



Tortoise[®] Turning & positioning system

Standard pressure redistribution system for turning and repositioning



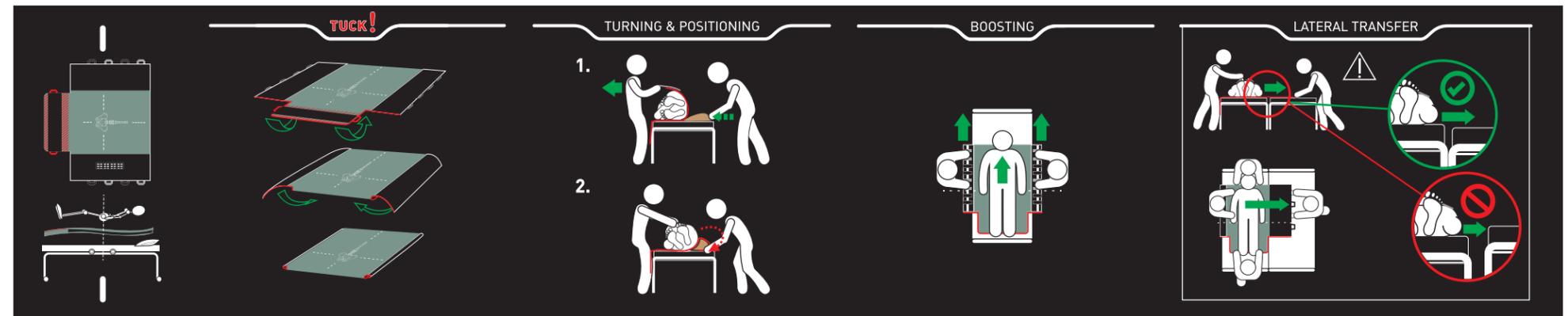
www.molnlycke.com/tortoise





Mölnlycke®

Tortoise® Turning & positioning system



Product and patient alignment

- Place the Mölnlycke Tortoise Turning and positioning pad (hereafter referred as the “pad”) on the bed with the spine- and pelvis print facing up and with a draw sheet on top. Make sure to align the patient with the center line and ensure that the patient’s sacrum is on top of the pelvis printed on the pad. If head of the bed needs to be elevated, confirm that patient’s sacrum is aligned with the lateral sacrum line that goes across the middle of the pad and the hinge joint on the bed.

Following actions require two or more caregivers to perform.

TUCK!

- On both sides of the patient, locate the white handles underneath the pad nearest to the tail. Use these white handles to lift the patient slightly, creating a slight bend at the patient’s knee. Next, take the red handles and tuck the tail under the pad towards the patient’s sacrum. The black non-skid material on the red striped tail should be tucked under the pad, against the bed fitted sheet. No red prints or red handles should be visible after engaging the tail.
- Tuck the black flaps under the pad itself to create an envelopment effect beneficial for pressure redistribution. By tucking the black flaps under the pad, air is displaced creating greater envelopment. This also prevents a sliding motion of the patient. The black flaps can also be tucked under the bed mattress if needed.
- Raise side rails to reduce risk of falls.

TURNING & POSITIONING

- Let one or more caregiver grasp two or more of the long handles on opposite side, palms facing upwards shoulder width apart. To turn the patient, slowly pull the pad towards you until appropriate angle is achieved. Let a second caregiver place the Mölnlycke Z-Flo Fluidized positioner between the pad and the mattress. Use the lateral sacrum line on the back to locate the sacrum. Mold the Z-Flo towards the body from the scapula down towards the buttock. The Z-Flo can be molded further towards the body to increase the degree of turn.
- Allow the patient to ease back onto the pad. This displaces the air inside the pad and helps to redistribute pressure on the lower hip. Tuck the black flap around the Z-Flo to secure and lock it in place. Tuck the opposite black flap under the pad to create the envelopment effect or tuck it under the bed mattress to prevent a sliding motion of the patient.

BOOSTING

- Locate the white boosting handles on both sides under the black flaps. Ensure each caregiver are using corresponding handles on each side for an effective boost.
- With arms at hip distance and weight evenly distributed, use appropriate ergonomics to boost the patient up in the bed. If appropriate, tilt the bed in Trendelenburg position to facilitate the boost.
- Follow institutional protocol for head, feet and arm positioning. Use the white and the red handles to engage the tail by tucking it under the pad towards the sacrum and tuck the black flaps under the pad (see the TUCK! section above). The black non-skid material should be tucked under the pad, against the bed fitted sheet. No red prints or red handles should be visible after engaging the tail.

LATERAL TRANSFER

The Mölnlycke Tortoise Turning and positioning pad may be used as a lateral patient transfer device. It is not recommended for transfer of patients with documented or suspected instable spinal cord injury. Remember to always follow your facility’s safe patient handling policies and procedures when repositioning patients. Make sure the bed brakes are locked on both beds. Ensure the surface the patient is being transferred to is at same height or slightly lower than the surface they are being transferred from.

- Untuck the tail for an easier transfer.
- If desired, position a lateral sliding aid between the original surface and the end point surface.
- Position members of the patient transfer team on both sides of the patient to prevent the beds from moving apart. Position one caregiver at the patient’s head to support the head and neck during transfer and one caregiver at the patient’s feet to avoid drag if needed.
- The pulling caregiver(s) should grasp two or more of the long handles located on the side of the pad and use slow pulling movement to begin to slide the patient to the end point surface. A heavier patient may require additional pulling caregivers distributed over the four long handles. The white handles alone should never be used for lateral transfer.
- Simultaneously coordinate to gradually help push the patient towards the destination surface while the remaining caregivers are using slow movement to steadily pull the patient toward the destination surface.

MD

en Medical Device

de Medizinprodukt

fr Dispositif médical

es Dispositivo médico

nl Medisch hulpmiddel

sv Medicinsk utrustning

it Dispositivo medico

fi Lääkinnällinen laite

pt Dispositivo médico

da Medicinske anordninger

el Ιατρική συσκευή

pl Urządzenie medyczne

cs Lékařský přístroj

hu Orvosi eszköz

no Medisinsk utstyr

sl Medicinska naprava

bg Медицинско изделие

ro Dispozitiv medical

sk Lekársky prístroj

tr Tıbbi Cihaz

lt Medicinos prietaisai

lv Medicīniska ierīce

et Meditsiiniiseade

ru Медицинское изделие

hr Medicinski uređaj

sr Medicinsko sredstvo

ar جهاز طبي