

TOTAL LIFT BED



V5 EDITION

EARLY...
OFTEN...
OUTCOMES



VITALGO™ IS THE INVENTOR OF THE REVOLUTIONARY TOTAL LIFT BED, WHICH ALLOWS, FOR THE FIRST TIME, IN-BED VERTICALIZATION THERAPY™ WITH A WEIGHT BEARING CONTROL SYSTEM™. THE TOTAL LIFT BED™ HAS ALL POSSIBLE FEATURES AND ABILITIES MAKING IT THE MOST ADVANCED ICU BED ON THE MARKET.

SOLUTION

It is evident and well documented that many complications arise from prolonged bed rest. This significantly impedes the recovery of patients from the intensive care unit (ICU) to all areas of the hospital, and beyond. There is growing research that intermittent verticalization therapy can be a pivotal intervention strategy to reduce or eliminate complications and thus speed up the recovery of patients. However, certain populations across the healthcare spectrum can present additional challenges including: severity of illness, patient debility, body make-up, life saving equipment needs, and staffing limitations.

The Total Lift Bed (TLB) can offer an easy, effective, and time efficient solution to these barriers.

PATIENT SELECTION

- Respiratory failure (especially requiring mechanical ventilation)
- Patients on Mechanical Circulatory Support Including:
 - Extracorporeal Membrane Oxygenation (ECMO)
 - Intra-Aortic Balloon Pump
 - Impella
 - RVAD/LVAD
- Critical Illness Myopathies
- Functionally Debilitated and Total Care Patients
- Large and Severe Burns
- Post-Surgical Patients
 - Orthopedic
 - Cardiothoracic
 - Spinal
 - Abdominal
 - Transplant
- Neurologic Populations Including:
 - Brain injury
 - Stroke
 - Spinal Cord Injury
 - Guillain-Barre Syndrome
 - Myasthenia Gravis
 - Multiple Sclerosis
 - Various Debilitating Neuropathies
- Bariatrics (< 425 lbs/193.3 kg)



VitalGo has a dedicated team of clinical experts. They can help you with patient selection, protocols, virtual and live training, access to clinical evidence, and more. Please feel free to reach out to the team if you need anything.

EMAIL: clinical@vitalgosys.com

PHYSIOLOGICAL BENEFITS OF VERTICALIZATION THERAPY™

Respiratory:

- Reduced aspiration and ventilator associated pneumonia risk
- Improve lung volumes and alveolar recruitment through gravity assisted diaphragm offloading
- Improved ventilation-perfusion (V/Q) matching
- Improved P/F ratio, the arterial partial pressure of oxygen (PaO₂) compared to the concentration of oxygen inspired or delivered (FiO₂)

Cardiovascular:

- Autonomic retraining through stimulation of baroreceptors utilizing frequent position changes which decreases and helps treat vasoplegia
- Improved circulation and decreased risk of blood clots

Musculoskeletal:

- Gravitational axial loading through graded weight bearing which stimulates muscle activation, strengthening, and bone remodeling

Cognitive:

- Improved level of alertness/consciousness through multimodal sensory stimulation
- Helps reduce/manage ICU delirium

Integumentary:a

- Decreases risk of pressure injuries
- Reduces skin shearing

Gastrointestinal/Urinary and many more...



HEALTH ECONOMICS (ROI)

Early mobility initiatives in hospitals can significantly contribute to cost savings by reducing the length of patient stays, minimizing complications, and facilitating quicker recoveries. When patients are mobilized promptly after surgery or during their hospitalization, they experience improved circulation, muscle strength, and overall function, which can prevent common complications such as pressure ulcers, pneumonia, and deep vein thrombosis. Additionally, early mobility decreases the risk of functional decline, which often necessitates prolonged hospital stays or rehabilitation. By promoting faster recoveries and reducing the incidence of complications, hospitals can lower healthcare expenditures associated with extended stays, intensive care unit utilization, and the need for additional interventions. Moreover, improved patient outcomes and satisfaction resulting from early mobility initiatives can enhance the hospital's reputation, potentially attracting more patients and referrals, thus further bolstering financial stability. Therefore, investing in early mobility programs not only benefits patients but also yields substantial cost savings for healthcare institutions.

- 2018 Study in Brazil showed decreased healthcare costs with physical therapy present for 24 hrs rather than 12 hrs.
- Occupational Therapy was the only spending category in which there was a significant reduction in readmission rates for diagnosis of heart failure, pneumonia, and acute myocardial infarctions.
- Occupational Therapy prevents readmissions, decreases length of stay with less complications all resulting in a decrease in healthcare costs.
- An increase in PT/OT staff from 2 to 4 in a CVICU ICU resulted in increase in mobility frequency and a decrease of 3.6 ICU days.
- St. Joseph's Hospital, Intermountain Healthcare <100k investment= >\$1.2 million conservative estimate in first year. Trauma ICU: Early mobility program resulted in >\$8k cost saving per patient
- 2023 study from Mayo Clinic showed that with 6628 ICU patients, every additional 10 minutes of PT/OT resulted in a reduction in hospital LOS by 1.2 days

(Rotta, 2018), (Rogers, 2017), (Roberts, 2020), (Johnson, 2019)Falkenstein, 2020 (Jenkins 2023)



VitalGo has developed a proprietary calculator to help you make a business case for bed utilization. Ask your local rep for a presentation.

LEGACY FEATURES



TILT POSITION

- Allows for safe upright positioning and weight bearing multiple times per day at the push of a button



WEIGHT BEARING CONTROL

- Specific ortho load amount
- Set goals
- Biofeedback for patient



MOVEABLE FOOTBOARD

- Helps maintain dorsiflexion in various positions
- Allows for supported posture in seated position



POWER DRIVE

- Exclusive omni wheel design
- Still allows for ease of manual repositioning with no power
- 360 degree movement
- Long battery life

NEW V5 FEATURES



ALL NEW ELECTRONICS

- **6X** Longer Lithium Ion Battery
- New software
- New hand pendant (LED indicators)
- Advanced actuators



BETTER POSITIONS

- Higher seating angle
- Allows chair position for transport
- Partial chair into tilt



ELECTRONIC PATIENT BOOSTING

- Boost patients in bed with power footboard
- Auto patient repositioning after tilt



NEW BACK DESIGN

- Larger radio translucent window in backrest
- Independent, removable power drive handles
- Storage net for straps

NEW V5 FEATURES (Continued)



SAFETY

- Safety damper
- Manual CPR for headrest & tilt
- 60601-02-52 entrapment compliant
- Tilts on subframe for maximum stability



NURSE CALL COMPATIBILITY

- Universal 37 pin design
- Optional additional nurse call remote



LINE MANAGEMENT

- Holds multiple lines and tubes of various sizes
- Adjustable heights
- Flexible & wipeable material
- Available on all four siderails



USB PORTS

- USB & USBC (Comes standard on the side of the bed (Optional to add into siderail for closer patient access))
- Helps prevent falls

MATTRESS

Material is lead, mercury, and latex free urethane coated nylon. This provides a low friction and shear, breathable, liquid resistant, and highly vapor permeable surface.

INTEGRATED STAGE 4 LOW AIR LOSS/ALTERNATING PRESSURE.

Key Features

Alternating Pressure: The pressure alternates between cells in an A-B configuration (except for the top 3 head cells to ensure head support), meaning every other cell is inflated/deflated to 60% of the chosen pressure setting. There are 26 cells total and can be set to alternate every 5, 10, 15, or 20 minutes.

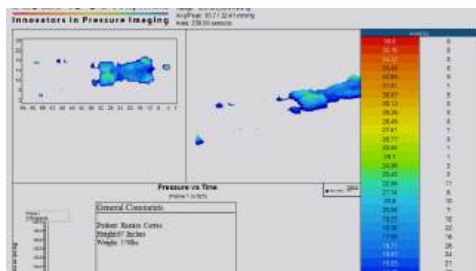
Low Air Loss: The low air loss system is a patented technology that blows continuous air through the the 2 layers of the top sheet for microclimate control.

Compressor Pump: Our quiet designed compressor pump completely fills the air mattress in under 5 minutes. It is mounted on the bed and the controls built into the siderail. The bed will maintain inflation for up to 3 hours with patient weight on it in the event of power outage.

Prevention: Designed to prevent and treat pressure ulcers from stage 1-4.

Quick Connect Hoses: For easy cleaning and mattress replacement at the push of a button.

Memory: The unit holds the patient settings even with loss of power or turned off.

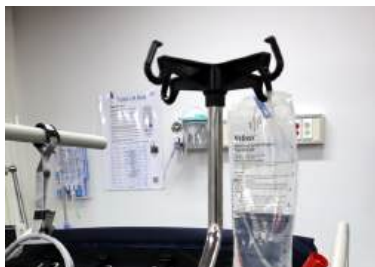


Specifications

- Max Flow: 42~52 LPM
- MVTR: 50 Liters Per Hour
- Max Flow Pressure: 35±6 mmHG



ACCESSORIES



IV POLE

- Adjustable
- Four points
- Universal ports



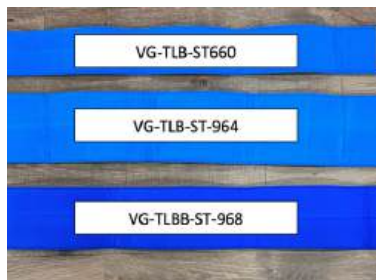
O2 HOLDER

- Stainless steel



TRAPEZE

- Removable triangle handle
- Swings out of the way
- Removable from bed



STRAPS

- Standard: W6" x L 64" (15cm x 163cm)
- Wide: W9" c L64" (23CM x 163cm)
- Wide and Long: W8" x L96" (20cm x 240cm)



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