

PLANNING FOR CONSUMERS WHO ARE SEVERELY PHYSICALLY HANDICAPPED

Consumers who are severely physically handicapped, their families and caregivers have adapted routines to carry out activities of daily living and address care needs that are unique for each individual. The following list provides direction for documenting those techniques, adaptations and tips that are most successful in assisting an individual who requires assistance with daily living routines.

1. Assist family in making an equipment notebook. Include purchase dates for the current wheelchair, back-up wheelchair and other equipment and list the vendor and the funding source. Note phone number and contact person(s). Maintain a record of repairs. Include receipts of original purchase and all repairs. Wheelchair and Mobility Management Information Sheet on the next page can be used to organize equipment information.
2. Maintain and update a record of doctors and dentist. List medications, allergies, seizure history, surgeries and treatment(s) being provided. Append copies of any available medical or laboratory reports.
3. In order to help orient caregivers, note consumer's preferences, how he indicates "yes" and "no" and expresses pain and hunger.
4. Write down any special care required which might include: transfers in and out of the wheelchair, skin care or night time turning to avoid skin breakdown, tips on dealing with constipation and incontinence, and how bathing is managed.
5. List any specialized items that are useful to the consumer such as specialized pillows, positioning devices, reachers or holders, adapted or unique cup holders, utensils, plates, remote controls, etc.
6. A video or pictures of the care required may be helpful and could include management of feedings, transfer techniques, dressing procedures, positioning hints. The video is a useful tool for the consumer to orient new care providers and provides a resource to regularly review routines and procedures.

Wheelchair and Mobility Management Information Sheet

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|---|--|
| Name Address Phone E-mail | |
| Roommate or Care Provider | |
| Regional Center Service Coordinator | |
| Day Program or Work Site | |
| Supported Living Agency & Coordinator | |
| Wheelchair | Manufacturer, Type, Model and Serial # |
| Manual Wheelchair Date Purchased # of manual wheelchairs _____ Electric Wheelchair Date Purchased Age you began driving an electric w/c _____ # of electric wheelchairs _____ | |
| Transfer type, assistance and equipment required | |
| Vendor | |
| Insurance / Identification # | |
| Doctor | |
| Physical Therapist | |
| Reasons wheelchair is needed | |

| Functional Status | Yes | No | Comments |
|---|------------|-----------|-----------------|
| Living Situation: House Apartment Group Living Situation | | | |
| Lives Alone | | | |
| Care Taker/Attendant Needed) # of Hours _____ | | | |
| Housing Access: | | | |
| First Floor | | | |
| Ramp Entrance | | | |
| Stairs | | | |
| Elevator | | | |
| Ambulation and Transfers: | | | |
| Ability to walk independently | | | |
| Can Walk with Assistance Device, Brace, or Caretaker | | | |
| Transfer to and from bed • With assistance • independently | | | |
| Transfer to and from toilet • With assistance • independently | | | |
| Transfer to and from Bath tub • With assistance • independently | | | |
| Community Mobility Requirements | | | |
| Wheelchair Mobility Access is required in the following environments | | | |
| Home | | | |
| School/ Program | | | |
| Work | | | |
| Recreation | | | |
| Transportation Availability | | | |
| Car | | | |
| Van | | | |
| School or Agency Bus | | | |
| Public Transportation: (specify) | | | |
| MTS (Metropolitan Transit System) North County Transit District | | | |
| City Bus | | | |