BariVest is a lift vest that has been designed as an aid to gait training for patients weighing 180 kg or more. It can be used with both mobile and stationary lifts, with a four-point slingbar or with BariTurn. BariVest features a back section, a front section and a narrower section in the middle to enable comfortable fit in the crotch area. It has two slingbar loops, both front and back, as well as belts at three levels.

Functional inspection

Visual and mechanical inspection
Check the condition and function of the sling regularly. Always inspect the product after laundering. Check to ensure that seams and material are free from damage. Check to ensure that fabric is not worn or faded. Apply load to the device and check to ensure that clasps, handles, etc. withstand heavy load. If there are signs of wear, the product must be discarded.

Which size is used?
- [ ] XXX-Large
- [ ] XXXX-Large

Accessories
- [ ] BariVestCover
- [ ] StrapsPadding

Which lift/slingbar is used?
- [ ] Stationary lift unit with four-point/sling crossbar
  SWL: ______________

- [ ] Mobile lift with four-point/sling crossbar
  SWL: ______________

- [ ] BariTurn (2 x lift units)
  Slingbar width: ______________
  SWL: ______________

Note! BariVest is recommended for use with four-point/sling crossbar or BariTurn!

Which loop alternatives are used?

Version 1 111019
Instructions for use

Can the sling be left under the patient in the wheelchair? □ Yes □ No

Have staff that use the assistive device:
Read the instructions? □ Yes □ No
Received practical instruction in patient transfers? □ Yes □ No

In which situations will the BariVest be used?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Instructions to personnel:
e.g.; Raise the bed side rail on the side towards which the patient is to be turned. Placement of head/arms/hands?
Placement of legs/feet? Use bed functions.
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Number of caregivers: __________________________

Instructions to patient:
e.g.; In what way can the patient participate actively in the transfer situation? Which instructions are used?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Other:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Trial-fitted by: _______________________________________________________________________
Date: __________________________
Phone: _____________________________________________________________________________
Phone: _____________________________________________________________________________

Handicare AB
Veddestav. 15, Box 640
SE-175 27 Järfälla
SWEDEN
Tel: +46 (0)8-557 62 200
Fax:+46 (0)8-557 62 299
E-mail: info@handicare.se
Internet: www.handicare.com

In the events of changes or questions, contact the trial-fitter.
Manuals and instructions for functional testing are available on Handicare’s website www.handicare.com