



**SAMPLE LOMN SafeSpaces ROOM:**

Name:	Date of Assessment:
DOB:	Diagnosis:
Height:            Weight:	Physician
Therapist/Consultant:	Equipment Supplier:
Funding:	

Patient was seen this date for an equipment evaluation for a means of safe nighttime positioning as patient is at risk for elopement, injury and death with current commercial bed options as a result of medical diagnosis/ (Enter Name), ATP of (Enter Company) was consulted regarding bed positioning needs. Patient was accompanied by (enter caregiver) who remained in the room and participated in the session.

**Reasons for today's visit:**

1. Physician has identified need related to patient's diagnosis(es) and referred for evaluation for adaptive equipment for adapted safety bed positioning.
2. Patient has a diagnosis of (enter diagnoses) and requires safe positioning and medically prescribed adapted supports to support medical, physical, cognitive and behavioral disabilities due to medical diagnoses.
3. Patient's disabilities are moderate to severe and commercial beds are not able to support medical needs.

**Adaptive Equipment**

Patient currently uses the following equipment:

Seating and Positioning:

Mobility:

Bathing:

Transfers:

Bed:

**Past Medical History:**

**HOME ENVIRONMENT AND TRANSPORTATION CONSIDERATIONS**

Patient lives at home with \*\*\*. Home is a \*\*\* with \*\*\* stairs to enter with \*\*\* ramp access necessary. The home has a(n) \*\*\* area. Bedroom and bathroom are on the \*\*\* floor. The bathroom is \*\*\*. The bedroom is \*\*\* with \*\*\* bed and \*\*\* medical supplies. Patient has access to \*\*\* for transit. He requires \*\*\* assistance for his self-care needs and mobility. For transfers, \*\*\* Assist is required. Patient is in need of a safe, supportive, adapted bed environment.

Current bedroom/sleeping environment is not providing appropriate support and safety. Current risks and concerns include: \*\*\* (elopement, poor spatial awareness, decreased sensation to pain, risk of entrapment, self injury with sensory seeking behaviors against hard surfaces, significant behavioral outburst, incontinence, PICA, etc). Mattress on the floor, side rails on standard commercial beds are ruled out as the patient will elope and be at risk for severe injury to self, environment and others. SEHB and FEHB are ruled out as the patient will elope, can become entangled/entrapped in open rails and this equipment does not meet their medical needs. Patient is in need of an adapted safety bed with sides that are tall enough to inhibit climbing out/over with elopement and decrease risk of injury to self and others with sensory behavioral disabilities. All enclosed safety beds are being considered on this date.

**CURRENT MEDICAL/PHYSICAL STATUS**

**Cognitive Status:**

2760 Circleport Drive Erlanger, KY 41018

[www.adaptiveimports.com](http://www.adaptiveimports.com) | [sales@adaptiveimports.com](mailto:sales@adaptiveimports.com)



**Skin Condition/Integrity:** at great risk for injury to self due to sensory seeking behaviors and decreased cognition and sensory awareness for pain, pressure and injury to self or others.

**Bowel/bladder:**

**Hearing/Vision:**

**Cardio-respiratory status:**

**Orthopedic considerations:**

**Ambulation/Functional Walking Status:**

**Bed confined:** currently at nights, several times in day/evening for resting/sensory modulation and safety due to patient size, need for 1:1 assist/supervision due to cognition, sensory and behavioral limitations, risk for injury to self or others and modulation of sensory behavioral outbursts.

### MEASUREMENTS

Height:      Weight: :

### CURRENT FUNCTIONAL STATUS

**UE Function:**

**LE Function:**

**Activities of Daily Living (ADL's):** dependent for all MRADLs and all positioning

**Assistance for Safety:**

### CLINICAL ASSESSMENT

**Sitting Posture:**

**Pelvic Tilt/Obliquity/Rotation: .**

**Leg Position:**

**Scoliosis:**

**Lordosis/Kyphosis:**

**Head Position:**

**Balance/safety Awareness:**

**ROM/Strength Limitations:**

### CLINICAL SUMMARY

Patient presents with abnormal muscle tone and impaired muscle strength, range of motion, transitions, spatial awareness and balance, sensory processing, impaired cognition and decreased awareness of safety and pain. Patient requires adaptive safety equipment that will decrease the risk of injury to self and others, decrease risk of elopement, assist with management of behavioral outbursts and aid in overall safety and wellness of patient as direct result of medical diagnoses and moderate to severe disability. Patient is dependent on 1:1 assist and requires adapted safety equipment and supports in the home environment.

### **Equipment Considered:**

**Patient's moderate to severe medical needs present a need for adapted safety equipment. Standard commercial equipment options are not able to meet needs for safe and appropriate support. Please review below for proper assessment and rule in/rule out of appropriate adapted equipment.**

**Commercial bed:** this is not an appropriate option due to safety concerns and care needs including dependent care needs, dependent transfer needs, medical care needs, abnormal tone, entrapment, entanglement and risk for elopement and self injurious behavior.

**Mattress on the floor:** this is not an appropriate option due to safety concerns and care needs including dependent care needs, dependent transfer needs, medical care needs, abnormal tone, entrapment, entanglement and risk for elopement and self injurious behavior.

2760 Circleport Drive Erlanger, KY 41018

[www.adaptiveimports.com](http://www.adaptiveimports.com) | [sales@adaptiveimports.com](mailto:sales@adaptiveimports.com)



**Commercial bed with commercial rails:** this is not an appropriate option due to safety concerns and care needs including dependent care needs, dependent transfer needs, medical care needs, abnormal tone, entrapment, entanglement and risk for elopement and self injurious behavior.

**Semi Electric Hospital bed and Fully Electric Hospital bed:** this is not an appropriate option due to safety concerns and care needs including dependent care needs, dependent transfer needs, medical care needs, abnormal tone, entrapment, entanglement and risk for elopement and self injurious behavior.

**Features required:** full height tall sides- over 27" to allow inhibit scaling/climbing/elopement. Clear view panel(s) to allow the patient to be observed for required medical/safety management. Adjustable head/foot and height of bed to support safe transfers, postural positioning and dependent medical care(IF NEEDED). Material that will inhibit injury with behavioral outbursts and withstand strength of severe behavioral needs described in above assessment clinical findings. Mattress to support sleeping surface with appropriate cover for incontinence needs and maintain quality of mattress.

#### **Additional Rule Out:**

**SleepSafe and Beds By George** beds are not functional or safe options to support the medical needs of this patient. They do provide the necessary medical supports for port access and adjustable head/foot and height articulation but the side rails are not tall enough to inhibit risk of elopement and injury. Even at the tallest side rail option, this patient exhibits severe medical and behavioral needs outside what these configurations can provide. In addition the patient presents sensory seeking behaviors that the wood surfaces would cause risk of self injury.

The following beds are appropriate safety options to consider for a patient with safety, behavior, and medical needs due to a medical diagnosis. However, each patient presenting with such diagnoses can have mild to severe safety, behavior, and medical needs. A full complex rehab equipment evaluation allows for the clinician to explore these medical needs and review each option for appropriate prescription:

**Safety Sleeper Tent-** this is a mattress with a tent enclosure. This is not capable of meeting this child's behaviors or needs,. She is at great risk flipping this off the bed resulting in entrapment. This bed is appropriate for more mild behaviors and elopement needs

**Haven Bed -** patient has sensory seeking behaviors that are self-injurious- the wood areas on these beds make them not safe for the patient as she would seek out the wood and bang her head resulting in severe injury. She has no safety awareness of her behaviors and presents impaired pain perception as result of her diagnoses

**Cubby Bed-** while this bed appears similar to the safe spaces in type of safety supports it is not the proper grade of safety this child needs. She presents severe outbursts with her behaviors. This bed is better for patients who present a need for safe confined space for sensory modulation and mild to moderate decompression. She presents moderate to severe safety needs. This bed is ruled out due to this need

**SafeSpaces-** this safety environment presents similar qualities to most of the beds above as these are what make them adapted safety beds. It will provide the proper environment for dependent care when needed, a safe sleeping space to prevent elopement and support safety at times of outbursts and dangerous behaviors. In addition, the construction of the frame is such that the vinyl covering wraps around the frame in a manner that the child cannot seek out the hard areas for self injurious behaviors. The large space of this product compared to other SafeSpace products allows for the required sensory support to allow the patient optimal sensory modulation during sensory outburst and aid to decrease the intensity of these behaviors. This will allow for added safety for the patient and others, allow for more controlled behaviors overall, reduce need for additional constraints or medications and reduce the chance for this patient to be institutionalized for medical and behavioral management. **This product best meets the needs of this patient, presenting diagnoses and moderate to severe physical, medical and behavioral disability.**

#### **Equipment Recommendation & Justification: SafeSpaces Room**

2760 Circleport Drive Erlanger, KY 41018

[www.adaptiveimports.com](http://www.adaptiveimports.com) | [sales@adaptiveimports.com](mailto:sales@adaptiveimports.com)



*NOTE: CLinician, Family and ATP should work together to assess measurements of home environment for the SafeSpace product. Review the appropriate order form ( <https://www.adaptiveimports.com/order-forms>) for optimal configurations specific to patient needs. Contact [sales@adaptiveimports.com](mailto:sales@adaptiveimports.com) or call 877-767-9462 for assistance.*

Thank you for your time,

THERAPIST NAME

License #:

Date:

I have read and reviewed this Statement of Medical Necessity and Equipment Justification. I hereby attest and concur with the findings and recommendations made by this Licensed Certified Medical Professional.

---

MD NAME

License #:

Date: