

Home and Community Care Support Services North East

Medical Equipment Catalogue

Revised June 2021, V10

North East Distribution Centre & Depots

MEDIGAS CONTACT NUMBERS: **Toll Free: 1-855-560-8035**
Fax for Referrals: 1-855-565-6045

After 5 p.m./Weekends/Statutory Holidays

Orders processed as usual through CHRIS/HPG. Medigas will arrange delivery/pick-up with client.

DEPOT PICKUP:

Medigas should receive two hours advanced notice prior to Client Pick-Up of equipment.

Pickup Locations:

SUDBURY MEDIGAS

1560 Lasalle Blvd, Unit A
Sudbury, ON P3A 1Z7
705-560-8035

SAULT STE. MARIE MEDIGAS

51 Great Northern Road, Unit 1
Sault Ste. Marie, ON P6B 4Y7
705-949-0570

NORTH BAY MEDIGAS

100 Golf Club Road, Unit B
North Bay, ON P1B 8X7
705-497-1731

TIMMINS MEDIGAS

100 Waterloo Rd, Unit 7
Timmins, ON P4N 4X5
705-268-0622

NE Service Providers – Equipment orders are to be faxed using the Medical Equipment Order Form at <http://healthcareathome.ca/northeast/en/Partners/forms-and-resources> or by phone:

| Location | Fax paper order to: | Call and leave voicemail order: | Regular Hours* |
|----------------------------|---------------------|---------------------------------|--------------------------------|
| Kirkland Lake (Haileybury) | 1-855-697-7358 | 1-855-697-7358 ext. 3240 | Monday-Friday 8:00am-4:30pm |
| North Bay | 1-855-697-7358 | 1-855-697-7358 ext.3240 | Monday-Friday 8:00am-4:30pm |
| Sault Ste. Marie | 1-855-697-7358 | 1-855-697-7358 ext.3240 | Monday-Friday 8:00am-4:30pm |
| Sudbury & Parry Sound | 705-523-4829 | 705-522-3460 ext. 4172 | Monday-Friday 8:00am-8:00pm |
| Timmins | 705-267-7957 | 705-267-7766 ext. 7180 | Monday-Friday 8:00am-4:30pm |

***OUTSIDE REGULAR HOURS**

For evenings and weekends the NE Service Order Desk will cover the entire NE for order entry for Equipment.

Outside regular hours all orders are to be sent to fax # 705-523-4829 number (if immediate action is required please call ext. 7636 to talk to the staff directly). (no orders are to be received by e-mail)

Important notes:

For equipment to be delivered same day: the requisition must be received by the TA or SOD no later than 3:30 pm as our Vendor must receive it before 4 pm to ensure same day delivery.

It is important for the therapists to know that the vendor has until 9 pm to deliver equipment ordered for delivery that day. There is no guaranteed delivery time.

Special Orders:

The vendor has 3 days from requested date to deliver a special-order item. E.g. Special-order item requested Thursday should be delivered on or before Sunday.

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Professionals use their clinical discretion to order equipment based on their level of experience and expertise. In addition to NE LHIN staff and contracted Service Provider Organizations, Care Coordinators can authorize expenditures based on orders from other professionals from an external organization such as hospitals, DVA, Hospice, NESGS, Arthritis Society, First Nations, Etc. may order from this list. Check with a Care Coordinator to confirm that the patient is receiving a professional service thus is eligible for medical equipment rental.

WALKERS – Type 1

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|--------|-------------------|--------|----|--------|--------------|------|
| | | PT | O T | R N/ C C | R D | ET | N P | | |
| EWK-1000 | Folding adjustable walker (standard / lightweight) (No wheels) - Junior | ✓ | ✓ | ✓ | | | ✓ | Yes | 12 |
| EWK-1001 | Folding adjustable walker (standard / lightweight) (No wheels) - Adult | ✓ | ✓ | ✓ | | | ✓ | Yes | 12 |
| EWK-1019 | Heavy Duty (wide) adult folding walker, up to 500 lbs. (No Wheels) | ✓ | ✓ | ✓ | | | ✓ | Yes | 12 |
| EWK-1003 | Walker Hi-Padded/Platform Adjustable | ✓ | ✓ | | | | | Yes | 12 |
| EWK-1004 | Hemi Walker - Walkane | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1024 | Quad Cane Small | ✓ | ✓ | ✓ | | | ✓ | Yes | 13 |

WALKER ACCESSORIES

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|--------|-------------------|--------|----|--------|--------------|------|
| | | PT | O T | R N/ C C | R D | ET | N P | | |
| EWK-1007 | Fixed wheels 3" - Pair | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1027 | Fixed wheels 5" - Pair | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1028 | Fixed wheels Heavy Duty – 5" | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1008 | Auto stop wheels - Pair | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1009 | Skis or alternative | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1010 | Glides | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1029 | Glides – Heavy Duty (SPECIAL ORDER) | ✓ | ✓ | | | | | Yes | 13 |
| EWK-1011 | Swivel wheels - 3" - Pair | ✓ | ✓ | | | | | Yes | 14 |
| EWK-1012 | Swivel wheels - 5" - Pair | ✓ | ✓ | | | | | Yes | 14 |
| EWK-1013 | Forearm Attachments (gutter type) | ✓ | ✓ | | | | | Yes | 14 |

ROLLATORS

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|----|-------------------|--------|----|--------|--------------|------|
| | | PT | OT | R N/ C C | R D | ET | N P | | |
| EWK-1014 | Rollators TYPE 2- Standard | ✓ | ✓ | | | | | Yes | 14 |
| EWK-1021 | Rollators TYPE 2 – Low | ✓ | ✓ | | | | | Yes | 14 |
| EWK-1022 | Rollators TYPE 2 – Tall | ✓ | ✓ | | | | | Yes | 14 |
| EWK-1032 | Rollators TYPE 3 – Extra Tall | ✓ | ✓ | | | | | Yes | 15 |
| EWK-1020 | Rollators Heavy Duty TYPE 3 – Standard | ✓ | ✓ | | | | | Yes | 15 |
| EWK-1025 | Rollators Heavy Duty TYPE 3- Low | | | | | | | | 15 |
| EWK-1026 | Rollators Heavy Duty TYPE 3 - Tall | ✓ | ✓ | | | | | Yes | 15 |
| EWK-1017 | Slow Down Brakes | ✓ | ✓ | | | | | Yes | 15 |
| EWK-1030 | Rollator 3 with forearm attachments | ✓ | ✓ | | | | | Yes | 15 |

WHEELCHAIRS & ACCESSORIES

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|----|-------------------|--------|----|--------|--------------|------|
| | | PT | OT | R N/ C C | R D | ET | N P | | |
| EWH-1013 | Transport wheelchair | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1000 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 16"w x 16"d –Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1001 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 16"w x 18"d –Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1002 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 18"w x 16"d –Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1003 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 18"w x 18"d –Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1004 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 20"w x 16"d (SPECIAL ORDER). Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1005 | Folding lightweight wheelchair with removable leg rests and removable arm rests - 20"w x 18"d –Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1007 | Hemi-height wheelchair lightweight 16"w - Must include anti-tippers | ✓ | ✓ | | | | | Yes | 16 |
| EWH-1008 | Hemi-height wheelchair lightweight 18"w - Must include anti-tippers | ✓ | ✓ | | | | | Yes | 16 |
| EWH-1009 | Hemi-height wheelchair lightweight 20"w - Must include anti-tippers | ✓ | ✓ | | | | | Yes | 16 |
| EWH-1010 | Heavy Duty wheelchair 20"w - Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1011 | Heavy duty wheelchair 22"w - Must include anti-tippers | ✓ | ✓ | ✓ | | | ✓ | Yes | 16 |
| EWH-1020 | Heavy duty, bariatric wheelchair, 24", up to 500 lbs. capacity (SPECIAL ORDER) | ✓ | ✓ | | | | ✓ | Yes | 17 |
| EWH-1014 | Tilt Wheelchair 16" X 16" w/ head rest and calf panels, anti-tippers, and seat belt. | ✓ | ✓ | | | | | Yes | 17 |
| EWH-1022 | Tilt Wheelchair 18" X 18" w/ head rest and calf panels, anti-tippers, and seat belt. | ✓ | ✓ | | | | | Yes | 17 |
| EWH-1023 | Tilt Wheelchair 20" X 18" w/ head rest and calf panels, anti-tippers, and seat belt. | ✓ | ✓ | | | | | Yes | 17 |
| EWH-1006 | Elevating leg rests - Single or Pair | ✓ | ✓ | ✓ | | | ✓ | Yes | 17 |

| | | | | | | | | | |
|----------|-----------------------------|---|---|---|--|---|---|-----|----|
| EWH-1015 | Amputee board | ✓ | ✓ | | | | | Yes | 17 |
| EWH-1017 | Brake extension | ✓ | ✓ | ✓ | | | ✓ | Yes | 17 |
| EWH-1018 | Drop seat/base adjustable | ✓ | ✓ | | | | | Yes | 18 |
| EWH-1019 | Lap tray | ✓ | ✓ | | | | ✓ | Yes | 18 |
| EWH-1025 | Solid Seat Insert 16" x 16" | ✓ | ✓ | | | ✓ | | Yes | 18 |
| EWH-1026 | Solid Seat Insert 18" x 18" | ✓ | ✓ | | | ✓ | | Yes | 18 |
| EWH-1027 | Solid Seat Insert 20" x 18" | ✓ | ✓ | | | ✓ | | Yes | 18 |

WHEELCHAIR CUSHIONS

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|----|-------------------|--------|----|--------|--------------|------|
| | | P T | OT | R N/ C C | R D | ET | N P | | |
| ECP-1000 | Foam cushion 3"h x 16" w x 16" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1029 | Foam cushion 3"h x 16" w x 18" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1030 | Foam cushion 3"h x 18" w x 16" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1005 | Foam cushion 3"h x 18" w x 18" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1031 | Foam cushion 3" h x 20" w x 18" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1006 | Foam cushion 3" h x 20" w x 20" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1032 | Foam cushion 3" h x 22" w x 18" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1033 | Foam cushion 3:h x 24" w x 18" d | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 19 |
| ECP-1001 | Air cushion 4"h x 16" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1034 | Air cushion 4"h x 16" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1035 | Air cushion 4"h x 18" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1009 | Air cushion 4"h x 18" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1036 | Air cushion 4"h x 20" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1010 | Air cushion 4"h x 20" w x 20" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1037 | Air cushion 4"h x 22" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1038 | Air cushion 4"h x 24" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1028 | Air cushion 4"h x 24" w x 20" d (SPECIAL ORDER) | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1021 | Air cushion 2"h x 16" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1039 | Air cushion 2"h x 16" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1040 | Air cushion 2"h x 18" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1022 | Air cushion 2"h x 18" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1041 | Air cushion 2"h x 20" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1023 | Air cushion 2"h x 20" w x 20" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1042 | Air cushion 2"h x 22" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1043 | Air cushion 2"h x 24" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 19 |
| ECP-1002 | Gel cushion ½ "h x16" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 20 |
| ECP-1013 | Gel cushion ½ "h x 18" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 20 |
| ECP-1014 | Gel cushion ½ "h x 20" w x 20" d | ✓ | ✓ | | | ✓ | | Yes | 20 |
| ECP-1003 | Combination cushion (foam/gel) 5" h x 16" w x 16" d | ✓ | ✓ | | | ✓ | | Yes | 20 |
| ECP-1017 | Combination cushion (foam/gel) 5" h x 18" w x 18" d | ✓ | ✓ | | | ✓ | | Yes | 20 |
| ECP-1018 | Combination cushion (foam/gel) 5" h x 20" w x 20" d | ✓ | ✓ | | | ✓ | | Yes | 20 |

RAMPS

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|--------|-------------------|--------|----|--------|--------------|------|
| | | PT | O T | R N/ C C | R D | ET | N P | | |
| EMS-1000 | Ramp - Telescoping or folding - 6' (SPECIAL ORDER) | ✓ | ✓ | | | | | No | 20 |
| EMS-1001 | Ramp - Telescoping or folding - 8' (SPECIAL ORDER) | ✓ | ✓ | | | | | No | 20 |
| EMS-1002 | Ramp - Telescoping or folding - 10' | ✓ | ✓ | | | | | No | 20 |

LIFTING & TRANSFER AIDS

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|--------|-------------------|--------|----|--------|--------------|------|
| | | PT | O T | R N/ C C | R D | ET | N P | | |
| ELT-1000 | Mechanical Lift up to 450 lbs. (electric, 4-point, C-base and U-base) | ✓ | ✓ | | | | | No | 21 |
| ELT-1001 | Sling - Standard divided leg (universal) without head support | ✓ | ✓ | | | | | Yes | 21 |
| ELT-1002 | Sling – Standard divided leg (universal) with head support | ✓ | ✓ | | | | | Yes | 21 |
| ELT-1003 | Sling – Hygiene | ✓ | ✓ | | | | | Yes | 21 |
| ELT-1004 | Sling – Full body with commode opening | ✓ | ✓ | | | | | Yes | 21 |
| ELT-1005 | Transfer poles (floor to ceiling tension mounted poles) | ✓ | ✓ | | | | | No | 22 |
| ELT-1006 | Horizontal bar attachment for transfer pole | ✓ | ✓ | | | | | No | 22 |
| ELT-1008 | Height extension for transfer pole (SPECIAL ORDER) | ✓ | ✓ | | | | | No | 22 |
| ELT-1009 | Transfer board | ✓ | ✓ | | | | | Yes | 22 |
| ELT-1010 | Transfer disk | ✓ | ✓ | | | | | Yes | 22 |
| ELT-1011 | Transfer belt - Available in Small, Medium, Large | ✓ | ✓ | | | | ✓ | Yes | 22 |
| ELT-1012 | Pivot Disc Turner | ✓ | ✓ | | | | ✓ | No | 22 |
| ELT-1013 | Arco Rail - residential bed model | ✓ | ✓ | | | | | No | 23 |
| ELT-1015 | M-Rail- Bed rail assist: For residential use. | ✓ | ✓ | | | | ✓ | No | 23 |
| ELT-1025 | Easy Lift Chair - Only when Hospital Bed is not suitable | ✓ | ✓ | ✓ | ✓ | | ✓ | No | 23 |
| ELT-1026 | Digital Patient Lift Scale (600 lbs.) (SPECIAL ORDER) | ✓ | ✓ | | ✓ | | | Yes | 23 |

BATHING AIDS

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|--------|-------------------|--------|--------|--------|--------------|------|
| | | PT | O T | R N/ C C | R D | E T | N P | | |
| EBA-1000 | Bath board (plastic) | ✓ | ✓ | ✓ | | | ✓ | No | 23 |
| EBA-1001 | Bath seat with back - adjustable height (14"-20") Regular | ✓ | ✓ | ✓ | | | ✓ | Yes | 23 |
| EBA-1002 | Bath seat with back - adjustable height (14"-20") Heavy Duty | ✓ | ✓ | ✓ | | | ✓ | Yes | 24 |
| EBA-1004 | Bath seat with no back - adjustable height (14"-20") regular | ✓ | ✓ | ✓ | | | ✓ | Yes | 24 |
| EBA-1005 | Tub transfer bench - unpadded - regular (leg extensions available) | ✓ | ✓ | ✓ | | | ✓ | Yes | 24 |

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|----|-------|----|----|----|--------------|------|
| | | PT | OT | RN/CC | RD | ET | NP | | |
| EBA-1006 | Tub transfer bench - unpadded - heavy duty (leg extensions available) | ✓ | ✓ | ✓ | | | ✓ | Yes | 24 |
| EBA-1007 | Tub transfer bench - padded (leg extensions available) | ✓ | ✓ | ✓ | | | ✓ | Yes | 24 |
| EBA-1008 | Clamp-on tub rail/bar | ✓ | ✓ | ✓ | | | ✓ | No | 25 |

TOILET AID

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|----|-------|----|----|----|--------------|------|
| | | PT | OT | RN/CC | RD | ET | NP | | |
| ETA-1000 | Adjustable Versa Frame | ✓ | ✓ | ✓ | | | ✓ | No | 25 |
| ETA-1001 | Elevator toilet seat - regular | ✓ | ✓ | ✓ | | | ✓ | No | 25 |
| ETA-1002 | Elevator toilet seat - elongated | ✓ | ✓ | ✓ | | | ✓ | No | 25 |
| ETA-1003 | Plastic molded raised toilet seat with no arms - 2" | ✓ | ✓ | ✓ | | | ✓ | No | 25 |
| ETA-1004 | Plastic molded raised toilet seat with no arms - 4" | ✓ | ✓ | ✓ | | | ✓ | No | 25 |
| ETA-1013 | Plastic molded raised toilet seat with no arms - 6" | ✓ | ✓ | ✓ | | | ✓ | No | 26 |
| ETA-1014 | Raised toilet seat with arms – Aquatec A900 | ✓ | ✓ | ✓ | | | ✓ | No | 26 |
| ETA-1005 | Stationary commode adjustable height un-padded (fixed arms) | ✓ | ✓ | ✓ | | | ✓ | Yes | 26 |
| ETA-1006 | Stationary commode adjustable height - drop, pivot, or removable arms | ✓ | ✓ | ✓ | | | ✓ | Yes | 26 |
| ETA-1009 | Wheeled commode adjustable height drop/pivot/removable arms with 4 locking wheels | ✓ | ✓ | ✓ | | | ✓ | Yes | 26 |
| ETA-1011 | Heavy duty stationary commode, extra wide, adj. height, up to 500 lbs. | ✓ | ✓ | ✓ | | | ✓ | Yes | 27 |
| ETA-1012 | Heavy duty stationary commode, drop arm, 30" wide, adjustable height, over 500 lbs. | ✓ | ✓ | ✓ | | | ✓ | Yes | 27 |

HOSPITAL BEDS AND ACCESSORIES

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|----|-------|----|----|----|--------------|------|
| | | PT | OT | RN/CC | RD | ET | NP | | |
| EBD-1000 | Standard Electric hospital bed (includes standard foam mattress) | ✓ | ✓ | ✓ | | | ✓ | No | 27 |
| EBD-1001 | Full hospital bed rails - Pair | ✓ | ✓ | ✓ | | | ✓ | No | 27 |
| EBD-1002 | Partial hospital bed rails - Pair | ✓ | ✓ | ✓ | | | ✓ | No | 27 |
| EBD-1009 | Heavy duty electric hospital bed, 35" X 80", up to 500 lbs. with mattress (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | ✓ | No | 27 |
| EBD-1011 | Bed Rails- partial for Heavy Duty Hospital Bed- pair (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | ✓ | No | 28 |
| EBD-1004 | Bed Cradle (hospital and standard bed) | ✓ | ✓ | ✓ | | ✓ | ✓ | Yes | 28 |
| EBD-1005 | Trapeze bar - Clamp on | ✓ | ✓ | ✓ | | | ✓ | No | 28 |
| EBD-1006 | Trapeze bar - freestanding | ✓ | ✓ | ✓ | | | ✓ | No | 28 |

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|--|---------------------|----|---------|----|----|----|--------------|------|
| | | PT | OT | RN / CC | RD | ET | NP | | |
| EBD-1020 | Over bed table | ✓ | ✓ | ✓ | | | ✓ | Yes | 28 |
| EBD-1021 | Bariatric Trapeze – Over 500 lb. capacity (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | ✓ | No | 28 |
| EBD-1013 | Gel overlay for mattress | ✓ | ✓ | | | ✓ | | Yes | 29 |
| EBD-1019 | Static air overlay for mattress (Includes pump) | ✓ | ✓ | | | ✓ | | No | 29 |
| EBD-1014 | Standard foam mattress - same as provided with hospital bed | ✓ | ✓ | ✓ | | ✓ | | No | 29 |
| EBD-1015 | High performance/premium relief foam mattress | ✓ | ✓ | ✓ | | ✓ | ✓ | No | 29 |
| EBD-1016 | Static air mattress (full mattress) | ✓ | ✓ | | | ✓ | | No | 30 |
| EBD-1017 | Alternating pressure relief mattress. | ✓ | ✓ | | | ✓ | | No | 30 |
| EBD-1018 | Low air loss mattress | ✓ | ✓ | | | ✓ | | No | 30 |


TREATMENT MODALITIES

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|--------|---------------|----|--------|--------|--------------|------|
| | | P T | O T | RN / CC | RD | E T | N P | | |
| ETM-1001 | Compressor - with Aerosol Nebulizer kit. Adult and Pediatric | | | ✓ | | | ✓ | Yes | 37 |
| ETM-1002 | Feeding Pump - portable; adult / pediatric, with auto flush function | | | ✓ | ✓ | | | Yes | 37 |
| ETM-1005 | IV pole - portable | | | ✓ | ✓ | | ✓ | Yes | 37 |
| ETM-1006 | Suction machine | ✓ | | ✓ | | | ✓ | Yes | 38 |
| ETM-1007 | Continuous passive motion machine | ✓ | | | | | | Yes | 38 |
| ETM-1008 | TENS Machine (Includes one set of supplies) | ✓ | | | | | | Yes | 38 |
| ETM-1015 | Gastric Drainage Aspirator (Includes one set of supplies) (Special Order for areas outside Greater Sudbury) | | | ✓ | ✓ | | ✓ | Yes | 38 |

PEDIATRIC/YOUTH

| Code | Item Description | Profession to Order | | | | | | Depot Pickup | Page |
|----------|---|---------------------|--------|---------------|----|--------|--------|--------------|------|
| | | P T | O T | RN / CC | RD | E T | N P | | |
| EPY-1000 | Pediatric Scale - Infant Digital (SPECIAL ORDER) | | | ✓ | ✓ | | | Yes | 39 |
| EPY-1002 | Folding wheelchair with removable leg rests and arm rests - 14x14" (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | | Yes | 39 |
| EPY-1003 | 3" Foam Cushion for 14" wheelchair (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | | Yes | 39 |
| EPY-1004 | Elevating Leg Rests for 14" wheelchair (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | | Yes | 39 |
| EPY-1006 | Walker - wheeled, adjustable height | ✓ | ✓ | ✓ | | | ✓ | Yes | 39 |
| EPY-1008 | Oximetry Monitor (SPECIAL ORDER) | | | ✓ | ✓ | | ✓ | Yes | 39 |
| EPY-1009 | Folding adjustable Walker, No Wheels (SPECIAL ORDER) | ✓ | ✓ | ✓ | | | ✓ | Yes | 39 |





NORTH EAST LHIN MEDICAL EQUIPMENT RENTAL PRODUCT PRE-APPROVED SUBSTITUTION LIST



| LHIN CODE | DESCRIPTION | APPROVED SUBSTITUTION WHEN REQUESTED ITEM NOT <u>COMPATIBLE or AVAILABLE</u> | COMMENTS |
|---|--|--|--|
| ELT-1013 | Arco Rail - residential bed model | ELT-1015 M-Rail -Free standing partial bed rail/ bed rail assist: For residential use. OR EYY-0039 Bed Assist Board and Rail – See description in table below.  | Install if compatible with the bed frame. See potential risks in description below. |
| EYY-0039 Bed Assist Board and Rail Description: The board slides under the mattress for extra-firm support. Handle with the "Mid Bar", creates grip for any height use. Board Dimensions 26" L x 15 "W. Rail Dimensions 11.5 W x 22.5 H x 30 D. Potential risk: people using a single mattress may push down hard on the rail while standing, could cause the mattress to lift and can contribute to a fall. If patients/caregivers are aware of this potential hazard, they can take steps to reduce the risk | | | |
| ELT-1015 | M-Rail Free standing partial bed rail/ bed rail assist: For residential use. | ELT-1013- Arco Rail-residential bed model OR EYY-0039 Bed Assist Board and Rail | Install if compatible with the bed frame. |
| ETA-1000 | Adjustable Versa Frame | ETA-1005 - Stationary commode adjustable height un-padded (fixed arms) | Remove back only if needed to fit the toilet. Position commode seat directly over the toilet bowl. |
| ETA-1001 | Elevator toilet seat - regular | ETA-1004-Plastic molded raised toilet seat with no arms 4" OR ETA-1014- RTS with arms. (Aquatec A900) adjusted to 4" and arms removed. OR ETA-1005 - Stationary commode adjustable height un-padded (fixed arms) | If Aquatec A900 is used as substitute, the arms must be removed. |
| ETA-1002 | Elevator toilet seat - elongated | ETA-1006 - Stationary commode with drop arm. This item can not fit over the toilet. | Commode substitution if it fits the environment. |

| | | | |
|----------|---|---|---|
| ETA-1004 | Plastic molded raised toilet seat with no arms - 4" | ETA-1001-Elevator toilet seat-regular OR ETA-1002- Elevator toilet seat-elongated OR ETA-1005 - Stationary commode adjustable height un-padded (fixed arms) | |
| ETA-1013 | Plastic molded raised toilet seat with no arms - 6" | ETA-1006 - Stationary commode with drop arm. This item can not fit over the toilet. | Commode substitution if it fits the environment. |
| ETA-1014 | Raised toilet seat with arms – Aquatec A900 | ETA-1005 - Stationary commode adjustable height un-padded (fixed arms) | Commode substitution if it fits the environment and commode is adjusted as requested (2", 4" or 6" above toilet seat) |
| EBA-1005 | Tub transfer bench - un-padded - regular (leg extensions available) | EBA1007 - Tub transfer bench - padded (leg extensions available) | |

Products may appear different than pictured, based on inventory availability.



WALKERS – Please specify handle height when ordering

| | | |
|------------------------|--|---|
| <p>EWK-1000</p> | <p>FOLDING ADJUSTABLE WALKER – Standard, No Wheels, JUNIOR</p> <ul style="list-style-type: none"> • Indicate required handle height • For Clients 5'4" or <u>shorter</u> • Adjustable handle Ht.: 29" to 33" • Width between handles: 19.5" • Maximum weight Capacity: 300 lbs. |  |
| <p>EWK-1001</p> | <p>FOLDING ADJUSTABLE WALKER – Standard, No Wheels, ADULT</p> <ul style="list-style-type: none"> • Indicate required handle height • For Clients 5'4" or <u>taller</u> • Adjustable handle Ht.: 33" to 37" • Width between handles: 19.5" • Maximum weight Capacity: 300 lbs. |  |
| <p>EWK-1019</p> | <p>HEAVY DUTY WIDE FOLDING WALKER- No Wheels</p> <ul style="list-style-type: none"> • Indicate required handle height • adult folding walker • No Wheels • For Clients 5'4" or <u>taller</u> • Adjustable: 33" to 42" • Width between handles: 23" • Maximum weight Capacity: 500 lbs. |  |
| <p>EWK-1003</p> | <p>HIGH PADDED WALKER</p> <ul style="list-style-type: none"> • Indicate required handle height • 40"- 46" adjustable height • Includes Brakes • Overall width 24" • Weight capacity 250 lbs. • 6" front swivel wheels, 8" rear wheels |  |




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| EWK-1004 | HEMI WALKER - Walkane <ul style="list-style-type: none"> • Indicate required handle height • Height adjustable 29.5" to 34.5" • For patient height 5'1" to 5'10" • Maximum weight capacity 250 lbs. |  |
| EWK-1024 | QUAD CANE SMALL BASE – Regular, Orthoease <ul style="list-style-type: none"> • Quad small base- 6" x 7.5" • Regular handle, adjustable height Adjustment Range: 29.25"-38.25" • Maximum weight capacity: 250 lbs. • Indicate required handle height, indicate left or right |  |





WALKER ACCESSORIES

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| EWK-1007 | FIXED WHEELS 3" – PAIR |  |
| EWK-1027 | FIXED WHEELS 5" – PAIR | |
| EWK-1028 | FIXED WHEELS HEAVY DUTY 5" - PAIR | |
| EWK-1008 | AUTOSTOP WHEELS – PAIR – not available for heavy duty walkers |  |
| EWK-1009 | WALKER SKI'S – PAIR – not available for heavy duty walkers <ul style="list-style-type: none"> • Ordered as PAIR |  |
| EWK-1010 | WALKER GLIDES – PAIR |  |
| EWK-1029 | WALKER GLIDES HEAVY DUTY – PAIR- (SPECIAL ORDER) | |

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| <p>EWK-1011</p> <p>EWK-1012</p> | <p>SWIVEL WHEELS – 3” – PAIR – not available for heavy duty walkers</p> <p>SWIVEL WHEELS – 5” – PAIR – not available for heavy duty walkers</p> |  |
| <p>EWK-1013</p> | <p>FOREARM ATTACHMENTS (gutter type)</p> <ul style="list-style-type: none"> • Forearm attachments RIGHT for Aluminum Folding Walker • Forearm attachments LEFT for Aluminum Folding Walker |  |



ROLLATORS - Please specify handle height and if basket or seat pad is needed.

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| <p>EWK-1014</p> | <p>ROLLATOR TYPE 2 WALKER – Regular (Evolution Sprite)</p> <ul style="list-style-type: none"> • Adjustable handle height: 33”-38” • Fixed seat height: 22” • Total width: 25” • Maximum weight Capacity: 250 lbs. |  |
| <p>EWK-1021</p> | <p>ROLLATOR TYPE 2 WALKER– Low (Evolution Sprite)</p> <ul style="list-style-type: none"> • Adjustable handle height: 30” to 36” • Fixed seat height: 19” • Total width: 24” • Maximum weight Capacity: 250 lbs. • Indicate handle height |  |
| <p>EWK-1022</p> | <p>ROLLATOR TYPE 2 WALKER – Tall (Nexus Sideways folding)</p> <ul style="list-style-type: none"> • Adjustable handle height: 33” to 39” • Fixed seat height: 24” • Total width: 24” • Maximum weight Capacity: 250 lbs. • Indicate handle height |  |




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| EWK-1032 | <p>ROLLATOR TYPE 3 WALKER- EXTRA TALL</p> <ul style="list-style-type: none"> • Adjustable handle height: 33.5" to 40" • Fixed seat height: 24" • Total width: 24" • Maximum weight Capacity: 350 lbs. • Indicate handle height |  |
| <p>EWK-1020</p> <p>EWK-1025</p> <p>EWK_1026</p> | <p>ROLLATOR HEAVY DUTY TYPE 3 - Standard</p> <ul style="list-style-type: none"> • Handle height range approx.: 33" to 39" • Seat height: 22"-23" • Indicate handle height • Weight capacity 400 lbs. <p>ROLLATOR HEAVY DUTY TYPE 3 - Low</p> <ul style="list-style-type: none"> • Handle height range approx.: 30" to 36" • Seat height 19"-20" • Indicate handle height <p>ROLLATOR HEAVY DUTY TYPE 3-TALL</p> <ul style="list-style-type: none"> • Handle height range approx. 33-39" • Seat height approx. 23" <p>ALL WALKERS:</p> <ul style="list-style-type: none"> • Total width: 26.5" • Maximum weight Capacity: 400 lbs. |  |
| EWK-1017 | <p>SLOW DOWN BRAKES</p> <ul style="list-style-type: none"> • For Type 2 Regular and Low Rollator • NOT available on Type 2 Tall |  |
| EWK-1030 | <p>ROLLATOR TYPE 3 WITH FOREARM ATTACHMENTS</p> <ul style="list-style-type: none"> • Adjustable handle height: 37.5" to 47" • Fixed seat height: 24.5" • Weight Capacity - 275 lbs. • Indicate handle height |  |




WHEELCHAIRS

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| <p>EWH-1013</p> | <p>TRANSPORT CHAIR 19" Note: Anti-tippers are not available or seatbelt</p> <ul style="list-style-type: none"> • Seat height: 20" • 15.5" seat depth • Maximum weight capacity 250 lbs. • Solid 8" wheels • Product weighs 26 lbs. |  |
| <p>EWH-1000 EWH-1001 EWN-1002 EWH-1003 EWH-1004 EWH-1005</p> | <p>WHEELCHAIR FOLDING LIGHTWEIGHT- With Removable Leg Rests, Anti-tippers, Arm Rests & Seat Belt</p> <ul style="list-style-type: none"> • Seat height: 19" • Maximum weight capacity 250 lbs. • Wheelchair weighs 37 lbs. • Must include ant-tippers • Brake extensions ordered separate if required (EWH-1017) <p>16" seat width & 16" seat depth 16" seat width & 18" seat depth 18" seat width & 16" seat depth 18" seat width & 18" seat depth 20" seat width & 16" seat depth – (SPECIAL ORDER) 20" seat width & 18" seat depth</p> |  |
| <p>EWH-1007 EWH-1008 EWH-1009</p> | <p>HEMI-HEIGHT FOLDING LIGHTWEIGHT WHEELCHAIR - With Removable Leg Rests, Anti-tippers, Arm Rests & Seat Belt</p> <ul style="list-style-type: none"> • Seat height: 17" • Maximum weight capacity: 250 lbs. • Wheelchair weighs 37 lbs. • Brake extensions ordered separate if required (EWH-1017) <p>16" seat width & 16" seat depth 18" seat width & 18" seat depth 20" seat width & 18" seat depth</p> |  |
| <p>EWH-1010 EWH-1011</p> | <p>HEAVY DUTY WHEELCHAIR- Includes footrests, Anti-tippers & Seat Belt</p> <ul style="list-style-type: none"> • Approximate floor to seat height 18" – 20" • Maximum weight capacity: 450 lbs. • Wheelchair weighs 60 lbs. • Brake extensions ordered separate if required (EWH-1017) <p>20" seat width & 18" seat depth 22" seat width & 18" seat depth</p> |  |

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| EWH-1020 | <p>HEAVY DUTY BARIATRIC WHEELCHAIR- Includes footrests & Seat Belt</p> <ul style="list-style-type: none"> • 24" seat width & 20" seat depth • Wheelchair weighs 60 lbs. • Maximum weight capacity 500 lbs. • Brake extensions ordered separate if required (EWH-1017) • SPECIAL ORDER |  |
| EWH-1014 EWH-1022 EWH-1023 | <p>TILT WHEELCHAIR- includes Seat Belt</p> <ul style="list-style-type: none"> • Headrest, cushion, seat belt, calf panels & anti-tippers included. Specify if cushion to be removed and replaced – identify new cushion in order. • Maximum weight capacity: 250 lbs. • Solid back with some lateral support • Elevating leg rests with calf panels • Brake extensions not compatible with tilt wheelchair • The Breezy Relax 2 model must recline before tilting. (Possible risk of injury to arm if on armrest while reclining) • 16" seat width & 16" seat depth • 18" seat width & 18" seat depth • 20" seat width & 18" seat depth |  |



WHEELCHAIR ACCESSORIES

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| EWH-1006 | <p>WHEELCHAIR ELEVATING LEG RESTS</p> <ul style="list-style-type: none"> • Please specify size of wheelchair • Leg rests suitable for lightweight and heavy-duty wheelchairs. • Indicate Right/Left/ or Pair |  |
| EWH-1015 | <p>AMPUTEE BOARD - standard size</p> <ul style="list-style-type: none"> • Please specify 16" or 18" size when ordering • Can use RIGHT and LEFT side |  |
| EWH-1017 | <p>WHEELCHAIR BRAKE EXTENSIONS</p> <ul style="list-style-type: none"> • Ordered as a pair (2) • To promote independence for patients with weakness |  |


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| <p>EWH-1018</p> | <p>DROP SEAT BASE – ADJUSTABLE</p> <ul style="list-style-type: none"> • Specify seat width • Cushion lowered up to 2” below seat rails – specify drop height • 16-20” drop seat weight capacity 250 lbs.; 22” base capacity 300 lbs. |  |
| <p>EWH-1019</p> | <p>WHEELCHAIR LAP TRAY</p> <ul style="list-style-type: none"> • Specify width in order notes • For positioning and to support ADLs, not to be used as a restraint |  |
| <p>EWH-1025 EWH-1026 EWH-1027</p> | <p>SOLID SEAT INSERT</p> <ul style="list-style-type: none"> • To be used when level surface is necessary under a wheelchair cushion and patient is sitting for prolonged periods and has or is at risk of pressure injury. • Helps balance user’s weight for stability and to reduce the tendency of forward sliding. <ul style="list-style-type: none"> • 16” X 16” • 18” X 18” • 20” X 18” |  |

WHEELCHAIR CUSHIONS – Refer to Selection Guide on Pages 30

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| <p>ECP-1000 ECP-1005 ECP-1006 ECP-1029 ECP-1030 ECP-1031 ECP-1032 ECP-1033</p> | <p>FOAM CUSHIONS - To Fit Each Size of Wheelchair Cushions 3" in Height</p> <p style="text-align: center;">Width X Depth x 3" Height</p> <ul style="list-style-type: none"> • 16" W x 16" D • 18" W x 18" D • 20" W x 20" D • 16" W x 18" D • 18" W x 16" D • 20" W x 18" D • 22" W x 18" D • 24" W x 18" D |  |
| <p>ECP-1001 ECP-1009 ECP-1010 ECP-1028 ECP-1034 ECP-1035 ECP-1036 ECP-1037 ECP-1038</p> | <p>AIR CUSHION - ROHO CUSHION HIGH PROFILE 4" - includes cover & hand pump. Will be inflated to medium fullness by equipment provider. Trained provider (e.g., OT, PT) follow-up is required to ensure correct inflation</p> <p>Width X Depth - Therapist Follow-up Required</p> <ul style="list-style-type: none"> • 16" W x 16" D • 18" W x 18" D • 20" W x 20" D • 24" W x 20" D –SPECIAL ORDER Used with EWH-1020 • 16" W x 18" D • 18" W x 16" D • 20" W x 18" D • 22" W x 18" D • 24" W x 18" D <p>AIR CUSHION - ROHO CUSHION LOW PROFILE 2" - includes cover & hand pump. Will be inflated to medium fullness by equipment provider. Trained provider (e.g., OT, PT) follow-up is required to ensure correct inflation.</p> <p>Width X Depth - Therapist Follow-up Required</p> |   |
| <p>ECP-1021 ECP-1022 ECP-1023 ECP-1039 ECP-1040 ECP-1041 ECP-1042 ECP-1043</p> | <ul style="list-style-type: none"> • 16" W x 16" D • 18" W x 18" D • 20" W x 20" D • 16" W x 18" D • 18" W x 16" D • 20" W x 18" D • 22" W x 18" D • 24" W x 18" D | |

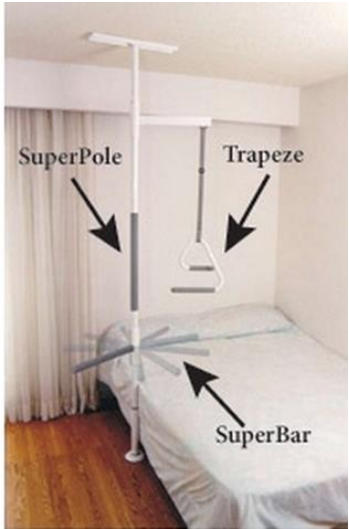




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| <p>ECP-1002 ECP-1013 ECP-1014</p> | <p>GEL CUSHION</p> <ul style="list-style-type: none"> • 16" W x 16" D • 18" W x 18" D • 20" W x 20" D |  |
| <p>ECP-1003 ECP-1017 ECP-1018</p> | <p>COMBINATION CUSHION (foam/gel) - includes cover Therapist Follow up required Width X Depth</p> <ul style="list-style-type: none"> • 16" W x 16" D • 18" W x 18" D • 20" W x 20" D • Therapist Follow up required |  |

RAMPS- Specify Telescoping or Folding

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| <p>EMS-1000 EMS-1001 EMS-1002</p> | <p>RAMPS TELESCOPING or FOLDING 6 Foot (for 6" rise) – SPECIAL ORDER</p> <p>RAMPS TELESCOPING or FOLDING 8 Foot (for 8" rise)- SPECIAL ORDER</p> <p>RAMPS TELESCOPING or FOLDING 10 Foot (for 10" rise)</p> <ul style="list-style-type: none"> • Specify Telescoping or Folding • Must be assessed in the home <p>Telescoping</p> <ul style="list-style-type: none"> • Suitable for wheelchairs only • Weight capacity 350 lbs. <p>Folding</p> <ul style="list-style-type: none"> • Suitable for wheelchairs and three wheeled scooters • Weight capacity 800 lbs., |  |
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LIFTING & TRANSFER AIDS






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| ELT-1000 | INVACARE 450 MECHANICAL LIFTS UP TO 450 LBS ELECTRIC - 4 point <ul style="list-style-type: none"> • 4-point cradle • 450 lb. weight Capacity • Requires 4.5" clearance under bed |  |
| ELT-1001 | STANDARD SPLIT LEG <u>WITHOUT</u> HEAD SUPPORT - All Slings to Match Brand of Lift. 450Lbs Capacity- Indicate size <ul style="list-style-type: none"> • Small • Medium • Large • X-Large |  |
| ELT-1002 | STANDARD SPLIT LEG WITH HEAD SUPPORT - All Slings to Match Brand of Lift. 450Lbs Capacity-Indicate size <ul style="list-style-type: none"> • Small • Medium • Large • X-Large |  |
| ELT-1003 | HYGEINE SLING- 450Lbs Capacity-Indicate Size <ul style="list-style-type: none"> • Small – not available • Medium • Large • X-Large |  |
| ELT-1004 | SLING FULL BODY WITH COMMODE OPENING (i.e., hammock sling) 450Lbs Capacity- Indicate size Available in Medium, Large and Extra Large; Small not available |  |


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| <p>ELT-1005</p> | <p>SUPERPOLE TRANSFER POLE - Floor to Ceiling Tension Mounted Pole Must be assessed in the home setting</p> <ul style="list-style-type: none"> • Diameter: 4 cm • Height adjustable 93"-99" • Maximum weight capacity: 250 lbs. • Check that Ceiling Height is between 92" to 98.5", no extension option for higher rooms. • Cannot be installed on Stucco, drop or tile ceilings. • Advise the client that these are tension mounted poles and there may be some damage to the ceiling or floor. <p>Place tape to mark x where install location is required.</p> |  |
| <p>ELT-1006</p> | <p>SUPERPOLE TRANSFER POLE – HORIZONTAL BAR</p> | |
| <p>ELT-1008</p> | <p>HEIGHT EXTENSION for transfer pole (Height from 100"-120") (SPECIAL ORDER)</p> | |
| <p>ELT-1009</p> | <p>TRANSFER BOARD - Wooden 24 Inches</p> <ul style="list-style-type: none"> • Maximum weight capacity 250 lbs. |  |
| <p>ELT-1010</p> | <p>TRANSFER DISC LARGE 15" Diameter</p> <ul style="list-style-type: none"> • Maximum Weight Capacity 250 lbs. |  |
| <p>ELT-1011</p> | <p>TRANSFER BELT – Indicate Size</p> <p>Transfer Belt SMALL – 23" of Belt & 7" of Strap – Total 30" Transfer Belt MEDIUM – 27" of Belt & 20" of Strap- Total 47" Transfer Belt LARGE – 39" of Belt & 24" of Strap- Total 63"</p> |  |
| <p>ELT-1012</p> | <p>PIVOT DISC TURNER</p> <ul style="list-style-type: none"> • Weight Capacity: 300 lbs. • Handle adjusts from 36" to 48" • Disk Dimension: 16" D • Weight - 46 lbs. • It rotates a full 360 degrees |  |

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| ELT-1013 | ARCO RAIL – RESIDENTIAL BED <ul style="list-style-type: none"> • Install on metal frame bed only • 300 lb. weight capacity |  |
| ELT-1015 | M-Rail: Bed rail assist <ul style="list-style-type: none"> • For residential use. • Anchored between the box spring and mattress or secured to the box spring or bed frame with straps. • May be height adjustable • Extra-long safety strap for use in single, double, queen home style beds with box springs. May fit some King size beds dependent on size of box spring. Not suitable for automatic beds • 300 lb. weight capacity |  |
| ELT-1025 | EASY LIFT CHAIR - Only when Hospital Bed is not suitable <ul style="list-style-type: none"> • 375 lb. weight capacity • Width 32.5", depth 21", between arms 21" |  |
| ELT-1026 | Digital Patient Lift Scale (600 lbs. Capacity) Weighs a patient suspended from a mechanical lift <ul style="list-style-type: none"> • Lift required to have Digital Scale • Specify style Hoyer or Invacare, for adapter required • Not for use with ceiling track lift • SPECIAL ORDER |  |


BATHING AIDS






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| EBA-1000 | BATH BOARD – Plastic <ul style="list-style-type: none"> • Maximum weight capacity: 300 lbs. |  |
| EBA-1001 | BATH SEAT WITH BACK - Adjustable <ul style="list-style-type: none"> • Adjustable height 14" to 20" • Maximum weight capacity: 250 lbs. |  |



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| EBA-1002 | <p>BATH SEAT WITH BACK – Heavy Duty</p> <ul style="list-style-type: none"> • Adjustable height 14” to 20” • Maximum weight capacity: 450 lbs. |  |
| EBA-1004 | <p>BATH SEAT WITH NO BACK – Adjustable</p> <ul style="list-style-type: none"> • Adjustable height 14” to 20” • Maximum weight capacity: 250 lbs. |  |
| EBA-1005 | <p>TUB TRANSFER BENCH - UNPADDED – Regular Request leg extensions if needed</p> <ul style="list-style-type: none"> • Adjustable height: 18” to 22” • Maximum weight capacity: 300 lbs. • Specify Right or Left facing faucet • If smaller model needed, specify • Taller, deeper tubs may require leg extensions, maximum of 2, specify if required. Max seat height with extensions on the floor is 25” • Do they have shower doors across the tub entrance that may impede the installation? |  |
| EBA-1006 | <p>TUB TRANSFER BENCH - UNPADDED - Heavy Duty Request Leg Extensions if required</p> <ul style="list-style-type: none"> • Adjustable height: 18” to 22” • Maximum weight capacity: 500 lbs. • Specify Right or Left facing faucet • Taller, deeper tubs may require leg extensions, maximum of 2, specify if required. Max seat height with extensions on the floor is 25” • Do they have shower doors across the tub entrance that may impede the installation? |  |
| EBA-1007 | <p>TUB TRANSFER BENCH - PADDED – Regular Request Leg Extensions if required</p> <ul style="list-style-type: none"> • Specify Left or Right Side on Order • Maximum weight capacity: 300 lbs. • Taller, deeper tubs may require leg extensions, maximum of 2, specify if required. Max seat height with extensions on the floor is 25” in • Do they have shower doors across the tub entrance that may impede the installation? |  |

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| EBA-1008 | <p>CLAMP-ON TUB RAIL/BAR Regular Request Leg Extensions if required</p> <ul style="list-style-type: none"> • Will not attach to acrylic tub • Maximum weight capacity: 250 lbs. • What type of tub do they have? Some acrylic tubs will crack with the pressure of the clamp and may damage the tub. • Do they have shower doors across the tub entrance that may impede the installation? • Place a piece of tape at the install location |  |
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TOILET AIDS






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| ETA-1000 | <p>ADJUSTABLE VERSA FRAME - Toilet Safety Frame</p> <ul style="list-style-type: none"> • Adjustable height arms • Must be able to remove existing toilet seat bolts to install • Maximum weight capacity: 250 lbs. • Must confirm application will not interfere with tub transfer |  |
| ETA-1001 ETA-1002 | <p>TOILET SEAT ELEVATOR – Regular TOILET SEAT ELEVATOR – Elongated</p> <ul style="list-style-type: none"> • Must be able to safely remove existing toilet seat bolts to install • Maximum weight capacity: 250 lbs. • Not removable for multiple users of toilet |  |
| ETA-1003 | <p>PLASTIC MOULDED RAISED TOILET SEAT WITH NO ARMS 2” – Round only</p> <ul style="list-style-type: none"> • Two Locking screw on sides • Weight capacity 250 lbs. |  |
| ETA-1004 | <p>PLASTIC MOULDED RAISED TOILET SEAT WITH NO ARMS 4” – Round only</p> <ul style="list-style-type: none"> • Locking screw on front • Weight capacity 250 lbs. |  |

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| <p>ETA-1013</p> | <p>PLASTIC MOULDED RAISED TOILET SEAT WITH NO ARMS 6" - Round only</p> <ul style="list-style-type: none"> • Weight capacity 250 lbs. |  |
| <p>ETA-1014</p> | <p>RAISED TOILET SEAT WITH ARMS – Aquatec A900 - Round only</p> <ul style="list-style-type: none"> • Width between arms – 20" • 260 lb. weight capacity • Specify height 2", 4" or 6" Aquatec A900 or similar • Must bolt to toilet bowl |  |
| <p>ETA-1005</p> | <p>STATIONARY COMMUNE ADJUSTABLE HEIGHT UN-PADDED (FIXED ARMS)</p> <ul style="list-style-type: none"> • Back bar may have to be removed to fit over toilet • 17.5" between arms; seat height from floor 15-21" • Pail included maximum weight capacity 300 lbs. |  |
| <p>ETA-1006</p> | <p>STATIONARY COMMUNE ADJUSTABLE HEIGHT, DROP, PIVOT, REMOVABLE ARMS</p> <ul style="list-style-type: none"> • Will not fit over toilet • 19.75" between arms; seat height from floor 20-24" • Pail included • Maximum weight capacity: 300 lbs. |  |
| <p>ETA-1009</p> | <p>WHEELED COMMUNE UNPADDED ADJUSTABLE HEIGHT, DROP, PIVOT OR REMOVABLE ARMS WITH 4 LOCKING WHEELS</p> <ul style="list-style-type: none"> • 18" between arms; seat height from floor 13-18" • Pail included • Maximum weight capacity 350 lbs. • Must be assessed in the home setting |  |

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| ETA-1011 | <p>HEAVY DUTY STATIONARY COMMODE</p> <ul style="list-style-type: none"> • Fixed arm, pail included • 24.5" between arms; seat height from floor 14-20" • Up to 500 lbs. capacity • If space allows, will fit over the toilet |  |
| ETA-1012 | <p>HEAVY DUTY STATIONARY COMMODE</p> <ul style="list-style-type: none"> • Drop arm, pail included • 25.75" between arms; seat height from floor 17.5"-22" • Up to 650 lbs. capacity • If space allows, will fit over the toilet |  |

HOSPITAL BEDS AND ACCESSORIES





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|----------|---|---|
| EBD-1000 | <p>STANDARD ELECTRIC HOSPITAL BED (includes standard foam mattress)</p> <ul style="list-style-type: none"> • Therapeutic Surface ordered separately • Beds delivered without rails unless requested • Maximum weight capacity 350 lbs. • Dimensions: Width 36" x Length 88" Overall Sleep Surface 36" W x 80" L. |  |
| EBD-1001 | <p>FULL HOSPITAL BED RAILS</p> |  |
| EBD-1002 | <p>PARTIAL HOSPITAL BED RAILS</p> |  |
| EBD-1009 | <p>HEAVY DUTY HOSPITAL BED ELECTRIC</p> <ul style="list-style-type: none"> • 42" X 88" • 18" to 26" bed height • Includes Standard Mattress if not ordering separate surface • 600 lb. weight capacity • Beds delivered without rails unless requested • SPECIAL ORDER |  |

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| EBD-1011 | HEAVY DUTY HOSPITAL BED RAILS <ul style="list-style-type: none"> • Partial bed rail only • 29" wide • SPECIAL ORDER |  |
| EBD-1004 | BED CRADLE |  |
| EBD-1005 EBD-1006 | TRAPEZE BAR - Clamp on Hospital Bed <ul style="list-style-type: none"> • For Hospital Bed Only TRAPEZE BAR - Freestanding Maximum weight capacity: 250 lbs. |  |
| EBD-1021 | BARIATRIC TRAPEZE <ul style="list-style-type: none"> • 500 lb. weight capacity • SPECIAL ORDER |  |
| EBD-1020 | OVER BED TABLE <ul style="list-style-type: none"> • For Palliative Patients only • Adjustable height |  |

MATTRESSES -Refer to Selection Guide on Page 31

Standard mattresses should be used for all patients whenever possible.

Therapeutic support surfaces are to be used for patients with known pressure related issues only caused by, or exacerbated by, the supporting surface.

| MATTRESS OVERLAYS | | |
|----------------------------------|---|---|
| EBD-1013 | <p>GEL MATTRESS OVERLAY</p> <ul style="list-style-type: none"> • Stage 1 & 2 pressure ulcers • 35" X 80" x 5/8" • Must lay over mattress • Weight capacity 500 lbs. |  |
| EBD-1019 | <p>Static air mattress: AIR OVERLAY - Therapist Follow-up Required. Will be inflated to medium fullness by equipment provider. Trained provider (e.g., OT, PT) follow-up is required to ensure correct inflation.</p> <p>ROHO 3 Sections Mattress</p> <ul style="list-style-type: none"> • Stage 3 & 4 pressure ulcers • Must lay on Hospital Bed mattress or separate foam underlay • Includes three (3) ROHO sections linked together - each 20" x 34" / 51cm x 86cm • One foam ROHO Insert Pad included • Hand pump to adjust inflation level include • Weight capacity 300 lbs. |  |
| MATTRESS – FOR HOSPITAL TYPE BED | | |
| EBD-1014 | <p>STANDARD FOAM HOSPITAL BED MATTRESS</p> <ul style="list-style-type: none"> • 34" x 76" x 3.5" • Weight capacity: 350 lbs. |  |
| EBD-1015 | <p>High performance/premium relief foam mattress</p> <p>VITACARE V6 Mattress</p> <p>Full 2" Visco "Memory Foam" surface significantly reduces interface pressure</p> <ul style="list-style-type: none"> • Firm transfer edges provide stability for transferring and completion of bedside ADLs • Comes with Recovery 5 Incontinent, 5 way stretch, breathable, removable, anti-microbial cover • Standard Size: 6" x 36" x 80" • Weight Capacity: 250 lbs. |  |

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|------------------------|---|---|
| <p>EBD-1016</p> | <p>Static Air Mattress: Full Mattress –<u>Therapist Follow-up Required</u> ATMOSAIR 9000</p> <ul style="list-style-type: none"> • Zoned 3 sections each 20" x 34" / 51cm x 86cm • Can lay directly on hospital bed frame • NO hand pump required • Weight Capacity: 500 lbs. |  |
| <p>EBD-1017</p> | <p>Alternating pressure relief mattress - <u>Therapist Follow-up Required</u></p> <p>ROHO FUSION 2K</p> <ul style="list-style-type: none"> • Combination of pulsation type of alternating air pressure with low air loss technology to aid in regulate the skin microclimate • With transfer borders • 80" x 36" x 6" H • Weight capacity 250 lbs. • Also fits on regular bed |  |
| <p>EBD-1018</p> | <p>Low Air Loss Mattress - <u>Therapist Follow-up Required</u></p> <p>FIRST STEP SELECT</p> <ul style="list-style-type: none"> • The ArjoHuntleigh First Step Select™ provides pressure redistribution. Low air loss therapy and GORE® Medical Fabric work together to help address moisture management and manage skin microclimate. The First Step Select™ can be used as an overlay or a mattress replacement system. • Foam Base 82" L x 35" W x 3" D • Mattress Overlay inflated: 82" L x 35" W x 5"H • Weight capacity 250 lbs. |  |

SUPPORT SURFACE SELECTION GUIDE

1. Determine patient risk for prevention or management of pressure injury (PI).

| At Risk | At High Risk |
|---|--|
| <ul style="list-style-type: none"> • Braden Pressure Ulcer Risk Score of 13-18 or • Presence of one or more of: <ul style="list-style-type: none"> • Cognitive and/or sensory deficits • Moisture – too wet or too dry • Impaired activity • Impaired mobility • Impaired nutrition • Presence of friction/shear | <ul style="list-style-type: none"> • Braden Pressure Ulcer Risk Score of 12 or less, or • Presence of multiple risk factors, or • Patients with PI or history of PI |

2. If pressure injury is present, identify stage:

| Stage | Description (copied from NPUAP) |
|--|---|
| Stage 1 Non-blanchable erythema of intact skin | Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury. |
| Stage 2 Partial-thickness skin loss with exposed dermis | Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions). |
| Stage 3 Full thickness skin loss | Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury. |
| Stage 4 Full-thickness skin and tissue loss | Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury |
| Unstageable Obscured full-thickness skin and tissue loss | Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, and intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed. |
| Deep Tissue Injury Persistent non-blanchable deep red, maroon or purple discoloration | Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve |

| | |
|--|---|
| | without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions. |
|--|---|

3. Criteria to consider when choosing a support surface for bed or chair/wheelchair.

Select a support surface that meets the patient's needs considering the factors listed below. Do not decide solely on the perceived level of risk for PI development or the category/stage of any existing PI. Before changing a surface, ensure that all other strategies for prevention and management are being optimized (i.e., repositioning, nutrition, wound care interventions, and activity); support surfaces contribute to only a part of the overall prevention and management strategies.

For palliative patients, consider if skin breakdown is related to Skin Changes at Life's End (SCALE) that can look like the development of a pressure injury. For end of life patients, the goal may not be to prevent the development or worsening of a PI but rather to support the patient's comfort and quality of life. For these bedbound patients it may not be appropriate to switch to a powered surface mattress when the patient is very close to their life's end unless it is for comfort and all pain management strategies are being fully implemented.

Patient/Caregiver Factors to Consider:

- Patient's goals, values and lifestyle
- Ability to carry out functional tasks
- Ability to provide care to the patient
- Ease in repositioning and transferring on/off support surface
- Patient comfort
- Number of available positions a patient can alternate between on a support surface (fewer positions increases risk)
- Duration of time patient can tolerate being in each position as determined by skin check before/after each position change
- Number, severity and location of PI(s)
- Risk for additional PI(s)
- Ability of support surface to provide adequate pressure redistribution
- Ability of support surface to dissipate heat and moisture (the more heat and moisture generated the more at risk for breakdown)
- Ability of the support surface to conform to body contours (envelopment)
- Level of immersion (depth of sinking into the surface)
- Behaviours that can damage air bladders – smoking, pets, high risk of spillage of nutritional supplements that when dried glues air bladders together
- Powered surfaces can have motion, be noisy and generate heat.
- For air surfaces, ability of patient/caregiver to assess and maintain proper inflation.

Patient Injury Risks:

- Overlays placed on top of mattresses can elevate the surface nearer the level of the bedrails. Top of the hospital bed rail must be 220 mm (8.66") above the mattress surface (European Standard EN60601-2-52)
- Issues of entrapment if the surface is not the same dimensions as the original mattress.

- High beds may increase difficulty to transfer in/out. Active surfaces are less stable than reactive non-powered support surfaces which might compromise patient's ability to reposition or transfer to/from bed independently. Some active surfaces can be firmed up for transfers.
- Patients on surfaces with high immersion properties are at risk of developing hip contractures and Achilles tendon shortening; proper positioning and splinting can mitigate these risks
- Mattresses that produce air flow at the skin interface can cause dehydration in some patients due to the accelerated evaporation of perspiration; this should be considered in daily fluid intake/output.
- Some mattresses may bottom out when certain positions are assumed (e.g., head of bed elevated)
- Mattresses that lead to a sensation of floating may lead to disorientation and confusion; reorientation explanation of the bed's function may be helpful
- Air surfaces that are under or overinflated can exacerbate a wound and counter healing.

Environmental Factors:

- Weight of bed and capacity of the floor to support the bed/mattress
- Door widths to get bed/mattress in/out
- Location of power outlets
- Availability of uninterrupted electrical power or quick access to a back-up power supply
- Ability to promote ventilation of heat from the motor
- For air surfaces, the likelihood of damage during use should be considered (e.g., from pets with claws or spills from nutritional formulas as dried formula will "glue" air bladders together risking tears to clean them of the formula) in addition to ability of patient/caregiver to maintain proper inflation.

Bed Support Surfaces for Patients at Risk

| Support Surface | Indications |
|---|---|
| EBD-1013 Gel Mattress Overlay | Friction and/or shear are identified as primary risk factors. Can be used on regular mattress/bed; may have a cooling effect for some patients who report being warm. Patient should be independent with/without device for bed positioning. |
| EBD-1019 Static Air Mattress Overlay | Pressure (with or without friction and shear) is identified as the primary risk factor. Can be used on regular mattress/bed but will increase transfer height. Independent bed positioning and transfers may be more challenging. Suitable for patients who require moderate to full assistance with bed positioning. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk related to over/under inflated surface.** Medigas: Roho 3-section overlay with 1 leveler |
| EBD-1014 Standard Foam Mattress | Patient should be independent with/without device for bed positioning. Typically provided when hospital bed is ordered unless otherwise specified. Not suitable for patients at risk unless other strategies to mitigate risks are in place. |

| Support Surface | Indications |
|--|--|
| EBD-1015 High Specification Foam Mattress | Pressure is identified as primary risk factor; surface also mitigates friction and shear but may to a lesser extent than air. Can be used on regular box spring (assess impact of change on floor to mattress height on bed transfers) or hospital bed. Suitable for patients who require moderate to full assistance for bed repositioning. Medigas: Vitacare Vita 6 |
| EBD-1016 Static Air Mattress | Medigas AtmosAir 9000: because of firmness related to 500 lb. weight capacity, is not suitable for patients under 250 lb. who are at risk. May be suitable for patients who are between 250-500 lb. Can be used on box spring or hospital bed. Air inflation is not adjustable. |

Bed Support Surfaces for Patients at High Risk

| Support Surface | Indications |
|--|---|
| EBD-1015 High Specification Foam Mattress | Pressure is identified as primary risk factor; surface also mitigates friction and shear but may to a lesser extent than air. Suitable for patients with any stage of PI(s) when positioning on PI(s) can be avoided. Can be used on regular box spring (assess impact of change on floor to mattress height on bed transfers) or hospital bed. Medigas: Vitacare Vita 6 |
| EBD-1019 Static Air Mattress Overlay | Pressure with or without friction/shear are identified as risk factors. Suitable for patients with all stages of PI(s). Can be used on regular mattress/bed. Suitable for patients who require moderate to full assistance with bed positioning; bed transfers may be more challenging for patients. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk related to over/under inflated surface.** Medigas: Roho 3-section overlay with 1 leveler |
| EBD-1016 Static Air Mattress | Medigas: AtmosAir 9000: Only non-standard foam support surface available in rental program for patients 300-500 lb. Not as effective for high risk patients under 250 as other surfaces that allow greater immersion. Can be used on box spring (assess impact of change in floor to mattress height on bed transfer) or hospital bed. Air inflation is not adjustable. |
| EBD-1017 Alternate Pressure Relief Mattress | Consider upgrading to this surface for all stages of PI(s) when patient can't be positioned off the PI; has PIs on 2 or more turning surfaces (sacrum and trochanter) that limits turning options, fails to heal or demonstrates PI deterioration not explained by skin changes at end of life, is at high risk for additional PIs and/or bottoms out on existing surface. May be more comfortable surface for palliative patients with bone metastases. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk of patient bottoming out when head of bed is elevated.** Medigas: Fusion 2K – has foam transfer border and microclimate low air loss features. |

| Support Surface | Indications |
|-----------------------------------|--|
| EBD-1018 Low Air Loss Mattress | Indicated when microclimate (moisture and skin warmth/heat) impacts healing for any stage of PI; surfaces do not provide alternating air pressure. Surface does not have transfer borders making standing transfers more challenging; surface can be maximally inflated by caregiver to aid transfers. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk of patient bottoming out when head of bed is elevated.** Medigas: First Step Select – can be used as overlay or full mattress; manufacturer does not recommend for patients with category/stage III and IV PIs at risk for other PIs. |

Chair/Wheelchair Support Surfaces for Patients at Risk/High Risk




| Support Surface | Indications |
|---|---|
| Foam Cushion | Patient At Risk and needs some protective cushioning, not suitable for patient to sit directly on wheelchair upholstery. |
| Air Cushion – Roho High Profile (4") | High Risk; Pressure (with or without friction and shear) is identified as the primary risk factor. For use for wheelchairs when trying to achieve a specific seat to floor height. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk related to over/under inflated surface.** |
| Air Cushion – Roho Low Profile (2") | High Risk; Pressure (with or without friction and shear) is identified as the primary risk factor; appropriate for regular chair; may use for wheelchair when trying to achieve specific seat to floor height. **Therapist should coordinate delivery date to coincide with therapist's follow-up visit on the day following delivery. This is to ensure therapist's timely follow-up to adjust air pressure appropriately and teach patient/caregiver to reduce risk related to over/under inflated surface.** |
| Gel Cushion | At Risk or High Risk and air cushion not suitable. Medigas: Action gel may be used for chairs, lift chairs, may not be appropriate for all wheelchair applications. |
| Combination Cushion | At Risk or High Risk and air cushion not suitable and stability foam provides is needed for positioning and transferring. Medigas: Prism Supreme Gel |

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TREATMENT MODALITIES

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| <p>ETM-1001</p> | <p>Compressor with AEROSOL NEBULIZER kit – ADULT AND PEDIATRIC</p> <ul style="list-style-type: none"> Initial Rental Includes 1 Kit (Aerosol mask, 6' Tubing & Mini-Nebulizer) Specify in order notes Adult or Pediatric Aerosol Mask or Trach mask A/C powered for providing aerosol medication treatments Replacement kits sold separately |  |
| <p>ETM-1002</p> | <p>FEEDING PUMP – PORTABLE adult & pediatric, with auto flush functionality</p> <p>Note: Supplies need to be ordered separately.</p> <ul style="list-style-type: none"> JOEY feeding pump Pediatric and Adult Initial order of feeding bags is to be ordered through Medigas Every new feeding pump order will include an order for two (2) feeding bags to be delivered with the pump. Choose the appropriate feeding bag depending on the patient's needs: <p>SFS-0031- Enteral Feeding Pump Set 1000 ml; Manufacturer's Code – Covidien 763656</p> <p>SFS-0006- Enteral Feeding Pump Set 500 ml; Manufacturer's Code – Covidien 762055</p> <p>SFS-0035- Enteral Feeding Pump Set with Flush Set 1000 ml; Manufacturer's Code – Covidien 763662</p> <ul style="list-style-type: none"> Also, each order may include up to 3 maximum oral syringes. Choose appropriate size: <p>SFS-0042- Purple Oral Syringe 3 ml; Manufacturer's Code – Covidien 403S</p> <p>SFS-0043- Purple Oral Syringe 10 ml; Manufacturer's Code – Covidien 410S</p> |  |
| <p>ETM-1005</p> | <p>IV POLE – PORTABLE on casters</p> <ul style="list-style-type: none"> If IV pole is required for gravity feeds, initial feeding bags are to be ordered through Medigas. Registered Dietician also authorized to request if required for feeding <p>SFS-0005- Gravity Enteral Feeding Bag 1000 ml; Manufacturer's Code – Covidien 702500</p> <ul style="list-style-type: none"> Two (2) feeding bags to be delivered |  |

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| <p>ETM-1006</p> | <p>SUCTION MACHINE</p> <ul style="list-style-type: none"> • Initial Rental Includes 1 Kit (1 bottle/container and filter, 2 connecting tubing, 1 connector, 2 suction catheters, and 1 yankauer). • Specify size of catheter - 8FR, 12FR, 14FR <p>SOT-0053- Suction Catheter 8 FR; Manufacturer's Code – Covidien 1180-851089 SOT-0054- Suction Catheter 12 FR; Manufacturer's Code – Covidien 1180-851121 SOT-0055- Suction Catheter 14 FR; Manufacturer's Code – Covidien 1180-851147</p> |  |
| <p>ETM-1007</p> | <p>CONTINUOUS PASSIVE MOTION MACHINE</p> <ul style="list-style-type: none"> • Sheepskin kit included with initial rented. • At request of physician. Requires PT set-up |  |
| <p>ETM-1008</p> | <p>TENS MACHINE (Includes one set of supplies)</p> <ul style="list-style-type: none"> • Comes with one set of supplies • Reusable, self-adhering electrodes: <ul style="list-style-type: none"> - (quantity of 4) 2" x 2" OR - (quantity of 4) 1.75" x 3.75" (therapist to specify size) AND - 2 sets of wires (either attached to electrodes or separate) |  |
| <p>ETM-1015</p> | <p>Gastric Drainage Aspirator</p> <ul style="list-style-type: none"> • Gomco Tabletop Gastric Drainage Aspirator Model 270 • Includes one set of supplies at Delivery provided to Medigas by LHIN: • 1 Suction Tubing Kit, 1 Disposable filter, 1 connector, and 1 Disposable Collection bottle. • Special Order for Areas outside Greater Sudbury |  |

PEDIATRIC/YOUTH

| | | |
|------------------------|--|---|
| <p>EPY-1000</p> | <p>PEDIATRIC SCALE - INFANT</p> <ul style="list-style-type: none"> • Infant digital • Weight up to 40 lbs. • SPECIAL ORDER |  |
| <p>EPY-1002</p> | <p>FOLDING 14" WHEELCHAIR WITH REMOVABLE LEG RESTS AND ARM RESTS</p> <ul style="list-style-type: none"> • 14" seat width x 12" seat depth • Includes removable arm rests and leg rests • Maximum weight capacity: 150 lb. • SPECIAL ORDER |  |
| <p>EPY-1003</p> | <p>FOAM CUSHION 14"</p> <ul style="list-style-type: none"> • 3" h x 14" W x 14" D • SPECIAL ORDER |  |
| <p>EPY-1004</p> | <p>ELEVATING LEG RESTS for 14" wheelchair</p> <ul style="list-style-type: none"> • Ordered as a pair • SPECIAL ORDER |  |
| <p>EPY-1006</p> | <p>WALKER – WHEELED, ADJUSTABLE HEIGHT</p> <ul style="list-style-type: none"> • Toddler size adjusts from 20" to 24" to accommodate children 3' 4" - 4' tall. • 175 lb. weight capacity. Width between handles is 10 1/4". No wheels • Please provide handle heights in the order notes for all types of walkers • Forearm attachments and extended handles only fit on Type 3 Rollator |  |
| <p>EPY-1008</p> | <p>OXIMETRY MONITOR</p> <ul style="list-style-type: none"> • Includes 1 Sensor Cord (MRI 2328) and 5 replacement tapes (Wrap Pediatric, MRI 2307) • SPECIAL ORDER |   |
| <p>EPY-1009</p> | <p>FOLDING ADJUSTABLE WALKER</p> <ul style="list-style-type: none"> • Standard and lightweight • No Wheels • Handle height 20.5 – 24.5 • Indicate handle height • SPECIAL ORDER |  |

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