



### PHYSICAL INCAPACITATION SCREENING FOR EXTRAORDINARY MEDICAL PLACEMENT

DATE	FACILITY	UNIT (optional)
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**INSTRUCTIONS:** To be completed for all individuals referred for extraordinary medical placement (EMP).

Diagnosis:

**1. Resides in an Infirmary or community hospital:**

Is the patient currently assigned to a DOC Infirmary or hospitalization in an outside facility?

No     Yes – If hospital, name:

**2. Has terminal illness (physician certified patient has life expectancy of 6 months or less):**

No     Yes – Diagnosis:

**3. Activities of daily living (ADLs):** (check all that apply)

No assistance needed with ANY ADLs – Skip to 4. Mobility/Ambulation.

Requires assistance with bathing – How able is the individual to take a full-body bath/shower, sponge bath, and/or transfers in/out of the tub/shower?

Setup assistance and supervision or limited assistance (oversight, encouragement, cueing, or limited assistance such as guiding/maneuvering of limbs or assistance with washing difficult to reach areas).

Extensive or total assistance (individual requires extensive assistance, requires the presence of another person throughout the bath).

Assistance is:     Permanent     Temporary

Notes:

Requires assistance with grooming – Includes combing hair, brushing teeth, shaving, washing/drying face and hands. Excludes bath and shower.

Setup assistance and supervision or limited assistance (grooming supplies must be placed within reach before able to complete grooming activities, requires curing or someone must provide minimal assistance).

Extensive or total assistance (individual requires extensive assistance or depends entirely upon someone else for grooming needs).

Assistance is:     Permanent     Temporary

Notes:

Requires assistance with transferring – How able is the individual to move between surfaces (to/from bed, chair, wheelchair, and/or standing positions)? Excludes to/from bath/toilet.

Setup assistance and supervision or limited assistance (able to transfer with minimal or stand-by human assistance or with the use of an assistive device).



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- Extensive or total assistance (able to bear weight and pivot during the transfer process, but unable to transfer self or unable to transfer self and is unable to bear weight or pivot when transferred by another person).

Assistance is:  Permanent  Temporary

Notes:

- Requires assistance with meals and/or tube feeding – Includes eating, drinking, or intake of nourishment by other means.
  - Setup assistance and supervision or limited assistance (able to feed self independently, but requires meal set up, cueing, or intermittent assistance and/or supervision from another person).
  - Extensive assistance (unable to feed self and must be assisted or supervised throughout the meal/snack).
  - Total assistance (unable to nutrients orally and is fed nutrients through a feeding tube or requires TPN).

Notes:

- Requires assistance with toileting/toilet hygiene – How able is the individual to use toilet room (or commode, bedpan, urinal), cleaning self after toileting or incontinent episodes, changing pad, managing ostomy or catheter, adjusting clothes, and/or toilet transfer?
  - Setup assistance and supervision or limited assistance (is able to get to/from toilet and transfer when reminded, assisted, or supervised by another person or is able to manage toileting hygiene and adjust clothing with minimal assistance or cueing).
  - Extensive assistance (unable to get to/from the toilet, but is able to use a bedside commode, bedpan, or urinal with assistance).
  - Total assistance (totally dependent in toileting and/or depends entirely upon another person to maintain toileting hygiene and/or incontinent).

Individual has:  Indwelling foley catheter  Urostomy  Colostomy  
 Intermittent catheterization

Assistance is:  Permanent  Temporary

Notes:

#### 4. Mobility/Ambulation (check all that apply)



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- No assistance needed (able to independently walk on even and uneven surfaces without the use of an assistive device) – Skip to 5. Cognitive/Behavioral.
- Has limited mobility and/or endurance (requires assistance from another person, use of equipment, or is physically limited to walking short distances before requiring a rest break).
- Requires the use of one-handed device such as a cane or single crutch (able to independently walk on even and uneven surfaces and negotiate stairs with or without railings).
- Requires the use of a two-handed device such as walker or crutches to walk alone on a level surface and/or requires human assistance or supervision to negotiate stairs, steps, or uneven surfaces.
- Requires total assistance (able to walk only with the supervision or assistance of another person at all times).
- Is chair-fast (unable to ambulate), but is able to propel self independently.
- Is chair-fast (unable to ambulate) and is unable to propel self.
- Is bedfast (unable to ambulate or be up in a chair).

Assistance is:     Permanent     Temporary

Notes:

#### 5. Cognitive/Behavioral

Does the individual have a cognitive impairment or behavioral issue that creates an inadvertent potential for self-harm (i.e., Alzheimer’s, dementia, TBI, etc.)?

- No     Yes – Diagnosis:

Describe unusual behaviors:

#### 5. Disability

Does the individual have a permanent physical or mental disability not covered in previous sections?

- No     Yes – Diagnosis:

Additional comments:

Prepared by:

FMD:

Date FMD reviewed:



PATIENT I.D. DATA:  
(Name, DOC#, DOB)

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HSM:

Date HSM reviewed: