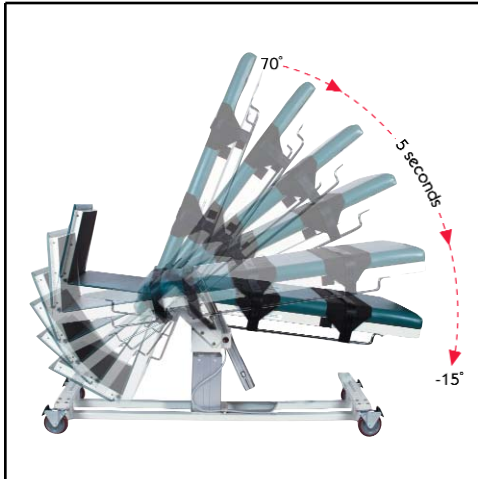




## Rapid Response™ HUT™ Table

Unmatched in the industry, the Rapid Response™ Head-Up Tilt™ Table (RR™ HUT™ Table) exceeds the ACC Expert Consensus table design requirements for head-up tilt testing equipment. It can move the patient from a 70° head up position to -15° Trendelenburg in 5 seconds. The RR™ HUT™ Table can control the patient's position swiftly and securely with 'one touch' positioning, permits calibrated upright tilt, secures the patient gently to prevent falling, is designed with a foot-board support appropriate for syncope evaluations and is extremely robust.

# Rapid Response™ HUT™ Table



## A Step Above the Rest In Syncope Testing

### Rapid Response Emergency Tilt Positioning

- Moves patient from 70° head up position to -15° Trendelenburg in 5 seconds
- Emergency response allows additional time to evaluate development of bradycardia during tilt studies<sup>1</sup>
- Allows restorative measures to begin twice as fast as the alternative approach<sup>1</sup>
- Minimizes time in asystole<sup>1</sup>



## Convert Overhead into Revenue

- Moves lengthy tilt studies to a low-overhead, non-invasive room
- Eliminates cath lab scheduling conflicts

## Multipurpose design eliminates the need for dedicated space

- Enables echocardiography and tilt studies to be performed in the same area by including single or dual drop-sections



## Optional Two-way Dual Drop-Section

- By incorporating optional drop-sections, the Rapid Response™ HUT™ Table becomes an ideal surface for performing echocardiography studies by allowing uninhibited access to the apical window and an ergonomically-correct platform for both right and left-handed sonographers
- Second drop-section can be use as a patient back support in your choice of two “up” positions for TTE/TEE

## Sonographer Extension

- Allows right-handed sonographers to sit comfortably on the table when they would otherwise get squeezed off the edge of the table by larger patients

# Rapid Response™ HUT™ Table

## Potential Applications

- Syncope testing
- Standing venous studies
- Echocardiography

## Benefits

- Allows additional time to evaluate development of bradycardia with its 5 second emergency response<sup>1</sup>
- Allows restorative measures to begin twice as fast as the alternative approach<sup>1</sup>
- Minimize time in asystole<sup>1</sup>
- Eliminates need for dedicated space through its multipurpose design
- Reduces cath lab scheduling conflicts and enables facilities to move lengthy tilt studies to a lower overhead, non-invasive room
- Accommodates bariatric patients through its unbeatable weight capacity of 1000 lbs. guaranteed by our UL and FDA listings

## Features

- 17° per second emergency positioning enables the table to move from a 70° incline to -15° Trendelenburg in 5 seconds
- One-button return to level
- One-button emergency positioning
- Programmable tilt angle in 5° increments
- Fully-adjustable 4-belt patient restraint system
- Head-up tilt; electrically-adjustable to 90°
- Trendelenburg; electrically adjustable 0° to -15°
- Height; electrically-adjustable 30" to 38"
- Normal tilt rate of 6.5° degrees per second
- Folding foot-platform
- Certified patient safe, pinch-point free design
- Sealed, water-resistant, low-voltage, control wand with self-retracting, coiled power cord with separate home and emergency positioning buttons
- 1000 lbs. load capacity
- 500 lbs. lift capacity
- 14" x 12" exam drop-section including single-handed rapid release, right-side remote release and patented, non-pinch flap (select models)
- 14" x 12" right-side sonographer's drop-section with single-handed rapid release and patented, non-pinch flap (select models)
- #817 head elevation wedge

## Options & Accessories

- Rigid or collapsible safety rails
- Arm-board
- Head-extension
- 4 different positioning SafeTwedges™
- Paper roll-holder & cutter
- IV Pole and two holders
- 71 optional vinyl colors

References

1. Han Yang, Serious Response in Tilt Table Test in Elderly and its Prophylactic Management, Journal of Zhejiang University SCIENCE, 2005, 6B(4):304-306.