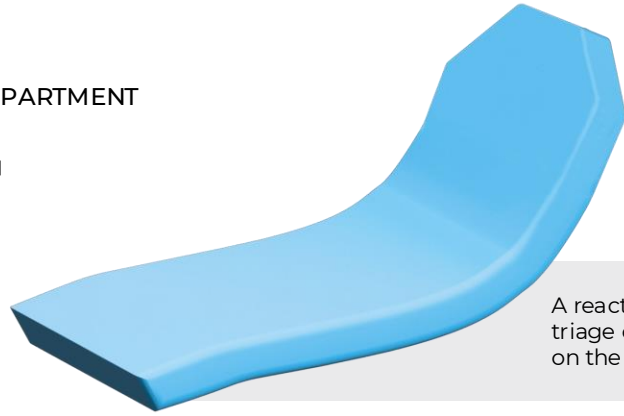


Mensa Stretcher

Pressure-injury prevention that starts at the front door. Stop the wound before it reaches the floor.

Approved under the Mohawk Medbuy Innovation Program.



A reactive surface from triage on. Patients arrive on the unit skin-intact.

Where the wound begins

Patients now **board for hours**, elderly and immobile, on hard stretchers.

Pressure injuries can begin in as little as **2 hours**.

A triage wound costs the unit **\$44K-\$90K** to treat.

The solution: Mensa Stretcher

5 to 12%

Prevalence of pressure injuries in the emergency department, from admission to discharge.

Scoping review, Journal of Tissue Viability, 2024

Stage 1-4

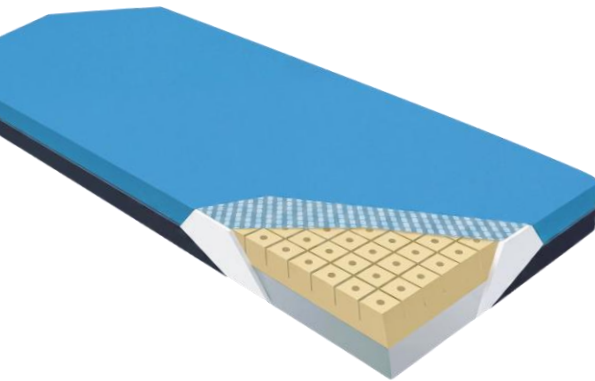
Rated to protect and treat wounds already present at triage.

CHU de Québec

\$0

No maintenance

Non-powered. No pump. No cords.



What's inside

- **Silicone capsules:** 70% full-body pressure reduction, every minute.
- **Carved-cube polymers:** Adapts head to toe, no pressure transfer.
- **Air chamber:** Extra offloading at the heels.
- **Dartex Cover:** Antimicrobial, wipes clean, reinforced transfer edges.

Point of care	What Mensa Stretcher does	The result
Triage and boarding	Adapts continuously through long waits. No pump, no repositioning.	Prevention starts hours earlier.
Transfer to the unit	Patient arrives skin-intact, not with a wound the floor inherits.	Fewer reportable wounds.
Across the unit	One reactive protocol from ED to unit. No gap at the door	Better outcomes, lower cost.

