

Real Flexibility



The Top Ten Uses for the Pink Slip® Slide Tube

WHY A SLIDE TUBE? Think of the Pink Slip as a conveyor belt. Used appropriately, it simply glides, reducing skin shear and making lateral transfer and repositioning easier for patients and caregivers alike.

The lowest slip index rating on the market helps with this glide action. And coupled with the carefully designed and tested size, the Pink Slip is easy to place under a patient. Have a larger patient? No problem. Simply apply a second Pink Slip under the legs.

In terms of application, the Pink Slip is incredibly flexible. Our experience in the field has shed new light on the many uses for the Pink Slip. Here are ten ways that the Pink Slip can elevate safety and security to your nursing staff:

- 1 BOOSTING.** Boosting patients in bed has become one of the leading causes of injuries to bedside caregivers in hospitals. The Pink Slip is simply applied just past the shoulder blades. Due to the decrease in friction, the patient can now boost themselves independently, or with the assistance of caregivers, allowing a significant force reduction on their backs.
- 2 LATERAL TRANSFER.** A quick and easy way to perform lateral transfers: Log-roll the patient one way to insert the Pink Slip and a sheet just past the patient's midline and under their shoulders and hips. A second Pink Slip under their legs enables a single-person transfer or a transfer of a larger patient.
- 3 SLING APPLICATION.** The Pink Slip works like magic when putting on a seated sling. Two Pink Slips are slipped behind the patient either in a chair, wheelchair, or bed. The sling is fed effortlessly between the two Pink Slips. The top Pink Slip is peeled away and you are left with a perfectly positioned sling.
- 4 SEATED PIVOTING.** If you thought the trash bag trick was the best way to pivot someone in or out of a car seat, bed, or chair, you haven't tried it with a Pink Slip. No more straining your back to assist someone — they may be even able to do it independently now. A perfect SPH trick for your Emergency Department.
- 5 HEAVY LIMB LIFTING.** The Pink Slip can be placed under a patient's heel to facilitate in-bed exercises. This allows them to retract and extend leg or abduct and adduct easier for independent range of motion. It can also be used by the caregiver to abduct the patient's leg(s) for easier perineal access for cleaning or catheter placement or removal.
- 6 X-RAY CASSETTE PLACEMENT.** No more "shoving" the X-Ray cassette under the patients. Instead, slide it into a Pink Slip and it will glide painlessly. Your X-Ray techs will be impressed!
- 7 BED TO WHEELCHAIR TRANSFER.** Batteries not charged in your lift? No problem. The Pink Slip can solve this issue with two caregivers. Placed under the patient's bottom and the opening to chair facing the mattress, the patient is shifted to their chair without being lifted.
- 8 SIDE TO SIDE TURNING OR SUPINE TO PRONE, PRONE TO SUPINE TURNING.** A common occurrence in diagnostics and the OR. Let the Pink Slip do the work for you. Draw sheets alone will tire and potentially injure your staff. The Pink Slip eases these maneuvers.
- 9 FRICTION-REDUCING "GLOVES".** Pink Slip already opened? Why not use it to place an item under a patient. Place your hand inside the Pink Slip, grab the thigh pad of the sling, and presto — no more struggling to get it under.
- 10 EARLY MOBILITY.** Friction-reducing devices are recommended to be a part in every stage of an Early Mobility Program. Utilize the Pink Slip to increase your patients' independence.

SAFETY FIRST. When deploying a Pink Slip, remember these safety tips: The Pink Slip should not be used for lifting patients. Always lock casters or wheels on the bed or stretcher before the move, and make sure the bed rails are up and locked if you need to step away.

A Pink Slip, or any friction-reducing device, should never be left under a patient. Patients should always be assessed by a medical professional prior to use with any transfer or repositioning device. And always follow your hospital's policies and best practices for patient transfer and repositioning.