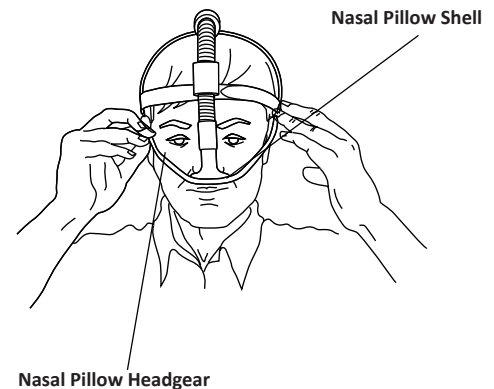
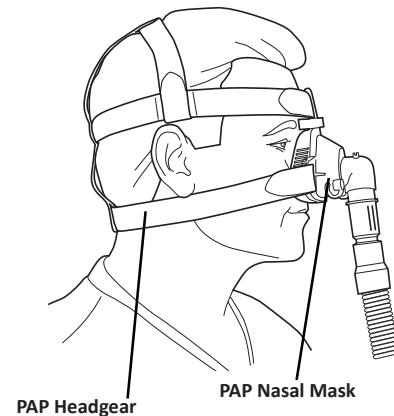
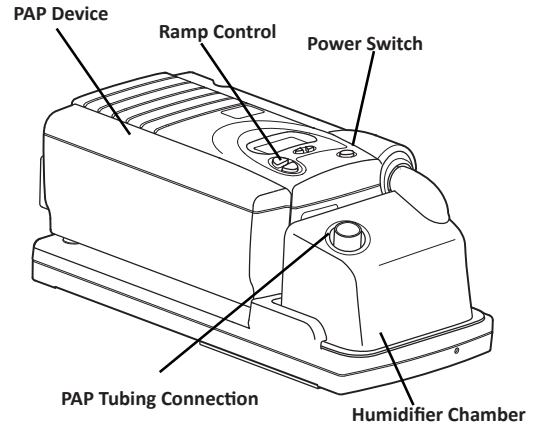
# Positive Airway Pressure (PAP) Device

## Overview

Most people using Positive Airway Pressure (PAP) devices have a condition known as Obstructive Sleep Apnea (OSA). During sleep, the muscles in the back of the throat relax causing the upper airway to become smaller. This is especially true during the deepest stages of sleep (called Rapid Eye Movement or REM sleep). In some individuals, the upper airway can actually collapse, causing a blockage of air movement into the lungs. When airflow is stopped for at least 10 seconds, it is referred to as apnea, and can occur many times each hour and hundreds of times each night.

## Operating Instructions

1. Place PAP device on a flat level surface or on the floor next to the bed.
2. Fill the humidifier (if equipped) with distilled water.
3. Attach tubing to flow generator and to the face mask or nasal pillows.
4. Plug PAP power cord into an appropriate electrical outlet (ungrounded outlets may require grounding adapter).
5. Turn on power to PAP device to inflate mask or nasal pillows cushion.
6. Fit mask or nasal pillows to face and adjust headgear.
7. Position yourself in a comfortable sleeping position and readjust headgear, if necessary.
8. Breathe through nose. Try not to exhale through mouth.
9. If unable to exhale with full pressure, press ramp button (if equipped). This feature allows you to start with low air pressure, followed by an automatic, gradual increase in the pressure to your prescribed setting as you fall asleep.
10. If it is necessary to get up during the night, do not remove the mask or nasal pillows from the face. Turn power off on the PAP device and disconnect tubing from device before getting up. Upon returning to bed, reconnect the tubing to the PAP device and turn power on.
11. Upon rising in the morning, turn off power switch and remove mask or nasal pillows and headgear.
12. Empty water chamber and refill with distilled water.



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## Cleaning Instructions

### Nasal Mask, Full Face Mask and Tubing (daily)

1. Wash in warm water with mild detergent.
2. Rinse thoroughly under cold running water.
3. Shake off excessive water.
4. Allow to air dry on a paper towel and cover parts with another paper towel to keep dust off.

### Headgear or Chinstrap (weekly)

1. Machine or hand wash in mild fabric detergent if soiled
2. Allow to air dry.

### Humidifier (every 3 days)

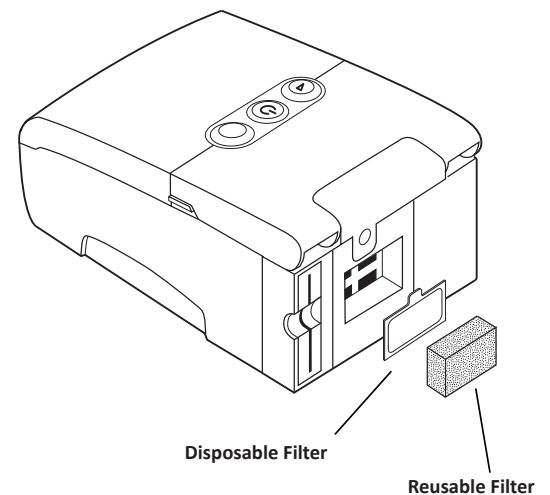
1. Wash in warm water with mild detergent.
2. Rinse thoroughly under cold running water.
3. Shake off excessive water.
4. Soak humidifier for 30 minutes in a solution of 1 part white vinegar and 3 parts water.
5. Rinse thoroughly under cold running water.
6. Shake off excessive water.
7. Allow to air dry on a paper towel and cover with another paper towel to keep dust off.
8. Dispose of white vinegar and water.

### Reusable Filter (weekly)

1. Wash in warm soapy water
2. Rise using cold running water
3. Squeeze water from filter.
4. Allow to dry before reinstalling.

### Disposable Filter

Replace white disposable filter at least every 2 weeks, more frequently if necessary.



## Troubleshooting PAP device

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
Device does not power-on.	Power cord not firmly connected to the device or the electrical outlet.	Verify proper electrical connections.
	Device is not connected to a live outlet.	Check to verify live outlet (plug in a lamp or other electrical device into the outlet).
	Device has blown a fuse.	Replace fuse with same type. Verify the voltage selector is set correct.
	DC battery voltage fell below 10.5 volts.	Recharge or replace battery.
Device stops and starts.	Power cord not firmly connected to the device or the electrical outlet.	Verify proper electrical connections.
No air flow from device when power is connected.	Voltage selector switch is set incorrect.	Verify the voltage selector is set correct.
Soreness around nose and/or mask leak.	Wrong size mask	Contact supplier to refit mask.
	Wrong type mask	Contact supplier to fit for new type mask.
	Headgear straps too tight.	Adjust straps.
Nasal congestion/runny nose	Nasal reaction to air flow.	Increase room humidity. Contact your physician or supplier to ask about using a humidifier with your device.
Dryness or burning sensation nose or throat.	Air is too dry. Relative humidity is less than 40%.	Increase room humidity. Contact your physician or supplier to ask about using a humidifier with your device.
Cold nose.	Room air temperature is too cold. Air cools while traveling through the tubing.	Reposition the tubing so it runs under your bed covers to reduce heat loss.
Redness on the face where the mask contacts the skin.	Irritation or allergy to mask material.	Use barrier between your skin and the mask (3M Micropore tape or Squibb's Duoderm).

**\*Contact your medical equipment supplier if you are unable to resolve the problem.**

# Volume Ventilator

## Overview

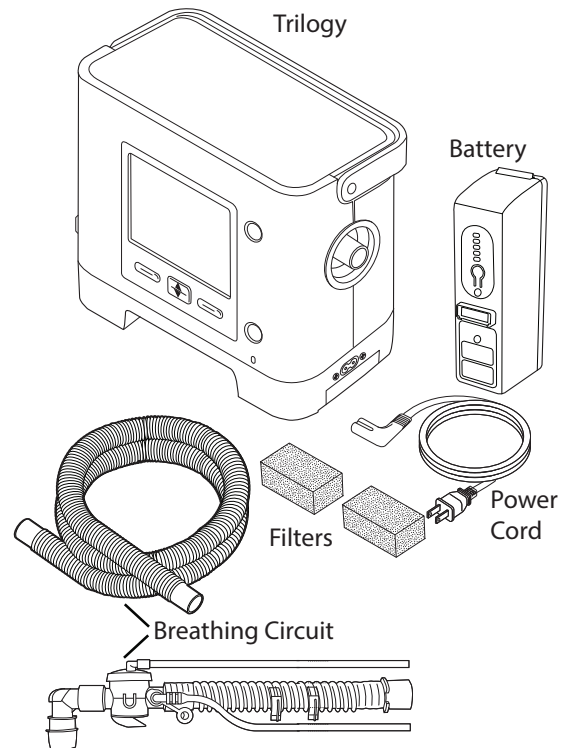
A volume ventilator also known as a respirator, is used to mechanically assist breathing by delivering air to the lungs. A volume ventilator may be ordered for use only at night, during limited daytime hours or around the clock, depending on your condition.

Volume ventilators used in the home are small, lightweight and portable; operate on household electrical current with an internal backup battery in case of power outage. It is advisable to have an external backup battery or generator readily available in case of power outage or an emergency.

A manual resuscitator or “self-inflating bag” should be kept readily available to provide positive pressure ventilation to the patient following suctioning and in case of equipment malfunction.

## Operating Instructions

1. Ventilator must be placed on flat level surface at or below patient’s head at all times.
2. Humidifier must be placed on a stand or attached to the ventilator (positioned lower than the patient’s head).
3. Fill humidifier with distilled water only.
4. Plug ventilator and humidifier directly into grounded electrical outlet. Do not use extension cords or multi-outlet adapters.
5. Attach small section of corrugated tubing between ventilator and inlet on humidifier.
6. Connect patient circuit to outlet on humidifier.
7. Add water trap to lowest point on patient circuit.
8. Power on ventilator and humidifier.
9. Connect oxygen source (if required) and set to prescribed rate.
10. Ensure ventilator controls are set at prescribed settings. Do not change settings unless instructed by the physician.
11. Before connecting patient, perform leak test by occluding the end of circuit and observe high pressure alarm indicating circuit passes leak test. If high pressure alarm does not sound, check all connections on circuit and humidifier and test again.
12. When alarm sounds, observe patient breathing effort and re-check ventilator control settings. All alarms indicate a potential safety risk to the patient.



Carefusion LTV Series



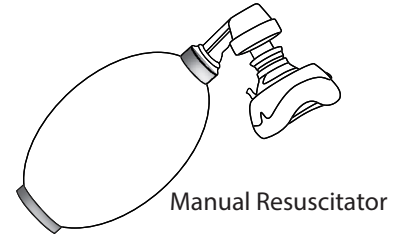
**13. \*IF IN DOUBT, DISCONNECT PATIENT FROM CIRCUIT AND USE MANUAL RESUSCITATOR (WITH OXYGEN IF PRESCRIBED) UNTIL PROBLEM CAN BE CORRECTED!**

- 14. Refill humidifier bottle with distilled water as necessary.
- 15. Empty water trap as necessary.

**Changing Ventilator Circuit & Humidifier (Every three (3) Weeks)**

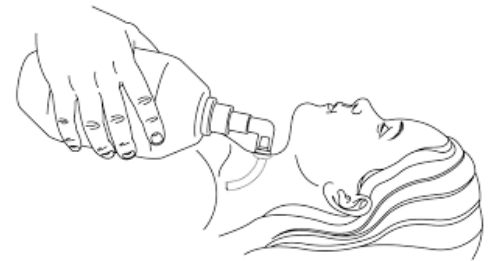
It is recommended to have two (2) people available when changing the circuit. You should have the following items assembled (patient ready) before you disconnect the patient:

- 1. Clean ventilator circuit
- 2. Clean humidifier chamber
- 3. Manual resuscitator
- 4. Oxygen source (if prescribed)



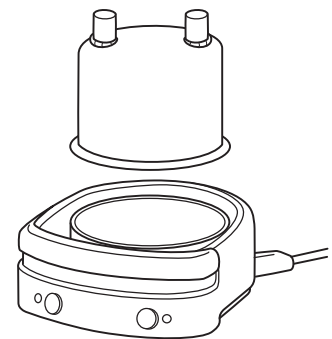
**Changing Ventilator Circuit**

- 1. Wash your hands.
- 2. Place manual resuscitator at patient's side.
- 3. Have clean circuit assembled and ready.
- 4. Disconnect dirty tubing from ventilator and patient.
- 5. Ventilate patient with manual resuscitator (and oxygen if ordered).
- 6. Connect clean circuit to ventilator.
- 7. Check circuit for leaks before reconnecting patient.
- 8. After patient is reconnected, check for a rise in chest and pressure manometer during next inspiration.
- 9. Wash your hands.



**Changing Humidifier Chamber**

- 1. Wash your hands.
- 2. Fill clean humidifier with distilled water.
- 3. Disconnect patient circuit from trach tube and attach resuscitation bag.
- 4. Have 1 caregiver gently squeeze bag to meet patient normal respiratory breathing rate while the other caregiver changes humidifier.
- 5. Disconnect patient circuit and small corrugated tubing from humidifier.
- 6. Replace dirty humidifier chamber with clean chamber.
- 7. Reconnect small corrugated tubing from ventilator to inlet on clean humidifier chamber.



8. Reconnect patient circuit to outlet on clean humidifier chamber.
9. Check circuit for leaks before reconnecting patient.
10. Remove resuscitation bag from trach tube and reconnect circuit.
11. After patient is reconnected, check for a rise in chest and pressure manometer during next inspiration.
12. Wash your hands.

### Power Failure

In case of power failure, the portable ventilators with switch to an internal battery. The internal battery will last approximately 1 hour when fully charged. It is also recommended to have an external battery to last from 4 to 24 hours.

### Cleaning Instructions

#### Disposable Circuit:

##### Weekly:

1. Replace entire patient circuit.

#### Reusable Circuit/Parts:

##### Weekly:

1. Disassemble and wash reusable circuit (or reusable parts) in warm, soapy water using a mild liquid detergent.
2. Rinse thoroughly under cold running water.
3. Soak entire circuit (or reusable parts) in a solution of 1 part white vinegar and 3 parts water for 30 minutes.
4. Rinse thoroughly under cold running water.
5. Shake off excessive water.
6. Allow to air dry on a paper towel and cover with another paper towel to keep off dust.
7. Reassemble circuit and store in sealed plastic bag.

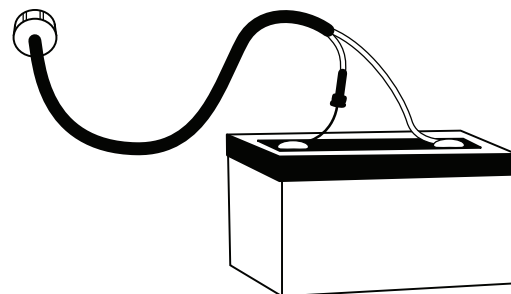
#### Humidifier:

##### Daily

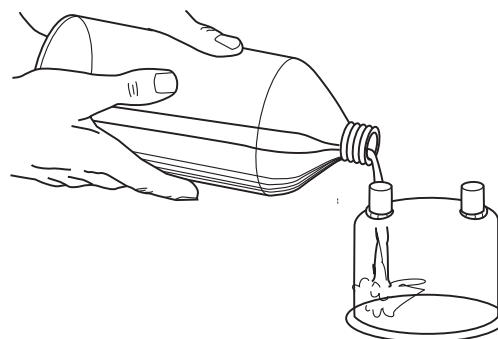
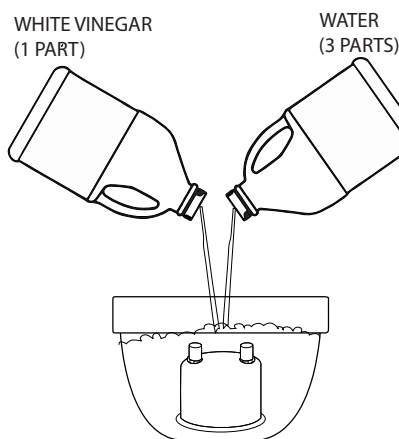
1. Refill humidifier chamber up to the maximum level with distilled water.

##### Weekly

1. Wash humidifier chamber in warm, soapy water using a mild liquid detergent.



*External battery*



2. Rinse thoroughly with cold running water.
3. Soak humidifier in a solution of 1 part white vinegar and 3 parts water for 30 minutes.
4. Rinse thoroughly under cold running water.
5. Shake off excess water and allow to air dry on a paper towel, covering with another clean paper towel to keep off dust.
6. When dry, store in a sealed plastic bag.

**Filters:**

1. Check foam filters weekly, clean with warm water as needed.
2. Squeeze thoroughly to remove excess water and allow time to completely dry before reinstallation.
3. Replace cloth filters (if equipped) as necessary.

**Surface:**

1. Clean surface as needed with a damp (water only) cloth.
2. Do not spray or use any cleaning products on the equipment.

**Troubleshooting**

PROBLEM	POSSIBLE CAUSE	CORRECTIVE ACTION
Frequent low pressure alarms	Patient disconnected or circuit connection is not tight	Verify circuit firmly connected to trach. Confirm all other connections are tight.  Ensure low pressure alarm is at correct setting.
Frequent high pressure alarms	Buildup of secretions in patient's airway.	Suction patient.
	Water accumulated in patient circuit.	Empty water traps on circuit.
Low power alarms	Internal battery is running down.	Connect ventilator to a wall circuit or external battery source.  If no power source available, remove patient from ventilator and ventilate with a manual resuscitation bag.

*\*Contact your medical equipment supplier if you are unable to resolve the problem.*



# Wheelchair

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## Overview

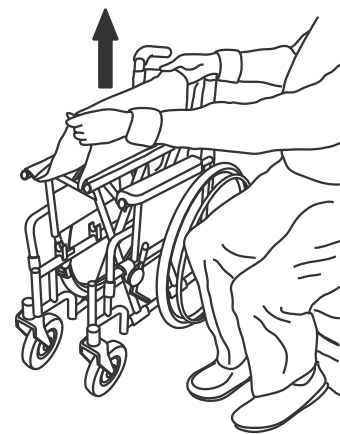
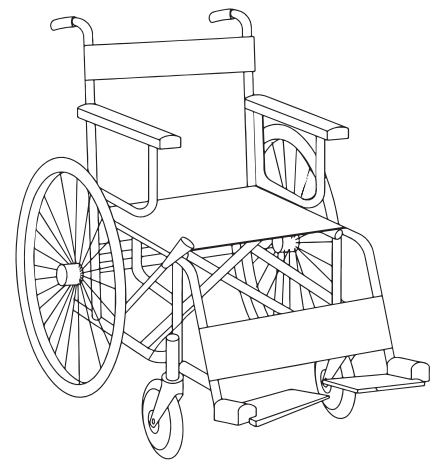
A wheelchair is mobility assistance equipment for use by individuals with difficulty walking or impossible due to illness, injury or disability. Often people who have difficulty sitting and walking also need to use a wheelchair. The chair is propelled by the seated occupant turning the rear wheels by hand or by someone else pushing using the handles located behind the seat.

## Safety Instructions

- ⊗ Do not operate wheelchair on streets or roadways.
- ⊗ Do not use on wet or icy surfaces.
- ⊗ Do not turn wheelchair while going down hill.
- ⊗ Do not attempt inclines without anti-tippers installed in the downward position.
- ⊗ Do not attempt any incline or decline greater than six degrees (10% grade, or one foot of rise or fall per ten feet of ramp length).
- ⊗ Do not use wheel locks to slow or stop chair.
- ⊗ Do not stand on foot or leg rests.

## Operating Instructions

1. To fold chair, grab front and back of seat and pull up.
2. To open chair, place hands on seat, push down and outward with both hands.
3. Always lock both brakes before rising or sitting. Put chair against the wall or have someone steady from behind.
4. Lift up the footplate before rising or sitting to prevent tripping.
5. Keep the wheelchair clean. Dust, dirt or grease may impair the chair's function.
6. Periodically shift your body weight while seated in the wheelchair to prevent skin irritation or muscle soreness.



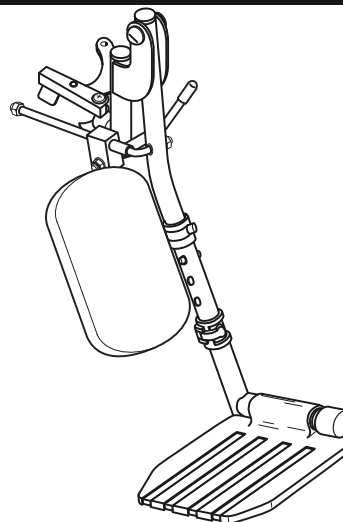
## Swing-Away Foot and Leg Rest

Remove from Wheelchair:

1. To release foot and leg rests, pull swing-away lever forward, toward front of wheelchair. Foot/leg rest will swing outward.
2. To remove, lift foot/leg rest straight up off wheelchair hinge pins.

Attach to Wheelchair:

1. Set foot/leg rest on wheelchair (foot/leg rest hinge plates engage wheelchair hinge pins).
2. Swing foot/leg rest inward.
3. Ensure that swing-away release lever is locked in a rearward position, toward back of wheelchair.

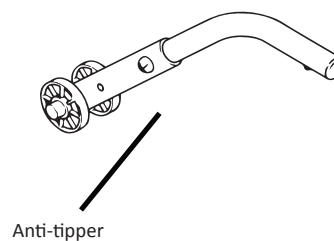
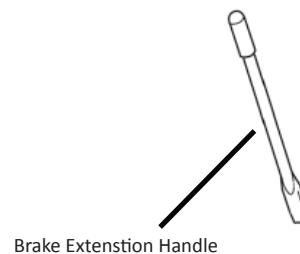
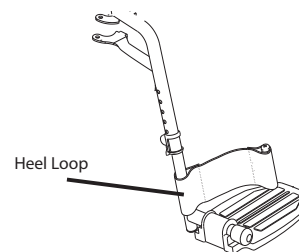


## Safety Accessories

Heel Loops: Provide support behind the heel of your foot, keeps foot from sliding backwards off wheelchair footplate.

Anti Tippers: Device to prevent the wheelchair from tipping over

Brake Extensions: Device extends handle higher and closer for the user to engage wheelchair brakes.



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Notes:



AVENUE MORI MEDICAL EQUIPMENT, INC.

5115 Avenida Encinas, Ste. F

Carlsbad, CA 92008

[www.avenuemori.com](http://www.avenuemori.com)



ROTECH HEALTHCARE INC.

3600 VINELAND ROAD, SUITE 114

ORLANDO, FLORIDA 32811

[www.rotech.com](http://www.rotech.com)