

Special Wheelchair Committee Treatment Plan Form

Inmate: <default>

TDCJ#: <default>

Meeting date and time: _____

Committee Recommendations (check all that apply)

I. Additional consultations, diagnostic tests or treatments recommended

1. Specialty referrals

- Physiatrist
- Other specialty referrals: _____
- Other: _____

2. Additional tests and/or treatments recommended by the Committee:

II. Recommended housing

- General population
- Low bunk, low row
- Single cell (clinical reason: _____)
- Wheelchair dorm
- Infirmary
- Mental health inpatient
- Other: _____

III. HSM-18 Work & Activity Restrictions (see HSM-18 form)

IV. Inmate will be allowed the following assistive devices for ambulation

- None
- Cane
- Crutches
- Walker
- Other: _____

V. Wheelchair use will only be allowed for the following reasons and only if the inmate refuses to ambulate

- None
- To showers (if not available in cell)
- To medically necessary appointments or emergent/urgent services
- To accommodate security necessary movement
- To court hearings and attorney meetings
- Other: _____

VI. Locomotion and accessing services

Inmate will be required to obtain all desired services on his own. Aberrant locomotion (i.e. crawling, scooting, or dragging oneself) will be allowed, if preferred by the inmate over ambulation with prescribed assistive devices. NOTE: The committee must require frequent skin assessments by both nursing and provider in Section I if aberrant locomotion is allowed.

Inmate will be allowed to obtain desired services on his own only if ambulating with or without prescribed assistive devices. Aberrant locomotion will not be allowed outside the inmate's immediate personal housing area. NOTE: The committee must also select one of the following four directions if aberrant locomotion is not allowed:

- No services will be provided that the inmate elects to not access. NOTE: The committee must require frequent assessments by both nursing and provider in Section I. If the inmate does not maintain basic activities of daily living such as feeding, toileting, bathing, and medicating, unit staff must initiate one of the other three directions below to ensure the inmate's health and safety are not jeopardized (i.e. substantial weight loss, grossly inadequate personal hygiene, failing to comply with critical medications prescribed for serious medical conditions).
- Necessary services, such as meals and medications, will be provided in cell. Other services, such as commissary, library, and recreation will not be provided if the inmate elects not to access. (Meals need not be the same as those served in chow hall but will meet nutritional standards)
- All services desired by inmate will be provided in cell or accessed by convenience wheelchair.
- All services desired by inmate will be provided in the same manner as other inmates confined to their housing area.

VII. Unit nursing and medical exams

1. Patient will be seen by unit nursing staff at least

- Daily
- Every other day
- Weekly
- Monthly

2. Patient will be assessed by unit nursing at least

- Daily
- Every other day
- Weekly
- Monthly

3. Unit nursing assessments will include

- Vital signs, including weight
- Focused physical assessment
- Skin assessment for breakdown in areas indicated by patient's behavior (i.e. pressure ulceration due to lack of movement, repetitive trauma to body parts not intended for locomotion)
- Other: _____

4. Patient will be evaluated by unit medical provider at least

- Weekly
- Monthly
- Quarterly

5. Unit medical provider evaluations will include

- Vital signs, including weight
- General physical assessment
- Evaluation of reflexes, sensation, and strength
- Documentation of presence or absence of muscle atrophy
- Skin assessment for breakdown in areas indicated by patient's behavior (i.e. pressure ulceration due to lack of movement, repetitive trauma to body parts not intended for locomotion)
- Other: _____