


Hill-Rom®

**TotalCare SpO₂RT® Bed
Progressive Mobility Care Plan**

Patient Name:							
Room #:							
Mobility component		Date	Date	Date	Date	Date	Date
Head of bed > 30° # of hours:							
Continuous Lateral Rotation Therapy: % rotation: # of hours in rotation:							
Weight bearing using Reverse Trend or Tilt Table position: YES or NO Time: Duration:							
FlexAfoot™ mechanism with weight bearing (tilt table) used? YES or NO Time: Duration:							
FullChair® position used? YES or NO Time: Duration:							
Chair Egress used? YES or NO Time:							
Comments:							

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

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