

**Hospital Bed with Side Rails
Trapeze
Orientation Checklist**

Patient Name _____ Date _____

Name of person receiving orientation _____

Physician _____

Equipment _____

Serial Number: _____ Asset Number: _____

The Option Care Representative has demonstrated, and the patient/caregiver has by return demonstration, shown that he/she understands the following:

- _____ How to raise and lower head section
- _____ How to raise and lower leg section
- _____ How to adjust height of bed
- _____ How to raise and lower side rails
- _____ How to adjust the triangular grip of a trapeze bar
- _____ Three-prong electrical outlets in the home
- _____ How to adjust the head and leg section manually when the electricity goes out

The Option Care Representative has provided and the patient/caregiver understands the following:

- _____ Telephone numbers to call for routine and emergency situations
- _____ Patient's Bill of Rights
- _____ Emergency Preparedness
- _____ Advance Medical Directives
- _____ Instruction sheet

I have reviewed and understand the instructions and precautions above.

PATIENT, LEGAL GUARDIAN OR CARE GIVER SIGNATURE

DATE