OKLAHOMA DEPARTMENT OF CORRECTIONS
INFIRMARY HEALTH CARE PLAN

Inmate Name		DOC No.	Age	Gender
Physician	Facility	Diagnosis		
Short Range Goals:				
Long Range Goals:				

Date	Problem	Approach

Discharge Plan: _____

_____

_____

Date	Medications	Date	Treatments

ACTIVITIES	PHYSICAL TRAITS	LAB PROCEDURES	X-RAY PROCEDURES	OTHER
____ Bed Rest ____ Dangle ____ Chair ____ Wheelchair ____ Walker ____ Up ad. lib	____ Paraplegic ____ Hemiplegic ____ Blind ____ Deaf ____ Other (specify): _____			
BOWEL/BLADDER	PROSTHESIS	HYGIENE	ISOLATION (SPECIFY)	RESTRAINTS
____ Colostomy ____ Incontinent ____ Catheter ____ Commode(BSC) ____ Bathroom ____ Catheter Care	____ Dentures ____ Contact(s) ____ Glasses ____ Eye ____ Limb ____ Other (Specify) _____	____ Bed Bath ____ Partial Bath ____ Self Bath ____ Assist Bath ____ Tub ____ Shower	____ Respiratory ____ Wound ____ Contact	____ Siderails ____ Posey ____ Soft Wrist ____ Other