HygieneHBSling System RoMedic™

Patient’s name: ____________________________

Social insurance number: ______________________

HygieneHBSling is easy to apply and facilitates dressing/undressing of the patient in connection with visits to the toilet. It features leg sections, which means that the patient does not sit on the sling. Instead, the sling provides support behind the back, up over the head and under the legs. HygieneHBSling is designed for most lifting situations that involve dressing and undressing of the patient.

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?
- [ ] XX-Small
- [ ] X-Small
- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large
- [ ] XX-Large

Which material is used?
- [ ] Polyester

Accessories
- [ ] SoftLegSupport
- [ ] AdjustmentLoop
- [ ] StrapsPadding

Which slingbar is used?

Leg support placement:
- [ ] Crossed
- [ ] Overlapped

Version 1 111019
Instructions for use

Can the sling be left under the patient in the wheelchair? □ Yes □ No
Can the sling be used for transfers to/from the toilet? □ Yes □ No
Can the sling be used in showering situations? □ Yes □ No

Loop alternatives/AdjustmentLoop: ____________________________

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

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: ____________________________

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