

SOLO

Profiling bed
for challenging
environments



Pineapple



Profiling beds are typically used in acute care settings, providing adjustable back and leg support, reducing the risk of pressure ulcers and aiding respiration¹. Additional height adjustment aids getting into and out of bed for those with reduced mobility.

With sustained increases in life expectancy across the world, the number of patients experiencing both mental and physical illnesses has become greater².

This comorbidity can lead to an increase in patients requiring mental health treatment alongside complex mobility needs.

Many profiling beds are not suited for use in mental health treatment due to ligature risks and ease of access to control mechanisms³.

The cordless, battery-powered Solo MH bed is designed to address these concerns by reducing ligature risks and protecting sensitive areas with anti-intrusion panels.

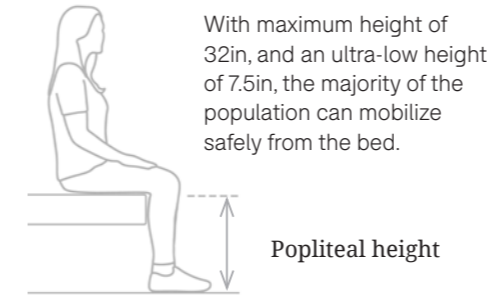
DESIGNED FOR SAFETY

Access to internal mechanisms are restricted by anti-intrusion panels, and ligature risks are minimized



➤ **Anti-intrusion panels**
Made from shatterproof polycarbonate, the anti-intrusion panels help to reduce ligature risks and deter tampering.

✓ **Height Adjustment**
Evidence supports the safest height for a person to egress from their "popliteal height" - with feet flat on the floor, and heels, knees and thighs all at a 90° angle.



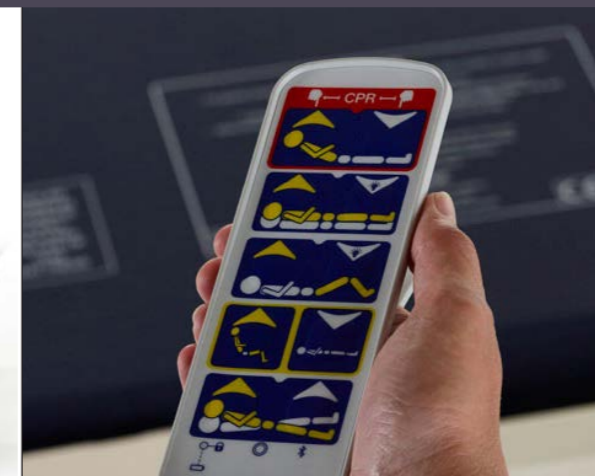
∧ **Rounded Edges**
The curved frame, head/footboards and side rails are safely rounded to reduce the risk of harm in the event of a fall.
Manufactured from damage-resistant polyethylene, the bed's surfaces provide the long-term durability.

✓ **Optional reduced-ligature side rails**
Constructed in 3 sections to aid safe egress, optional side rails help to reduce the risk of falls. Polycarbonate panels secured with anti-tamper fixings to minimize ligature risks.
When in the ultra-low position, the patented AutoLock™ feature automatically locks the side rails and brake system in place.



✓ **Easy to maneuver**
With a choice of castor wheels options, the bed can be easily maneuvered, even across changes of floor level
→ Twin 2.9in swivelling castors at head & foot end
→ Single Straight line 3.9in Castors at Head End, with Floor Affixed Foot End

A central brake is situated at the foot end, with steering at the head end.



◀ **Safer Controls**
The wireless handset allows staff and users to control patient positioning without ligature risks associated with a corded handset

DESIGNED FOR MOBILITY

Extensive positional adjustments to support clinical outcomes.



Precise patient positioning

With four individual sleep deck panels, precise incremental adjustments and overall angle control, there are extensive positioning options available to the client and caregiver.

✓ Elevated back and footrests

The elevated backrest function can improve breathing (and oxygenation), enhance fluid drainage and increase client comfort. Automatic pauses at 30° and 45° help to provide effective client positioning and reducing guesswork for the caregiver. Leg positioning can also be adjusted to provide comfort and circulation benefits.



✓ Elliptical motion

The elevated backrest function can improve breathing (and oxygenation), enhance fluid drainage and increase client comfort. Automatic pauses at 30° and 45° help to provide effective client positioning and reducing guesswork for the caregiver. Leg positioning can also be adjusted to provide comfort and circulation benefits.



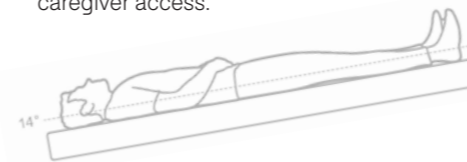
✓ Cardiac chair

With a touch of a button, the bed enters the cardiac chair position. The backrest and legs are raised, and the bed is angled forwards, sitting the patient upright. This function helps to maximize respiratory function, and can help patients to acclimatise to a more upright position before standing up, reducing risk of falls.



✓ Trendelenburg angle

With the patient lying flat on their back, the angle of the bed can be adjusted between -14° and +14°. Benefits can include improvements to respiratory function and blood circulation as well as improved caregiver access.



✓ Battery-powered

The cordless operation via onboard rechargeable battery minimizes ligature risks and provides ease of movement.





SOLO MH Profiling bed
 Code: 1MEDA-100
 Bed size: 7.5-32H | 41.7W | 89.4L (in)
 Weight: 328.5lb



Solo LUXE Profiling bed
 Code: 1MEDA-300
 Bed size: 7.5-32H | 40.5W | 88.6L (in)
 Weight: 306.4lb

KEY FEATURES

- Anti-intrusion panels prevent access to cords & mechanisms, helping to reduce ligature risks & deter tampering
- Adjustable height, from an ultra-low position of 7.5 in to maximum of 32 in
- Extensive positional adjustments
- Cordless operation via wireless handset
- Easy to maneuver (front wheels steerable, rear wheels braked). Wheels safely retracted when not in use

OPTIONS

- Available with reduced-ligature side rails, made in 3 sections which can be individually adjusted
- Available with integrated headboard which can also aid transportation

TECHNICAL SPECIFICATION

Min. height:	7.5 in
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Max. height:	32 in
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Safe working load:	568.8 lb
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Max. patient weight:	425.5 lb
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Max. backrest angle	70°
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Max. knee angle	30°
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Max. calf angle	20°
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Trend/Reverse Trend angle	+ 14°/- 14°
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Bed with side rails

Bed weight:	328.5 lb
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Total length and width:	89.4 in x 41.7 in
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Dimensions of sleep deck:	81.1 in x 36.6 in
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Bed with side panels

Bed weight:	306.4 lb
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Total length and width:	88.6 in x 40.5 in
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Dimensions of sleep deck:	81.1 in x 35.8 in
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References

1. Neuberger RJ (2011) Electric profiling beds in health care: Health and Safety Executive
2. Stafford M, Steventon A, Thorlby R et al (2018). Understanding the health care needs of people with multiple health conditions. The Health Foundation.
3. CQC Brief guide: Ligature points – Review date: June 2017
4. Martindale D (2021) Calculating bed height for hospital patients using popliteal measurement. Nursing Times [online]; 117: 11, 45-47
5. Nigam, Y., Knight, J., & Jones, A. Effects of bedrest 2: Respiratory and haematological systems. Nursing Times, 115(1), pp. 44-47
6. Figueroa, J. J., Basford, J. R., & Low, P. A. (2010). Preventing and treating orthostatic hypotension: As easy as A, B, C. Cleveland Clinic journal of medicine, 77(5), 298–306.

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