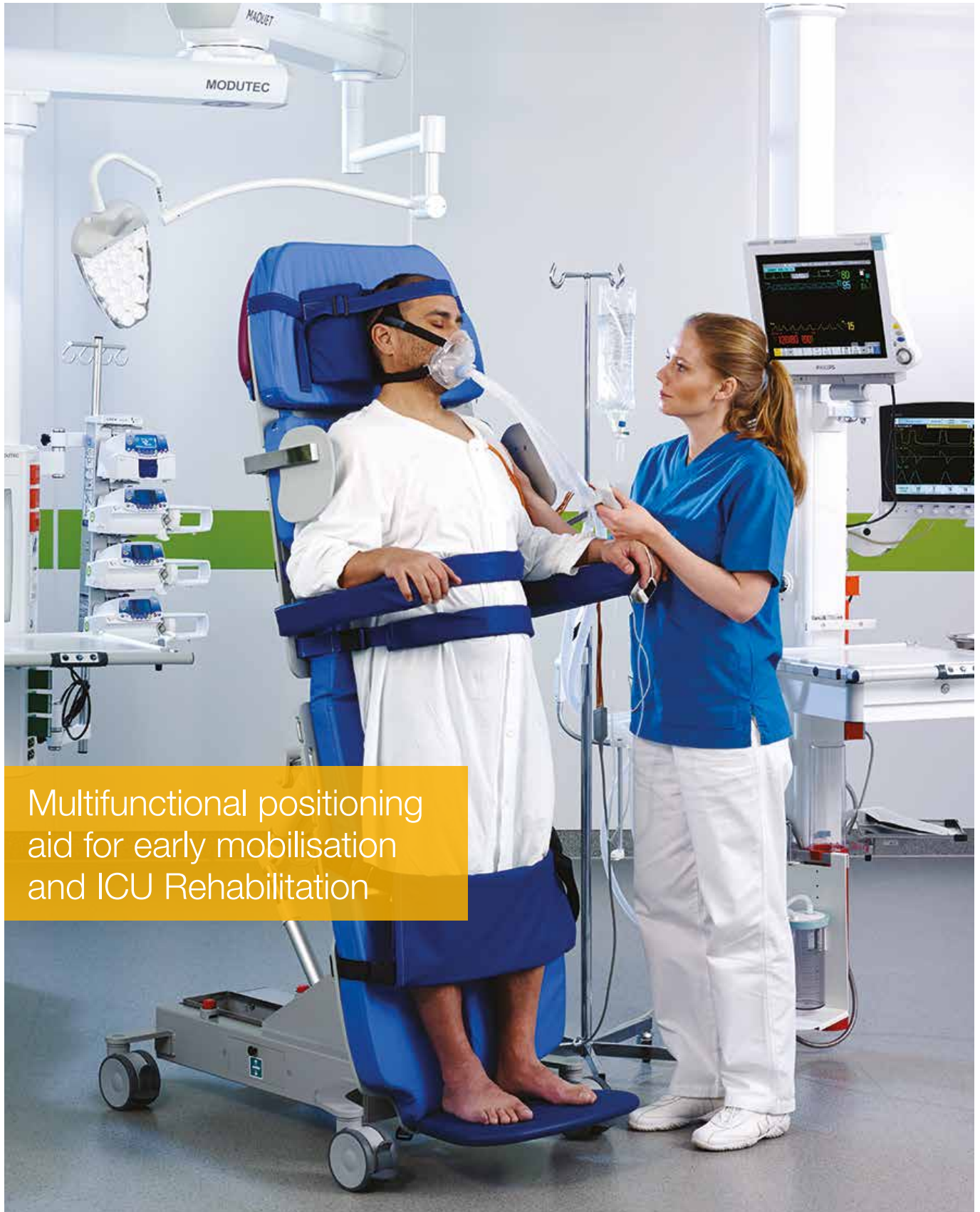


Sara Combilizer

ARJOHUNTLEIGH  
GETINGE GROUP



Multifunctional positioning  
aid for early mobilisation  
and ICU Rehabilitation

...with people in mind

# Importance of mobilisation

A structured rehabilitation programme counteracts the adverse effects of immobility and enhances the function of body systems. It can also help to<sup>1-3</sup>:

- Increase the rate of recovery
- Shorten hospital stays
- Create positive momentum for the rest of the rehabilitation plan
- Enhance long-term outcomes after discharge

An increasing body of research highlights the positive outcomes of mobilisation.

# Benefits of mobility

With over 60 years experience, ArjoHuntleigh is dedicated to creating safe and efficient care environments. The mobilisation of residents and patients has always been a key factor in achieving our aim.

ArjoHuntleigh solutions are designed to promote mobility – our patient handling systems are optimized to activate a patient's specific level of functional mobility.

Our mobility philosophy – *The Positive Eight* – outlines how providing the right conditions for promoting mobility generates benefits for the health and wellbeing of residents, patients and caregivers, as well as the financial health of care facilities.



# Early mobilisation improves the recovery process

Promoting mobility is beneficial in all care settings – from the long-term care of the elderly to acute care settings such as intensive care units.

Early patient mobilisation can start in the Intensive Care Unit (ICU) by using a standing or sitting position and is increasingly recognized as a way to achieve a range of benefits<sup>1-3</sup>. The aim is to:

- Improve respiratory function
- Enhance cardiovascular function
- Slow down muscle atrophy
- Increase levels of consciousness
- Increase functional independence
- Improve psychological well-being
- Reduce risk of pressure ulcers
- Increase proprioceptive or kinesthetic input

“The use of Sara<sup>®</sup> *Combilizer* allows earlier mobilisation of ICU patients, which leads to higher level of mobility within ICU, resulting in reductions in ICU and hospital length of stay.”

McWilliams Lea 2013<sup>4</sup>

## MY PERFORMANCE



Mobilisation can start earlier with less strain for me. It means I can work more safely and concentrate on the patients good quality care at an early stage.

## MY RECOVERY



I want to get back on my feet as soon as possible after intensive care. I need to know that everything is being done to avoid complications and speed my recovery.

## MY BUDGET



More mobile patients means shorter hospital stay for patients and less risk for caregiver injuries, which all helps to cut our facility's costs.

# Introducing **Sara Combilizer**

## A positioning and mobilising aid for critical care

*Sara Combilizer* is a multifunction patient positioning and mobilising aid for use in critical care environments such as Intensive Care Units (ICU).

*Sara Combilizer* enables the early mobilisation of critically ill patients as part of a structured rehabilitation plan for treating the whole person.

The patient can be easily repositioned into a standing, supine or sitting position, as this versatile aid combines the functions of a tilt table, stretcher and chair.

**“*Sara Combilizer* has given completely new possibilities for the mobilisation of patients. You can for instance raise patients who are on both ventilation and continuous veno-venous hemofiltration and you can manage that in a safe and comfortable way.”**

Dueck et al. 2010<sup>9</sup>



## My **Performance**



### **Earlier mobilisation**

*Sara Combilizer* enables mechanically ventilated ICU patients to be mobilized in different standing or sitting positions for several hours per day.



### **Patient Safety**

There's a manual "quick-down" function that allows the caregivers to take the patient down to a lying position if complications occur.



### **Easy and efficient to use**

*Sara Combilizer* feedback has shown a high acceptance amongst nursing staff, physicians and relatives. It is easy to integrate in the daily workflow due to its' unique properties: size, mobility, reliability and multiple features.





**Standing position**

Sedated patients on mechanical ventilation can be raised securely to a standing position. Upright positioning can improve cardiovascular and respiratory function.



**Sitting position**

In a sitting position, patients can be raised to a level that provides good eye contact and enhanced personal interaction – an important factor for patient wellbeing.



**Lateral tilting**

The lateral tilt function can be used in all positions to turn the support surface left or right up to 20 degrees. Tilting enables redistribution of a patient's weight and can also be used in rehabilitation exercises.



**Trendelenburg position**

When required, the Sara Combilizer can be rapidly adjusted to take the patient from the supine position to the Trendelenburg position.

## My Recovery



### Improved respiratory function

An upright position can improve respiratory and cardiovascular function.



### Safe and secure

A secure strap system ensures the patient feels stable and comfortable in all positions. Availability of Sara Combilizer maneuvering control is threefold: hand control, control panel on the handle and an emergency control box in the chassis. The high degree of adjustability allows for an ergonomically correct working position.



### Improving rehabilitation

This versatile aid provides the positioning options to contribute to individual rehabilitation programs.

## Evidence underlines early mobilisation benefits



“An observational trial following the introduction of the Sara Combilizer within a large UK ICU appeared to correlate with a significant reduction in time taken to mobilise (7.6 vs. 10.6 days,  $p < 0.05$ ). This was associated with a higher level of mobility at ICU discharge, as well as reduction in hospital lengths of stay.”

McWilliams Lea 2013<sup>1</sup>

A growing body of evidence supports the effectiveness of early mobilization. When utilised, early mobility is associated with reduced ICU and hospital length of stay and improved functional outcomes<sup>2</sup>.

*Sara Combilizer* may allow<sup>4</sup> earlier mobilisation of ventilated patients previously deemed high risk, or inappropriate to mobilise, such as patients with low attention and level of consciousness, poor trunk stability and hemofiltration lines in the groin.

A review article on early mobilisation in the ICU concluded: “A new approach for managing mechanically ventilated patients includes reducing deep sedation and increasing rehabilitation therapy and mobilisation soon after admission to the ICU. Research provides preliminary evidence supporting the safety, feasibility and potential benefits of early mobilisation in critical care medicine.”<sup>3</sup>

## A versatile tool for early mobilisation



The different tilt functions help support rehabilitation exercises.

A standing or sitting position can deliver benefits that are vitally important in an optimized recovery process for a critically ill patient.

*Sara Combilizer* enables sedated or mechanically ventilated patients to be mobilized in different standing or sitting positions for several hours per day.

The innovative design of *Sara Combilizer* provides a safe and secure platform so that patients can remain standing for the period required to maximize early mobilisation benefits.

*Sara Combilizer* provides this benefit in combination with a full range of patient positioning options, making it a comprehensive solution as part of an ICU early mobilisation and rehabilitation program.

## My Budget



Intensive care, especially initial care using mechanical ventilation, involves high costs. Early mobilisation can help to reduce the length of an ICU stay and the duration of mechanical ventilation, cutting costs and improving financial outcomes for ICU management.



# Product specifications

## Mobility Gallery

Suitable for Carl, Doris and Emma



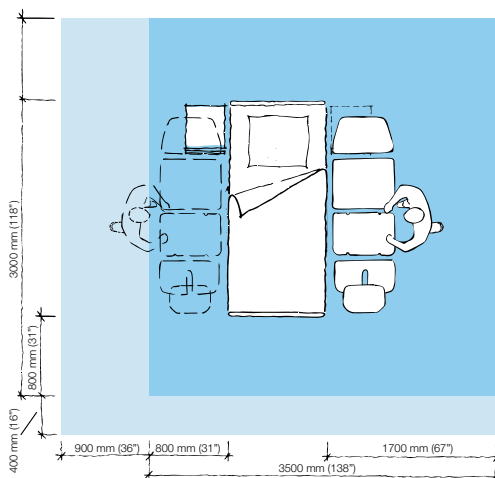
**C Carl**, who sits in a wheelchair and has little capacity to support himself.

**D Doris**, who has no capacity to support herself.

**E Emma**, who is almost completely bedridden and totally dependant.

Please contact ArjoHuntleigh for further information on the Mobility Gallery™.

## Space Requirements



- Blue area shows the minimum working area required for the staff to be able to use the mechanical aids in an ergonomic way from one side.
- Light blue area shows required extension of working area to facilitate activities from either side to provide adequate access for the resident, mechanical aid and assisting carer.

## Product information

Length, seated position	1120mm (44.1")
Length, stretcher position (with large foot support)	1960mm (77.2")
Width	630mm (24.8")
Weight	105kg (231lbs)
Width of seat	510-600mm (20.1-23.6")
Depth of seat	460mm (18.1")
Minimum lifting height	600mm (23.6")
Maximum lifting height	1030mm (40.6")
Backwards tilt of seat	-25° - 0°
Longitudinal tilt of stretcher	-25° - +70°
Sideways tilt of seat/stretcher, left and right	0° - 20°
Need for space at storage	900x630mm (35.4x24.8")
Max. safe working load	200kg (440lbs)
Four fixation belts: head, trunk, hip, knee level.	
Electrically powered actuators	24 V
Two batteries (12 V each), and one built-in battery charger	
Emergency stop	
Low friction castors (4, all of them with brakes)	

- Morris, P. E. (2007). *Moving our critically ill patients: mobility barriers and benefits*. Crit Care Clin 23(1): 1-20.
- Needham, D. M., R. Korupolu, et al. (2010). *Early physical medicine and rehabilitation for patients with acute respiratory failure: a quality improvement project*. Arch Phys Med Rehabil 91(4): 536-542.
- Needham, D. M. (2008). *Mobilizing patients in the intensive care unit: improving neuromuscular weakness and physical function*. JAMA 300(14): 1685-1690
- McWilliams D.J., Lea T. J. (2013). 0861 *Does the introduction of the Sara Combilizer® reduce the timetaken to first mobilisation in intensive care?* European Society of Intensive Care Medicine Congress, Paris, France
- Dueck, M., Wind A., Trieschmann U., Schink U. (2010). *Respiratory effects and safety of an intermittent standing position during mechanical ventilation*. European Society of Intensive Care Medicine Congress, Barcelona, Spain.

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**GETINGE GROUP**

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