



i8500 Cart

User Manual



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About GlobalMed

Scottsdale, Arizona-based GlobalMed, designs, manufactures, and markets telemedicine solutions and medical image automation systems that provide superior image quality, unmatched versatility, and unsurpassed simplicity for the healthcare industry. GlobalMed's camera, image management, store-and-forward, video conferencing and video-streaming technologies enable multiple specialists and other caregivers to be more effective in providing patient care, and more productive and efficient in managing patient information. Products include the TotalExam™ Camera, the most versatile and easy-to-use exam camera on the market, CapSure® store-and-forward imaging and image management software with DICOM output, which provides automated workflow capabilities for seamless integration into a provider's network, and fully integrated mobile video cart systems for primary care applications.

Contact Info

GlobalMed Help Desk: www.globalmed.com/helpdesk

GlobalMed Help Desk: 1.800.886.3692



Precautions

Please review these safety instructions in their entirety before operating the equipment. Clinical and technical personnel should adhere to warnings and precautions at all times. The telemedicine cart and associated devices should only be used by trained professionals. Equipment, including peripheral devices, should be utilized according to the operating instructions outlined throughout this manual. Only use manufacturer recommended or approved accessories to ensure compatibility.

Liquids and Moisture:

- The telemedicine cart and all electrical components should not have direct contact with liquids.
- Do not store and/or operate equipment in areas with excessive moisture.

Mobility:

- Care should always be taken when transporting the telemedicine cart. Before moving the cart, properly stow any loose cords and peripheral devices. Ensure the tabletop is in its lowest position for greater cart stability during transport. Proceed slowly when moving the cart over thresholds and uneven surfaces to prevent damage to the system.
- Engage the wheel locks when the cart is stationary; these act as a braking mechanism for the cart.

Ventilation:

- Do not obstruct any device ventilation vents on the telemedicine cart to prevent damage associated with overheating.

Electrical:

- Do not use an extension cable to provide power to the telemedicine station.
- Do not use damaged electrical cables.
- Do not attempt to service or repair any electrical component. Please contact the appropriate technician for service.

Patient Encounter Guide

Setting the stage to optimize telehealth patient encounter

Appearance Makes a Difference

- Wearing plain, pastel colors are best for videoconferencing. Light blue is always a safe choice.
- Wear non-distracting neckties and accessories.

Optimizing Your Environment

- Remove all unnecessary clutter from the camera's view.
- Minimize light sources to one primary source to maximize sufficient, indirect lighting on both ends.
- Light falling on the face from the front minimizes shadows.
- Close all blinds and window coverings.
- Have a phone in the room (if possible) in case you experience technical difficulties.

Camera Angles and Microphone Placement

- Main camera placement should be slightly above eye level.
- Frame the patient as close as possible (dependant upon clinical need).
- Frame the clinician to display head and shoulders, similar to framing a newscaster.

Patient/Provider Relationship

- Begin every patient encounter with introductions of everyone in each room.
- Maintain eye contact with patient as much as possible.
- Avoid distracting behaviors like:
 - Looking at your watch, pager or mobile phone.
 - Tapping the table.
 - Adjusting hair or clothing, etc.
- Accommodate for the slight delay in transmission time and speak clearly and slowly.

Patient Privacy

- Reassure the patient that the Telehealth patient encounter is secure and that all the necessary steps have been taken to protect their privacy.

Key Features - Educational i8500 Station

Pan/Tilt/Zoom Camera

42" Display Monitor

Handle

Locking Drawer

Microphone

Video conferencing Codec

Key Hole

Height Adjustment Lever

Lockable Drawer

PC

5-Star Base

5" Caster

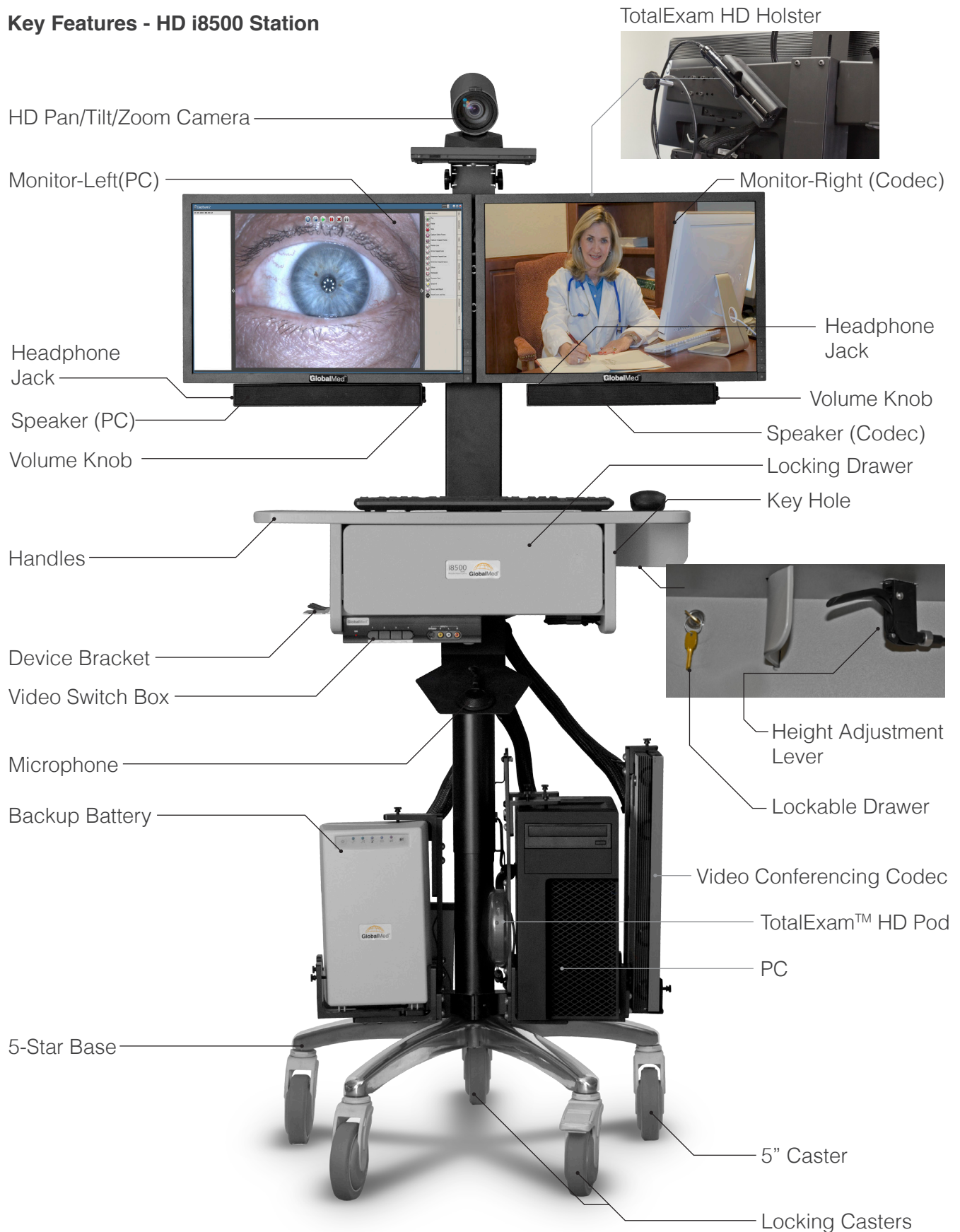
Locking Casters



Key Features - Primary Care i8500 Station



Key Features - HD i8500 Station



TotalExam HD



FF button: Freeze Frame Control

The FF button allows the user to freeze live video to allow for closer examination of an image. To freeze the live video, press the FF button and release. The image will be frozen upon release of the button. The still image will remain on the screen until you press the FF button again to release the frozen image. Removing the power source will also release the frozen image.

ACB button: Auto Color Balance or Auto White Balance

The ACB button allows the user to adjust the way light affects the image. These settings are very useful and dependent on user preference. To perform a white balance, aim the camera at a white object and press the ACB button. To use the ACB to color balance, turn on the LEDs and press the ACB button while the TotalExam HD camera is pointed at skin.

Be sure to select the LED light level prior to selecting the ACB option. To further optimize the lighting, attach the Derm Hood and Touch Collar for close-up examinations of the item you want to color balance against.

AF button: Auto Focus Control

TotalExam HD is an automatic focusing camera and defaults to automatic focus when powered up. Pressing the AF button both disables and enables autofocus. It is recommended that the Auto Focus Control feature be disabled while the camera is on but not in use. If it is not disabled, the camera will continue to work to focus and over time could cause excessive wear on the focusing mechanism.

Also, if utilizing the camera at the same focal length for a period of time, turn off the Auto Focus Control feature and the camera will maintain that focal length and allow the user to capture multiple images at a selected focal length.

TotalExam HD continued

EXP button: Exposure Time

Pressing the EXP button cycles the TotalExam HD's exposure time. The camera defaults to an exposure time of 60. This exposure setting reduces blurring in images. One press of the button changes the exposure to 30. Another press lowers the exposure to 15. The lower exposure allows the camera sensor to gather more data per frame by increasing the amount of light, thus deepening the color of an image.

LED button: LED Light Control

The camera contains a light carousel for illuminating the viewing area. Pressing the LED button turns the TotalExam HD LED carousel on. Holding the button down ramps up the diodes until they reach their peak brightness. Continuing to hold the button down will cause the light to taper off. Release the button when the desired brightness is achieved.

TotalExam HD Attachments

The Derm Hood

The Derm Hood is designed to slide onto the end of the TotalExam HD camera and is utilized for up close inspections. The purpose of the Derm Hood is to focus the light from the camera's LEDs down onto the surface area being examined. The Derm Hood is used in conjunction with the Touch Collar and ACB button for up close examinations.

Tongue Depressor Adaptor

The Tongue Depressor Adaptor clips on to TotalExam HD at the narrow neck of the camera. The adaptor attaches underneath the camera's lens (opposite of buttons). It holds a standard tongue depressor blade for examinations.



TotalExam™ Camera



TotalExam™ How-To Basics

1. Select the appropriate focal length by selecting hash mark I, II, or III.
2. Point the camera at the image you are attempting to share and rotate the head of the camera to focus the image (as needed). Keep buttons oriented up to maintain a properly oriented picture on the screen.
3. Press the LED light button to adjust light to the preferred strength (dim, medium, high, or off).
4. Press the freeze frame control to pause the image on the screen; the button activates when released. Press the freeze frame button again to go back to a live video feed.
5. Place TotalExam back in its device bracket, buttons facing out.

Skin Tone Balancing

1. Rest the touch collar on a similar skin area that is not affected.
2. Press and hold the freeze frame button for seven seconds until the freeze frame button LED light flashes rapidly.
3. To return to the automatic white balance, repeat step two.

Adjustable Focus Head

Adjusting the focal length on your TotalExam camera is accomplished by rotating the head of the camera. To assist you in quickly switching between attachments, the TotalExam comes with three hash marks or predefined focal lengths.

Hash Mark III: Macro View

1. Use camera without any attachments.
Note: Keeping the TotalExam stationary and steady is crucial to freeze a clear image. Brace the TotalExam to steady the image when possible.

Hash Mark II: Tongue Depressor

1. Clip the tongue depressor on the neck of the camera; buttons should be facing up (see image below).
2. Slide a standard tongue depressor into the attachment.
Note: When performing oral examinations, slide the camera in or out of the mouth to focus the image.

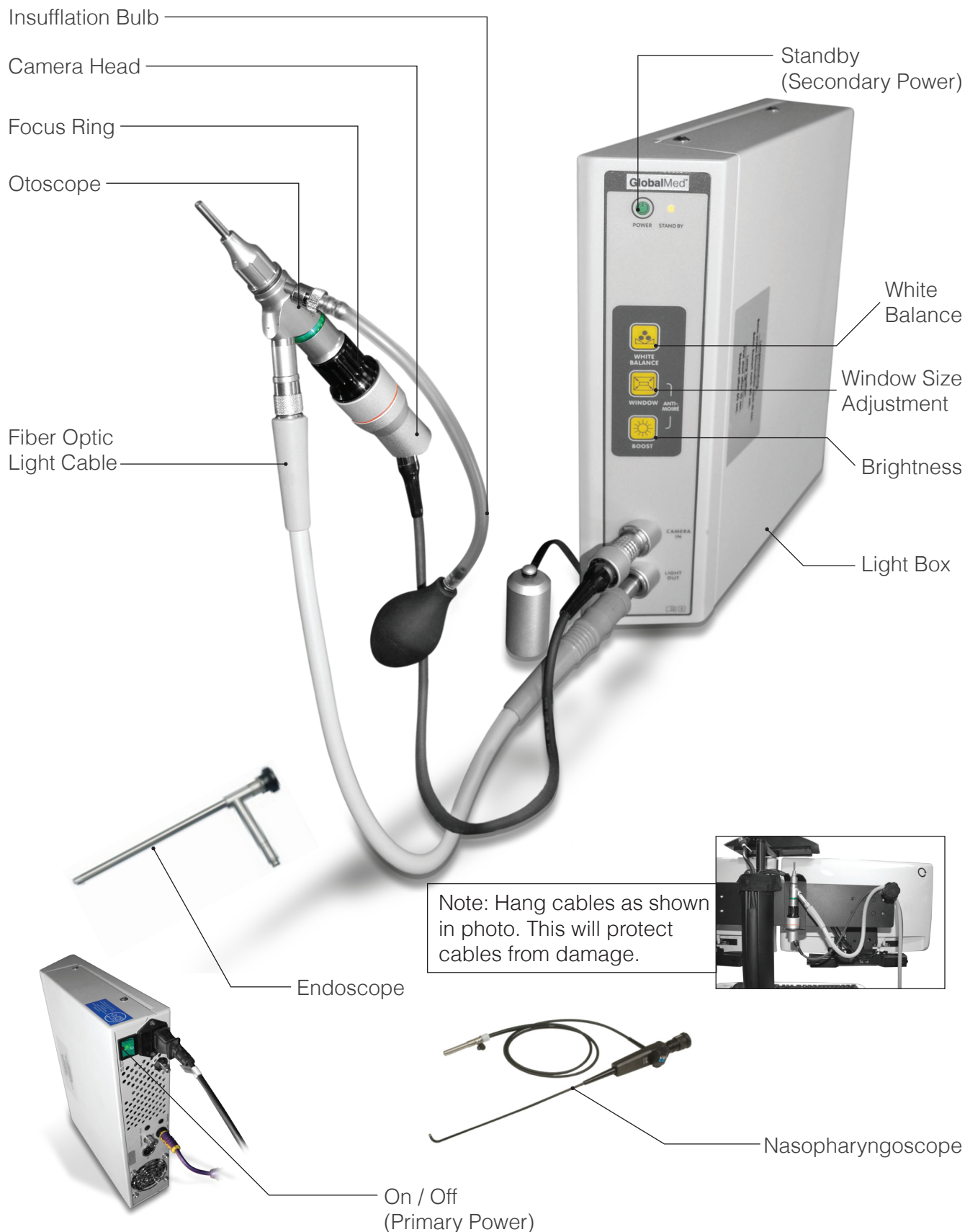
Hash Mark I: Dermatology

1. Slide the smaller ring of the dermatology hood over the head of the camera, and then attach the disposable touch collar to the end of the dermatology hood; the smaller ring snaps on top of the hood.
2. Using the attachment, physically rest the touch collar on the patient's skin.

Note: Touch collar must touch the patient's skin to ensure a clear image (focus as needed). For larger areas on the patient's skin, use the tongue depressor attachment to provide additional support for your camera.



TotalENT



TotalENT

1. Power on light box
 - a. Turn on primary power switch, located on the rear of the light box
 - b. Press the standby, secondary power button located on the front of the light box.
2. Place freeze pedal on the ground so that it is accessible.
 - a. Some carts may not have foot switch.
3. Remove otoscope from bracket on back of cart
4. Attached disposable specula.
5. Hold otoscope as seen in the image below.
6. Power off light box by pressing standby button for 3 seconds (3 beeps)

User Tips

Position the patient with a direct line of focus between yourself and the cart. This is so you may properly see your image displayed while examining your patient. You do not want to turn your back to the cart during this examination.

Cable Management

The fiber optic cable should be handled with care due to its fragility. When not in use, the fiber optic and camera cable should be placed on knob in back of cart and otoscope in bracket.



OTOcam Otoscope



User Tips

- Attach the disposable specula to the otoscope tip for use with each patient.
- Position the patient with a direct line of focus between you and the station so that you may properly see your image displayed while examining your patient.
- For cleaning, first dispose of specula tip, then wipe the otoscope tip, body and cord with approved FDA-EPA cleaning solutions.
- The OTOcam is powered by USB, so batteries are not needed. The scope will remain ready for use with the light powered 'On' when the USB cord is connected.
- Calibration is not required for this device

USB Otoscope



USB Otoscope How-To Basics

Drivers must be installed prior to use.

1. Connect the battery to the otoscope.
2. Attach the USB cable from the scope head to PC.
3. Turn on the light by pressing the green On/Off button and turning clockwise.
4. Attach the disposable specula.
5. Adjust focus with dial on the main body of otoscope.
6. Hold down either of the buttons on the back of the otoscope to zoom in, hold down again to zoom out. Both buttons are identical for left-handed and right-handed users.
7. Dispose of the specula by turning the specula eject on the otoscope.
8. Turn off the light by pressing the green On/Off button and turning clockwise.
9. Unscrew the battery pack and plug into a wall outlet as soon as it is available.

CareTone®



User Tips

- Notify the far end that you are ready to send heart and breath sounds so that they can get their headset prepared.
- Make sure the main camera is able to see where you are placing the chestpiece.
- Explain to your patient that you will have the headset on and that absolute quiet is very important while you are using the chestpiece. A CareTone Stethoscope is far more sensitive to noise than a traditional stethoscope.
- With a CareTone Stethoscope all you have to do on the patient side is move the chestpiece between the points of auscultation.
- As you move from point-to-point, the far end will have the ability to switch the frequency range using the bell / diaphragm switch.
- The far end can also adjust the volume of their headset.

Note: For patient confidentiality it is important to know the chestpiece is a live mic. Make sure to disconnect after each use.

StethOne™ Streaming

Initial Set-up (Send Side)

1. Double click the software shortcut on the desktop.
2. Press F4 to bring up Stream Properties menu.
Note: This step may vary per laptop, the function key may need to be used simultaneously (fn+F4). If you want to listen locally while transmitting sounds, check the box next to Local Monitor. The software will save this setting.

User Steps

1. Open the Streaming Stethoscope Over IP TX software.
- Note: If the chestpiece and headset are too close to each other, you might experience feedback.
2. Select the Setup button to select input source.
3. Stethoscope Properties window will open. Then select the following:
 - a. Stethoscope input option (e.g. Microphone, Steth, etc.).
 - b. Recommended mic level is between 10 and 20.
 - c. Choose Port 8445 unless otherwise specified.
 - d. Click OK to go back to the StethOne Streaming Stethoscope window.

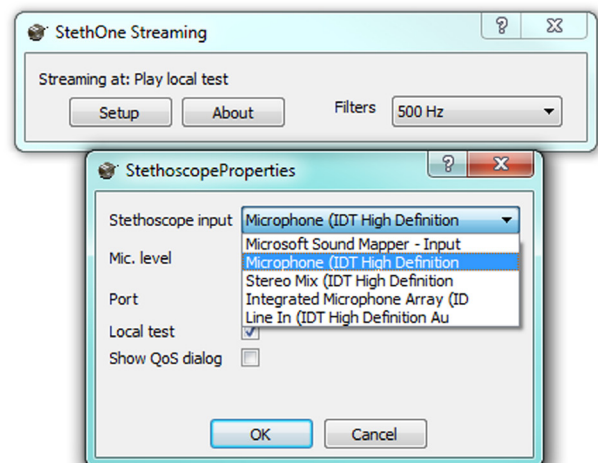
Local Testing

1. To listen to auscultation sounds locally, check box "local test."
2. Be sure to uncheck the local test box when the provider or receiving side is ready to connect.
3. Select the desired filter option:
 - a. No filter= all sound comes through.
 - b. 250 Hz= recommended for bell tones.
 - c. 500-800 Hz= recommended for additional sound for abnormalities, i.e., murmur.
 - d. 1000 Hz= recommended for diaphragm.

Note: If at any time during transmission the transmitting side opens the Setup window, all audio will be lost. If this occurs, the receiving side needs to disconnect and re-establish connection.

User Tips

- The provider or receiver is responsible for creating the connection and can adjust what the receiver hears by making filter adjustments on the software.
- If the provider or receiver is in a very loud room, muting the mic on their computer will help filter out some of the ambient noise.
- Although clear, the provider or receiver may notice about a one-1 second delay in sound transmission. This is normal.



StethOne™ Streaming

Initial Set-up (Receive Side)

1. Double click the software shortcut on the desktop.
2. Press F6 (this step may vary per laptop; the function key may need to be used simultaneously).
3. Type “true” for TCP or “false” for UDP depending on your network set-up.

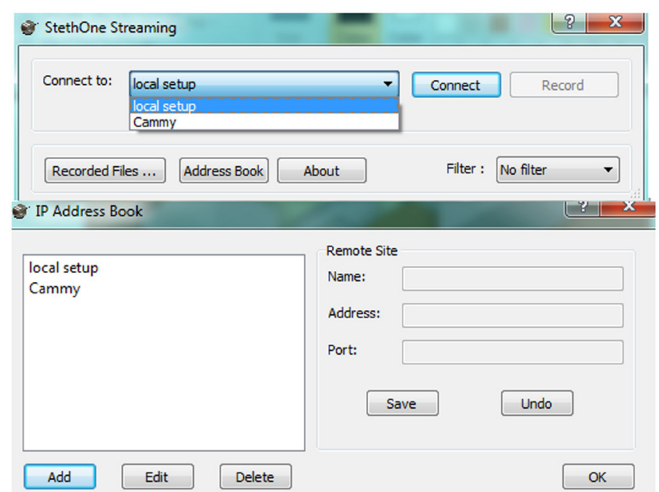
Receiving stethoscope sound stream

Note: Connections are initiated from the receive end where the consulting clinician is located.

1. Open the Streaming Stethoscope Over IP RX software.
2. Select the site you are trying to connect to in the Connect To drop-down list.
3. After selecting your site, click on the Connect button to initiate the IP connection. Once the connection is made, “Receiving Stream” will appear under the Connect To drop down.
4. For a new site:
 - a. Select Address Book and then click Add. Type in the name, IP address and port of the transmitting side.
 - b. The transmitting side software will state “Streaming at: rtsp://xxx.xxx.xx.xxx:yyy/rnk”, where X's denote the IP address and Y's denote the port.
 - c. Click Save and then press Okay to get back to main window.
 - d. Use the drop-down list to select the desired site and press Connect.
5. If a connection cannot be made, you will see a message appear below the drop-down menu. Check the IP and Port number, and try again. If the receiving side does not have their software open, you will see “Cannot connect to TX failed to connect to get AES key.”
6. While a connection is established, the clinician at the receiving side can select a filter for frequency range.
7. The receiving-side clinician would conduct the auscultation exam by directing the clinician on the sending side to place the chestpiece in the desired locations and listen to the sounds. As described in the next section, the receiving-side clinician can record the stethoscope sound.
8. When the auscultation session is over, the receiving-side clinician would end the connection by clicking the Disconnect button.

Recording Stethoscope Sounds

1. Once you have established a connection with the transmitting side, click on Record to start recording. When recording, the Record button changes to Stop Recording.
2. To stop recording, click on the Stop Recording button. A new screen will pop up to allow the recording data to be saved and fields can be edited accordingly.
3. Click OK to save the file, this will close the current window and return back to the main window.
4. To see recorded files, click Recorded files and the window will appear with all recorded files listed.



ClearProbe™

Basic Procedural Steps

1. Connect probe to PC.
2. Open ClearProbe software.
3. Press scan to begin using probe.
4. Refer to ClearProbe manual.



General Purpose Abdominal Probe



Endocavity Probe



Vascular Access Probe



SpiroPerfect® Spirometer

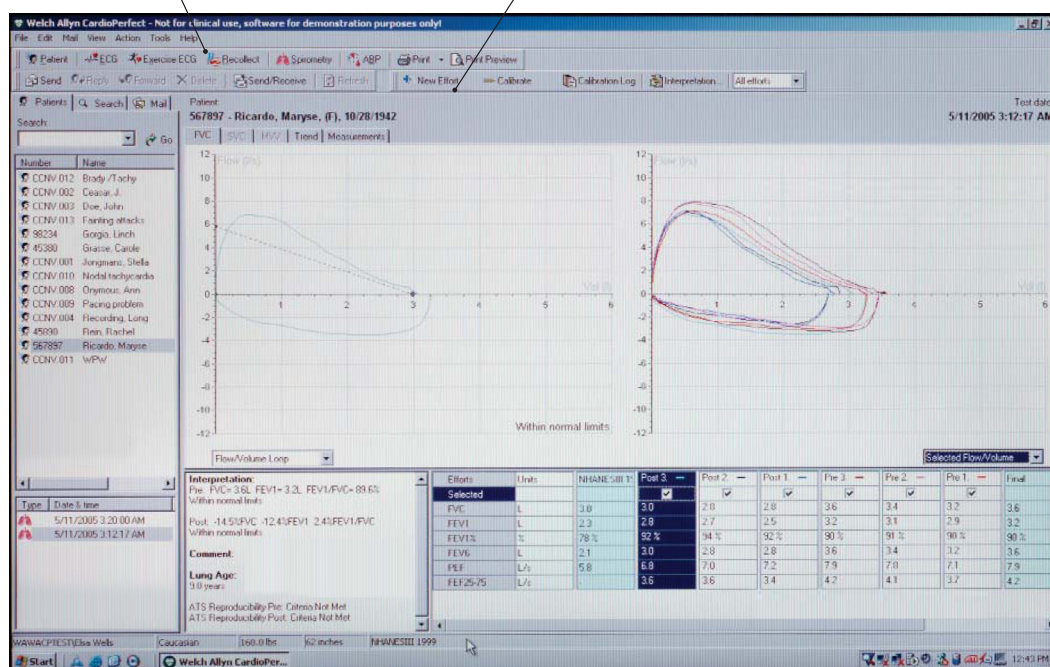
Basic Procedural Steps

1. Plug in USB Spirometer Cord
2. Open CardioPerfect Software
3. Click 'Patient' and Enter Information
4. Click 'Spirometry' Tab
5. Follow Prompts to Start Test



Start Spirometry Test

Start Calibration



12-Lead ECG

Basic Procedural Steps

1. Plug recorder into USB
2. Open CardioPerfect software
3. Open patient and enter information
4. Click on ECG icon
5. Hook up patient to 12 lead
6. Begin recording
7. Edit interpretation, if desired, and print or save



Cleaning Procedures

The Following Cleaning Procedures and Classifications are in Accordance with the [Centers for Disease Control and Prevention \(CDC\) Guidelines for Disinfection and Sterilization in Healthcare Facilities \(2008\)](#).

The tables in this document detail the CDC disinfection and sterilization classification and provide the cleaning instructions based on product use. The sterilization classification definitions are as follows:

- Critical – Items that confer a high risk for infection if they are contaminated with any microorganism.
- Semi-Critical – Items that contact mucous membranes or non-intact skin.
- Non-Critical – Items that contact intact skin but not mucous membranes.

- **ALWAYS** unplug all the components before cleaning.
- **ALWAYS** use approved disinfecting wipes and/or a soft cloth, lightly moistened with the approved cleaning solutions per CDC guidelines.
- **ALWAYS** check with CDC guidelines and product manuals, if in doubt.

- **NEVER** spray any liquids directly on the cart or any of the components.
- **NEVER** use any abrasive cleaners or volatile solvents.
- **NEVER** use any ammonia-based products on screens or monitors. They can etch the screen surface and cause the plastic to cloud.

Component	Procedure	CDC Classification
Tabletop, Trigger, and Front Drawer	Gently wipe the tabletop and trigger with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Star Base and Wheels	Gently wipe the star base and wheels with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Cables and Cords	Gently wipe all of the exposed cables and cords with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution. All of the electrical cords must be unplugged before cleaning. After cleaning, check that all of the cables and cords are properly plugged in.	Non-Critical
Gas Cylinder Post, Monitor Post, Aluminum Brackets, and Device Bracket	Gently wipe the gas cylinder post, monitor post, aluminum brackets, and the device bracket with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Network Switch	Gently wipe the housing of the network switch with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical

Cleaning Procedures Continued

Component	Procedure	CDC Classification
Monitor Screen	Use a soft cloth to gently clean the screen. The screen is fragile. Do not scrape it with any sharp object. Do not press or tap the screen. When the screen is contaminated, use a soft cloth moistened with an approved spray designed for monitors and computer screens. Wipe the display with a soft dry cloth after cleaning.	Non-Critical
Computer	Gently wipe the outside housing of the computer with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Camera Body	Gently wipe the body and platform of the camera with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Camera Lens	ONLY use a lens cloth and a lens cleaner specifically designed for camera lenses. NO EXCEPTIONS	Non-Critical
Codec	Gently wipe the body and platform of the codec with a disinfecting wipe and/or soft cloth lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Microphone	Gently wipe the microphone body and bracket with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Remote	Gently wipe the remote with a disinfecting wipe and/or soft cloth, lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical

Cleaning Procedures Continued

Component	Procedure	CDC Classification
TotalExam camera and cord	Gently wipe all parts of the outer surfaces of the equipment and cord with a disinfecting wipe and/or soft cloth moistened with a facility or CDC-approved cleaning solution. Do not autoclave any part of the equipment. Do not allow any liquids to enter the equipment.	Non-Critical
TotalExam camera lens	ONLY use a lens cloth or soft cotton swab with a lens cleaner specifically designed for camera lenses. NO EXCEPTIONS	Non-Critical
TotalExam Derm Hood and tongue depressor adaptor	Derm-Hoods and the Tongue Depressor Adaptor can be gently wiped down or soaked in a facility or CDC-approved cleaning solution.	Non-Critical
TotalExam touch collars	N/A – Dispose of after each use.	N/A
Otoscope, and otoscope cable	Per the manufacturer's guidelines: Gently wipe the otoscope, and cable holder with a disinfecting wipe and/or soft cloth lightly moistened with a facility or CDC-approved cleaning solution.	Non-Critical
Otoscope specula	N/A – Dispose of after each use.	N/A

Component	Procedure	CDC Classification
Stethoscope	<p>Per the manufacturer's guidelines:</p> <p>To disinfect the stethoscope use 70% of isopropyl alcohol solution.</p> <p>ALWAYS disconnect the power and network connection before cleaning.</p> <p>ALWAYS unplug the chest piece and tubing from the stethoscope base before cleaning.</p> <p>ALWAYS make sure that all surfaces are completely dry before reconnecting.</p> <p>NEVER soak or immerse in any liquid.</p> <p>NEVER subject to steam sterilization.</p> <p>Reference the stethoscope manual for cleaning instructions.</p>	Non-Critical

Component	Procedure	CDC Classification
Spirometer flow transducer and pressure tubing	<p>You cannot clean the spirometer or any of its components.</p> <p>If you choose to clean the calibration syringe, wipe its external surfaces as needed with a cloth dampened with water only.</p> <p>To prevent cross-contamination, do not try to clean the flow transducers and nose clips. Discard these items after a single patient use. Wear rubber gloves when replacing flow transducers and wash hands after touching them.</p> <p>Do not clean the pressure tubing or sensor. Trapped moisture could affect accuracy.</p> <p>Replace the pressure tubing when it becomes dirty. Recalibrate after replacement.</p> <p>Replace the sensor when it becomes faulty.</p> <p>Do not immerse any part of the spirometer into a cleaning liquid or sterilize it with hot water, steam, dry heat or hot air.</p> <p>Do not use aromatic hydrocarbons, rubbing alcohol, or solvents for cleaning the spirometer.</p>	Non-Critical
Electrocardiograph, paste, gel or cream	<p>Clean device and reusable accessories after each use, otherwise the gel may build up on the wires.</p> <p>Clean the non-disposable electrodes with a soft cloth moistened with a facility or FDA/EPA-approved cleaning/disinfectant solution.</p> <p>Cleaning cables: patient cables, plugs and power cords should be kept clean using lukewarm, soapy water or a neutral cleaner.</p> <p>Disinfecting the cables: use chemical disinfectants containing ethanol (70%-80%), propanol (70%-80%), or aldehydes (2%-4%).</p> <p>Caution: Do not clean the patient cable with pure alcohol. This can cause the plastic to become brittle and may cause the cable to fail prematurely.</p> <p>Do not autoclave the cable or use ultrasonic cleaners.</p> <p>Do not immerse the patient cable.</p> <p>Do not wet the cable to machine connectors.</p>	Non-Critical

Component	Procedure	CDC Classification
ClearProbe abdominal and vascular ultrasound probes	<p>Clean device after each use.</p> <ol style="list-style-type: none"> 1. Remove and inspect the probe sheath for integrity, then remove the coupling gel from the probe lens using a soft cloth. 2. Wipe the probe and cable with a soft cloth moistened in a warm soap and water solution (<80°F / 27°C). 3. Wipe the probe and cable with a soft cloth moistened in clean water (< 80°F / 27°C). 4. Wipe dry with a soft towel. <p>Disinfection: The following germicides have been selected to minimize potential damage to the transducer:</p> <ul style="list-style-type: none"> • T-Spray Pharmaceutical Innovations • T-Spray II Pharmaceutical Innovations • CaviWipes Metrex • Sani-Cloth HB PDI <p>High-level disinfection may be accomplished with Cidex® (Gluteraldehyde) or Cidex OPA® (Ortho-Phthalaldehyde). (Both per the manufacturer's guidelines for high-level disinfection).</p> <p>After cleaning, the probe and cable may be wiped with a tissue/soft cloth sprayed with the recommended germicide or wiped with the recommended disinfecting wipes as long as the integrity of the sheath was verified as intact.</p>	Semi-Critical

Examination Type	Required Accessory	Cleaning Instruction	CDC Classification
ClearProbe EB endo-cavity ultrasound probe	Clean or sterile sheath	<p>Disinfection: The following germicides have been selected to minimize potential damage to the transducer:</p> <ul style="list-style-type: none"> • T-Spray Pharmaceutical Innovations • T-Spray II Pharmaceutical Innovations • CaviWipes Metrex • Sani-Cloth HB PDI <p>High-level disinfection may be accomplished with Cidex® (Gluteraldehyde) or Cidex OPA® (Ortho-Phthalaldehyde). (Both per the manufacturer's guidelines for high-level disinfection).</p> <p>After cleaning, the probe and cable may be wiped with a tissue/soft cloth sprayed with the recommended germicide or wiped with the recommended disinfecting wipes as long as the integrity of the sheath was verified as intact. All endo-cavity probes should be high-level disinfected at the end of the day or between patients if the sheath is suspected to be compromised.</p> <p>Clean and sterile sheaths are single-use items that are to be disposed of after use.</p>	Semi-Critical

Basic Maintenance

Engage the wheel locks when the cart is stationary; these act as a braking mechanism for the cart and will help to prevent damage to the cart and nearby walls.



Daily Maintenance

- Clean and wipe down all surfaces.
- Lock away any vulnerable items

Weekly Maintenance

- Inspect back of cart, look for loose cables or damaged cables.

Monthly Maintenance

- Physically tighten cable connections.
- Inspect and tighten all screws and closely inspect all mounting brackets.

Annual Maintenance

- Tighten all screws.
- Tighten all cables and connections and inspect all cables and brackets for damage.



*If you should find any damage to cables or components please contact your reseller or GlobalMed for assistance.



GlobalMed's hardware and software products come with a standard, one-year limited warranty. Products that become defective during the first year (365 days) after the order is shipped ("Original Warranty Period") will be repaired or replaced by GlobalMed free of charge. This limited warranty is contingent upon proper use of the product and does not cover products that have been damaged (scratches, bent metal, broken components), misused, modified, or subjected to unusual physical or electrical stress. This limited warranty is contingent upon proper use of the product and does not cover products that have been damaged (scratches, bent metal, broken components), misused, modified, or subjected to unusual physical or electrical stress. Customer must obtain an official Return Merchandise Authority ("RMA") from GlobalMed prior to shipping any products to GlobalMed for repair or replacement. Customer must include all original components, literature, and packaging in the same salable condition received to avoid any additional charges. All returns for any other reason must be made within the first 30 days from time of shipment and will be subject to a 25 percent restocking charge.

In addition to the standard one-year warranty, various components may have a manufacturer's warranty that may extend the warranty period of the individual components.

Note: The computer on your cart is under the original warranty provided by the manufacturer. Please check the service tag for the computer's serial number and technical support contact information.

Note: The videoconferencing system, including codec, camera, microphone, microphone cable, camera cable and audio/video cable, have been supplied by the buyer and are not covered under a GlobalMed warranty. Contact the codec manufacturer for specific warranty information and conditions.



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]



Transforming Healthcare Delivery™

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MAN-600007 Rev.A



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