



Multifunctional aid for
early mobilization and
ICU rehabilitation

Importance of mobilization

Enhancing the functionality of body mechanics from the beginning of a structured rehabilitation program can help to counteract the adverse effects of immobility and:

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

Continuing research that highlights the positive outcomes of mobilization illustrates that more and more people are realizing the positive impacts early mobilization has on their patients.

Sufficient space, proper aids
& correct working techniques

Benefits of mobility

With over 60 years of safe patient handling experience, ArjoHuntleigh is dedicated to creating safer and more efficient care environments. The mobilization of patients and residents has always been a key factor in achieving this goal.

ArjoHuntleigh's equipment is designed to promote mobility and optimized to stimulate 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 well-being of residents, patients and caregivers; as well as the financial benefits for healthcare facilities.



Early mobilization 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 the intensive care unit.

Early patient mobilization can begin as soon as in the Intensive Care Units (ICU). Using a standing or sitting position is increasingly recognized as a positive means to achieving a range of benefits³⁻⁵, such as:

- Improved respiratory function
- Enhanced cardiovascular function
- Impeded muscle atrophy
- Increased levels of consciousness
- Increased functional independence
- Improved psychological well-being
- Reduced risk of pressure ulcers
- Increased proprioceptive or kinesthetic input

“The use of Sara Combilizer® allows earlier mobilization of ICU patients, which leads to higher level of mobility within the ICU, resulting in reductions in ICU and hospital length of stay.”

McWilliams Lea 2013¹

MY PERFORMANCE



Mobilization can begin earlier, thereby reducing my strain. It means I can work safely and concentrate more on my patients' quality of care at an early stage.

MY RECOVERY



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

MY BUDGET



More mobile patients means an increased chance in a shorter hospital stay for patients and less risk of caregiver injuries, which helps potentially to cut our financial costs.

Introducing Sara Combilizer

A critical care positioning and early aid

Sara Combilizer is a multifunctional patient positioning and mobilization aid for use in critical care environments, such as Intensive Care Units (ICUs).

Sara Combilizer helps enable the early mobilization of critically ill patients as part of a structured rehabilitation plan for treating the patient as a whole.

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

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

Dueck et al. 2010²



My performance



Earlier mobilization

All of the benefits of mobilization are available earlier. Even heavily sedated patients benefit from mobilization soon after admission to the ICU.



Patient dignity and safety

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



Easy and efficient to use

Sara Combilizer studies have shown a high acceptance rating amongs nursing staff, physicians and family. It is easy to integrate into the daily workflow due to its unique properties: size, mobility, reliability and multiple features.



Standing position

Unconscious or sedated patients on mechanical ventilation can be raised securely to a standing position, which helps improve respiratory and cardiovascular function.



Improved sitting position

From a sitting position, patients can be raised to a level that provides strong eye contact and enhanced personal interaction – an important factor for patient physical therapy & sitting position.



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 to help avoid pressure ulcers and can also be used in rehabilitation exercises.



Trendelenburg position

When required, the Sara Combilizer can quickly transition the patient from the supine position to the Trendelenburg position.

My recovery



Improved respiratory function

The upright position helps improve respiratory function and blood circulation.



Safe and secure

A secure strap system ensures the patient feels stable and comfortable in all positions. The maneuverability of the Sara Combilizer can be managed with three sets of controls: hand control, control panel on the handle and an emergency control box in the chassis. The high degree of adjustability provides for an ergonomically correct working position.



Improving rehabilitation

This versatile aid provides the positioning options to fulfill numerous rehabilitation programs.



A versatile tool for early mobilization

Evidence underlines early mobilization benefits

A growing body of evidence supports the effectiveness of early mobilization. When utilized, early mobility is associated with reduced ICU and hospital length of stay and improved functional outcomes.

Sara Combilizer will engage earlier mobilization of ventilated patients previously deemed high risk or inappropriate to mobilize, as well as patient with low attention and level of consciousness, poor trunk stability and hemofiltration lines in the groin.

A review article on early mobilization in the ICU concluded: “A new approach for managing mechanically ventilated patients includes reducing deep sedation and increasing rehabilitation therapy and mobilization soon after admission to the ICU. Research provides preliminary evidence supporting the safety, feasibility and potential benefits of early mobilization in critical care medicine.”⁵

“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 mobilize (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 2013¹

My budget



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 unconscious, 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 required amount of time to fully maximize early mobilization benefits.

Sara Combilizer provides this benefit in combination with a full range of patient positioning options, making it a comprehensive solution for early mobilization and related rehabilitation exercises.

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



The different tilt functions helps to support pressure ulcer prevention, while also promoting a focus on rehabilitation exercises.

Product Information

Length, seated position	44.1" (1120 mm)
Length, stretcher position (with large foot support)	77.2" (1960 mm)
Width	24.8" (630 mm)
Weight	231 lbs (105 kg)
Width of seat	20.1-23.6" (510-600 mm)
Depth of seat	18.1" (460 mm)
Minimum lifting height	23.6" (600 mm)
Maximum lifting height	40.6" (1030 mm)
Backwards tilt of seat	-25° to 0°
Longitudinal tilt of stretcher	-25° to 70°
Sideways tilt of seat/stretcher, left and right	0° to 20°
Space and storage needed	35.4x24.8" (900x630 mm)
Max. Safe Working Load (SWL)	440 lbs (200 kg)
Four fixation belts: head, trunk, hip and knee level	
Electrically powered actuators	24V
Two batteries (12 V each), and one built-in battery charger	
Emergency stop	
Low friction castors (4, all with brakes)	

- McWilliams D.J., Lea T. J. (2013). 0861 Does the introduction of the Sara Combilizer® reduce the time taken to first mobilization 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.
- 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.

Mobility Gallery™

Suitable for Carl, Doris and Emma



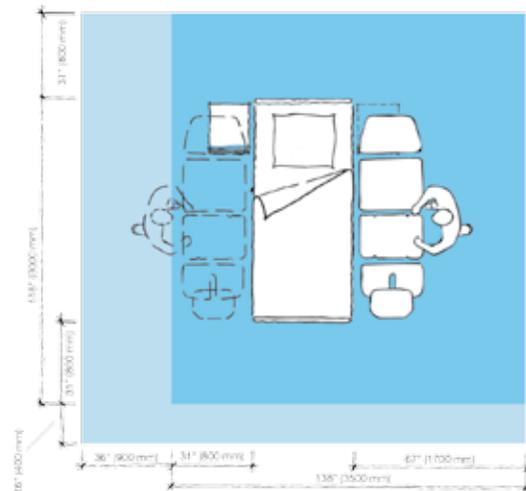
C Carl, who sits in a wheelchair and has little capacity to support himself

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 caregiver.

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GETINGE GROUP

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