## OKLAHOMA DEPARTMENT OF CORRECTIONS INFIRMARY HEALTH CARE PLAN

Inmate Name					ODC	ODOC No.				Gender	
Physician Fac			Facility	Diagnosis							
Short Range Goals:											
Long Range Goals:											
Date	Problem					Approach					
Discharge Plan:											
Date Medica		tions		Date		Treatments					
						Т					
ACTIVITIES		PHYSICAL	TRAITS	LAB PROCEDURE		X-RAY PROCEDUR		ES		OTHER	
Bed Rest Dangle Chair Wheelchair Walker Up ad. lib		Parap Hemip Blind Deaf Other (specify):	olegic								
BOWEL/BLADDER		PROSTH	PROSTHESIS		HYGIENE		ISOLATION (SPECIF)		RESTRAINTS		
Colostomy Incontinent Catheter Commode(BSC) Bathroom Catheter Care		Dentu Conta Glasse Eye Limb Other (Specify)	ct(s)	Bed Ba Partial Self-Ba Assist E Tub Shower	Bath th Bath	Respiratory Wound Contact			Side rails Posey Soft Wrist Other		