

Prime Connect™

Smart, connected stretcher
designed to support fall
prevention protocols.



Smart stretcher.
Confident care.

With both visual and audible bed exit alarms, Prime Connect is a smart, connected stretcher designed to help support fall prevention protocols in your facility.



Improved local monitoring

Local monitoring capabilities make it easy to acknowledge bed exit alarms in loud, fast-paced environments with the ability to have both the corridor light and the enhanced footboard display illuminate when bed exit is triggered.



Next-gen footboard display

Prime Connect's customizable, high-contrast screen offers a user-friendly experience. Tailored bed exit alarms align with patient fall-risk status and hospital auditory preferences. Care team members can monitor power connection, alarm status and stretcher readiness at a glance.

Wired notifications

Plug Prime Connect into your existing nurse call system to enable the transmission of bed exit through the nurse call system itself. This connection can illuminate the dome light when bed exit is triggered.



Designed to support both caregivers and patients

With its advanced mobility, electric functionality and pressure redistribution surfaces, Prime Connect helps prioritize caregiver safety and efficiency while also enhancing the overall patient experience.



Glideaway siderails with patient controls

offer patient security when raised, yet are completely out of the way when lowered for zero-gap transfers. Staggered patient controls allow patients to adjust their position to help enhance comfort.



Electric lift pedal

eliminates manual pumping, allowing for quick patient access. Simply step on the hydraulic pedal to raise the litter.

Enhanced footboard display

includes bed exit controls, a power and location icon, a customizable screen, a strip light to visualize bed exit status, and additional caregiver controls.

Advanced mobility options



Fifth Wheel

An extra caster in the center helps steer the stretcher during transport.



Big Wheel®

An over-sized additional caster in the center allows caregivers to push and steer the stretcher more easily when compared to Fifth Wheel.



Zoom®

Our motorized drive feature allows the caregiver to adjust the speed of the stretcher using the drive handles. The maximum speed is 7.2 km/h forward and 4 km/h in reverse.

The power of gel

Pressure ulcers can start to form in as little as two hours.¹ IsoFlex SE and ComfortGel SE are two of our gel support surfaces compatible with Prime Connect that are specifically designed to help support pressure ulcer protocols.

IsoFlex[®] SE support surface

IsoFlex SE addresses two key risk factors for skin breakdown: pressure and shear. Equipped with ShearGel throughout the entire surface and CoreGel in the sacral region, IsoFlex SE helps to keep the patient comfortable, aids in the treatment and prevention of pressure ulcers.*

- ShearGel technology
- CoreGel technology
- Slip-resistant bottom
- Durable cover
- Welded seams
- Three-sided zipper

ShearGel technology

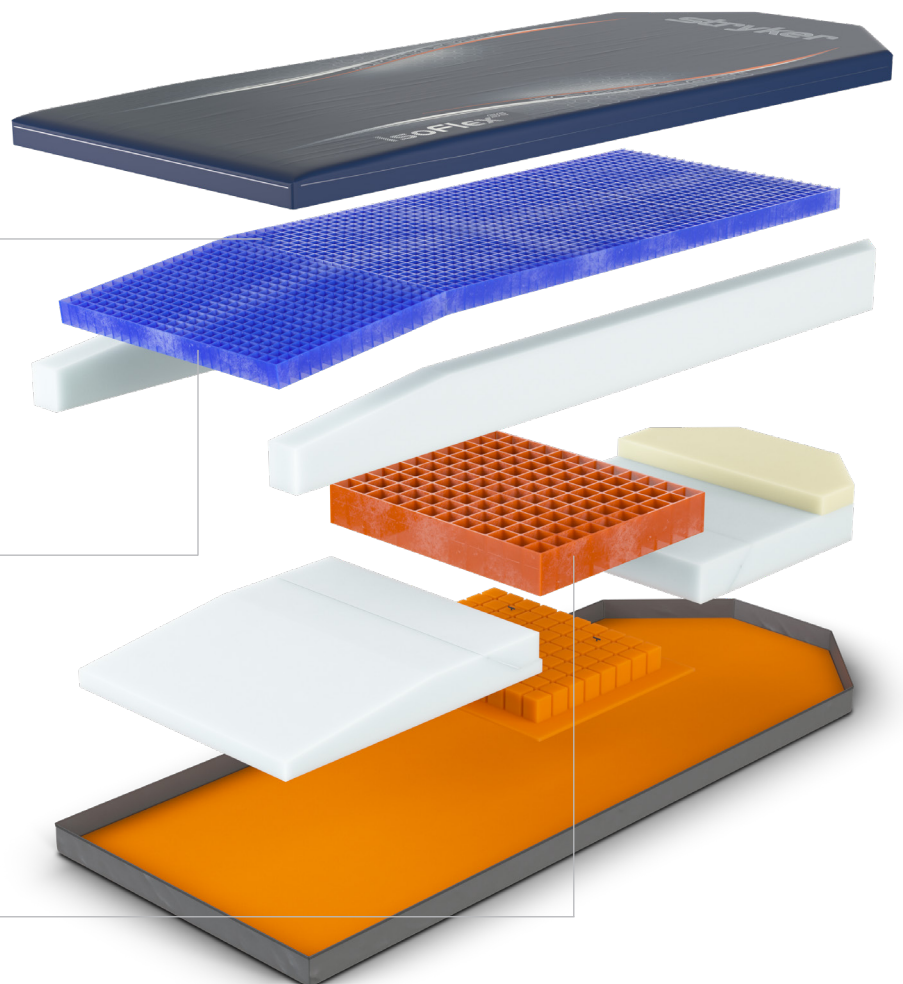
IsoFlex SE was designed to help minimize shear forces between the surface and the patient. This technology offers a layer of support that moves freely with patients' movements.

Immersion

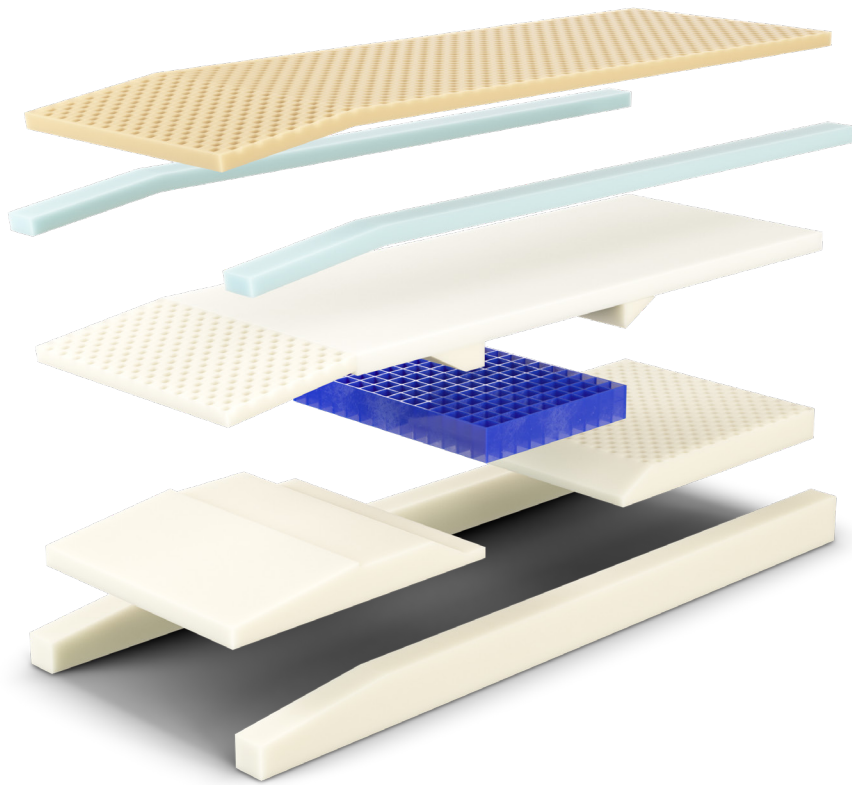
The open column design of gel provides immersion and envelopment, meaning gel can effectively absorb and redistribute patient weight.

CoreGel technology

Located in the sacral region, CoreGel creates a positioning pocket to help prevent patient migration. This design helps absorb and disperse patient weight to aid in pressure redistribution.



*Recommended to be implemented in combination with clinical evaluation of risk factors and skin assessments made by a health care professional.



ComfortGel™ SE support surface

ComfortGel SE was designed with a layer of CoreGel in the sacral region to help redistribute pressure and enhance patient comfort.

- CoreGel technology
- Slip-resistant bottom
- Durable cover
- Welded seams
- Three-sided zipper

€2.3B

Pressure ulcers have a profound economic burden across Europe with estimates of £1.4 and £2.1 billion for the UK and €1 and €2.3 billion in Germany.²

43%

of all pressure ulcers deemed to be avoidable.⁵

>£8.5K

The mean NHS cost of wound care over 12 months ranged from £1400 for category one ulcer to >£8500 for the other categories of ulcers.⁴



It's an unfortunate fact:

Research shows that patients admitted in Europe before midnight had pressure ulcer prevalence of 18.1%.³ These wounds bring pain, associated risk for serious infection, and increased healthcare utilization.²

Prime Series[®] accessories



- A.** Defibrillator tray
- B.** Footboard/chartholder
- C.** Defibrillator tray/footboard extender/charting surface
- D.** Serving tray
- E.** Upright oxygen bottle holder
- F.** Foot supports
- G.** Serving tray holder/footboard

Customer Support Services

Stryker's ProCare Services

Every day, you count on your medical equipment to perform at its best. With ProCare Services, our people help to ensure your equipment is ready to perform when it's needed and make it easier to get the most from your investment. When an issue arises, we promise that we'll work to solve it — performing repairs quickly and correctly in accordance with the terms and conditions of your ProCare services agreement. ProCare isn't just a service program. It's a partnership you can count on to give you one less thing to worry about, and one more reason to feel confident you're doing all you can for your clinicians, staff and patients.

Flex Financial Program

Our financial programs provide a range of smart alternatives designed to fit your organization's needs. We offer flexibility beyond a cash purchase with payment structures that can be customized to meet budgetary needs and help to build long-term financial stability. Contact your account manager for more information.

References:

1. Denby A, Rowlands A. Stop them at the door: should a pressure ulcer prevention protocol be implemented in the emergency department? *J Wound Ostomy Continence Nurs.* 2010 Jan-Feb;37(1):35-8. doi: 10.1097/WON.0b013e3181c68b4b. PMID: 20075690. 2. Deloitte consulting. (2014). Do Healthcare Systems Promote the Prevention of Pressure Ulcers? Belgium. https://www2.deloitte.com/content/dam/Deloitte/be/Documents/life-scienceshealth-care/2014%20White%20papers_Pressure%20ulcers_A4-7.pdf 3. Vanderwee, Clark, Dealey, & Defloor. (May 2007). Pressure ulcer prevalence in Europe: A pilot study. *Journal of Evaluation in Clinical Practice*, 13(2):227-35. https://www.researchgate.net/publication/6428160_Pressure_ulcer_prevalence_in_Europe_A_pilot_study 4. Guest, Fuller, Vowden, & Vowden. (2018). Cohort study evaluating pressure ulcer management in clinical practice in the UK following initial presentation in the community: costs and outcomes. *BMJ Open*, Published online 2018 Jul 25. doi: 10.1136/bmjopen-2018-021769. <https://europepmc.org/articles/pmc606737> 5. Díaz-Caro, Isabel, and Soledad García Gómez-Heras. "Incidence of hospital-acquired pressure ulcers in patients with "minimal risk" according to the "Norton-MI" scale." *PloS one* vol. 15,1 e0227052. 8 Jan. 2020, doi:10.1371/journal.pone.0227052

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