

OLYMPIC PAPOOSE BOARD Small Size

CLEANING

CAUTION: Clean the board between each patient use.

- Wipe the Papoose Board and its head and arm immobilizers clean using a soap-and-water solution or a common liquid disinfectant (e.g., Cavicide®, Sporidicin®).
- Machine launder the flap units, arm straps, and head strap. Do not place flaps in drier.
- After cleaning flap sets and straps, inspect them for damage or wear and verify that Velcro is functioning properly.

SIZES AVAILABLE

Olympic Papoose Boards are available in four sizes for patients from age 3 months to adult. Consult the following table to select the correct size of Papoose Board for the patient being treated.

Papoose Board Sizes

Size	Age	Weight	Height
Small	3–24 months	13–35 lb 6–16 kg	20–40 in. 50–102 cm
Regular	2–6 years	30–50 lb 13–23 kg	35–50 in. 89–127 cm
Large	6–12 years	45–100 lb 20–46 kg	40–60 in. 101–153 cm
Extra-Large	13 years to adult	70–200 lb 30–90 kg	50–75 in. 127–191 cm

CAUTION: Never use the Papoose Board to carry the patient.

REPLACEMENT PARTS AND ACCESSORIES

Order extra flap units and strap sets from Natus Medical, so the Papoose Board is always ready for immediate use. To order, call toll-free 1-866-753-4823 (US/Canada) or +1-650-802-0400 (worldwide).

REPLACEMENT PART

Canvas Flap Set	50534
Head Strap	50526
Arm Strap Set, set of four 10-in. straps	50520

REF

ACCESSORIES

Head Immobilizer	50518
Arm Immobilizer	50509

PRODUCT DISPOSAL

The panel is expanded polyvinyl chloride (PVC) with rayon backing and polyurethane foam padding over plywood. The flap units and head straps are army duck fabric and Velcro. Arm straps are Velcro. Head and arm immobilizers are PVC and/or aluminum with expanded PVC and foam covers. Disposal of the Papoose Board and its accessories do not require any special precautions; follow local waste disposal regulations.



Instruction Manual

OLYMPIC PAPOOSE BOARD™ SMALL SIZE

CAUTION: Read and be familiar with this manual before using this product.

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Product: Olympic Papoose Board

Sizes: Small, Regular, Large, and Extra-Large

Accessories: Head Immobilizer, Arm Immobilizer, and Flap Extenders

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INTENDED USE

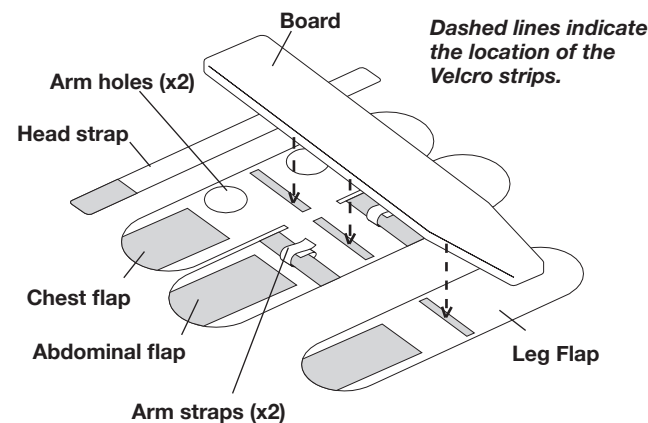
The Small Size Papoose Board is intended for use as a temporary patient restraint only when necessary for treatment. The Papoose Board permits partial exposure of the patient's body, as required. It is not intended for continuous or long-term patient restraint.

PATIENT SIZE

Use the Small Size Papoose Board for patients age 3–24 months, weighing 13–35 lb (6–16 kg), and 20–40 in. (50–102 cm) tall. For information on selecting Papoose Board sizes, see page 4.

ASSEMBLY

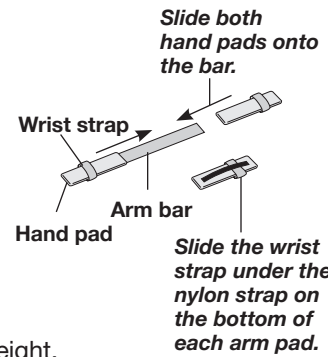
1. Arrange the flap unit—label side up—on a flat surface.
2. Align the Velcro® hook strips on the under surface of the board with the Velcro loop strips on the inside surface of the flap set, then lower the board onto the flap set.
3. Slide the two Velcro arm straps under the black straps on each side of the flap set.
4. If needed, slide the head strap through the head strap slots at the head of the board.



ACCESSORIES

Arm Immobilizer

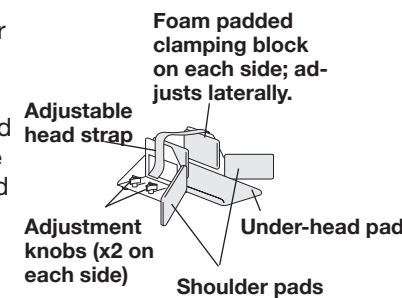
1. Slide the hand pads onto each end of the arm bar.
2. Slide a Velcro wrist strap under the nylon strap on the bottom of each arm pad.
3. Position the Papoose Board over the Arm Immobilizer, with the Arm Immobilizer at approximately shoulder height.
4. Place the patient in the Papoose Board, with both arms free (see *Positioning* on page 3), then place the patient's arms on the Arm Immobilizer and fasten a Velcro wrist strap around each wrist.



NOTE: To provide additional arm support, use supplemental pads between the Papoose Board and hand pad.

Head Immobilizer

1. Slide the head immobilizer onto the head of the Papoose Board.
2. Attach the lateral head and shoulder pads (four, same size) and large under-head pad.
3. Place the patient in the Papoose Board, with the head between the two foam-padded blocks.
4. Slide the blocks laterally against the patient's head. Adjust for a firm fit to hold head securely *without undue pressure*, then tighten adjustment knobs.
5. If necessary, fasten the Velcro strap across the patient's forehead.



CAUTIONS

- Use this restraint only under the supervision of a licensed medical practitioner.
- Only use this restraint when necessary for the safety and protection of the patient.
- Use the Papoose Board only for temporary restraint; never use for continuous or long-term patient restraint.
- Qualified medical personnel should continuously observe the patient when this restraint is in use.
- Make sure the restraint does not impair the patient's breathing or circulation, or cause overheating or positional injuries.
- Watch for risk of aspiration when the patient is in the prone position.

- Clean the board between each patient use.
- Never use the Papoose Board to carry the patient.
- Move the Papoose Board with care while the patient's arms are restrained.
- Dental Procedures: Keep the airway of sedated patients open by placing towel rolls or other supports under the patient's neck and shoulder to maintain proper extension of the head and neck.

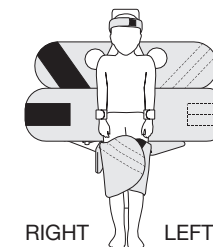


NOTE: Certain laws and regulations regarding the use of patient restraints have been published by federal and state agencies. Among these is the Omnibus Budget Reconciliation Act of 1987 (OBRA). Guidelines for the use of patient restraints have also been issued by the Health Care Financing Administration (HCFA) and Food and Drug Administration (FDA). These regulations do not forbid the use of patient restraints, but essentially state that restraints should be used only when necessary for the safety and protection of the patient and only under the direction of a medical authority. Follow these guidelines when using the Olympic Papoose Board.

POSITIONING

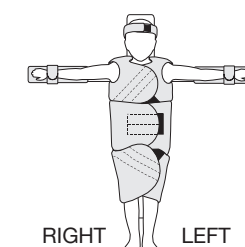
Selectively apply the flaps to expose treatment areas. While the patient is securely held, any part of the patient's body can be exposed for examination or treatment.

Upper Body Exposed



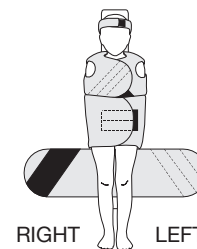
1. Place the patient on the board.
2. Use the arm straps to immobilize the patient's arms at the wrists.
3. Place the left leg flap over the patient's legs, with the Velcro hook strips facing up.
4. Place the right leg flap over the left leg flap, adhering the Velcro strips.
5. Secure the head strap, if needed.

Arms Exposed



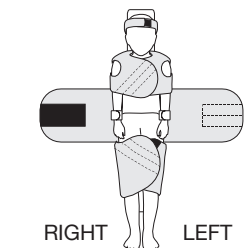
1. Place the patient on the board, then extend the patient's arms through the arm holes.
2. Secure the leg, abdomen, and chest flaps (see *Upper Body* and *Legs Exposed*, left).
3. Assemble the arm immobilizer, then immobilize the patient's arms (see page 2).
4. Secure the head strap, if needed.

Legs Exposed



1. Place the patient on the board.
2. Use the arm straps to immobilize the patient's arms at the wrists.
3. Place the left abdominal flap over the patient's chest, with the Velcro hook strips facing up.
4. Place the right abdominal flap over left body flap, adhering the Velcro strips.
5. Place the left chest flap over chest, with the Velcro hook strips facing up.
6. Place the right chest flap over the left body flap, adhering the Velcro strips.
7. Secure the head strap, if needed.

Abdomen Exposed



1. Secure the patient's arms and legs (see steps 1–4 of *Upper Body Exposed*, left).
2. Secure the patient's upper torso (see steps 5–6 of *Legs Exposed*, left), leaving the abdomen flap open.
3. Secure the head strap, if needed.

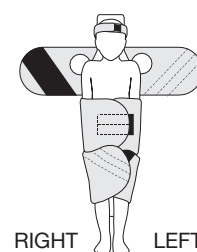
Prone Position



CAUTION: Watch for risk of aspiration when the patient is in the prone position.

1. Place the patient on the board, facing down.
2. Use the arm straps to immobilize the patient's arms at the wrists.
3. Place the left leg flap over the legs, with the Velcro hook strips facing up.
4. Place the right leg flap over the left leg flap, adhering the Velcro strips.

Chest Exposed



1. Secure the arms and legs (see steps 1–4 of *Upper Body Exposed*, above).
2. Secure the patient's lower torso (see steps 3–4 of *Legs Exposed*, above).
3. Leave the chest flap open.
4. Secure the head strap, if needed.