

FEDERAL CORRECTIONAL COMPLEX BUTNER  
HEALTH SERVICES PROCEDURE MANUAL

**SUBJECT/TITLE:** Medical Bedding Authorization and Issuance

**1. PURPOSE AND SCOPE**

To establish local procedures and indications for the Federal Correctional Complex Butner for the authorization and issuance of specialized medical bedding and equipment such as hospital bedframe, lower bunk, specialty air mattress, pressure relief mattress, egg crate overlay mattress, trapeze system, and the wedge pillow.

**2. STANDARDS REFERENCED:**

Braden Scale for Predicting Pressure Sore Risk (Attachment B)

**3. PROCEDURES GUIDELINES.**

**A. General Guidelines:** Inmates that do not meet the criteria listed in this procedure should be assigned to standard correctional bedding based on assignments from the inmate's unit team. **Appendix A** provides a quick reference for the indications for medical bedding and equipment.

**B. Equipment and Bedding Indications for Authorization**

**1) Wedge Pillow**

- a. Inmates who require the head of bed elevated greater than 30 degrees due to such conditions as obstructive sleep apnea, congestive heart failure, or chronic obstructive pulmonary disease
- b. Inmates who require elevation of lower extremities with conditions such as ortho-static hypotension, chronic lower extremity edema or lymphedema, chronic venous stasis wounds, or status post lower extremity orthopedic surgery.
- c. Can be issued by a physician, mid-level practitioner, physical therapist, or occupational therapist.

**2) Lower Bunk Authorization**

- a. Appendix B lists the criteria listed on the FCC Butner Medical Lower Bunk/ Stair Restriction Form (FCCBUT-08).
- b. Those inmates who have insufficient strength or motion to transfer safely to an upper bunk should be issued an authorization for a standard height low bunk
- c. Issued by primary care physician or mid-level practitioner. Can be temporarily issued by physical therapy or occupational therapy for status post surgical patients only.
- d. Inmates who require trapeze bars for transfers and bed mobility can still utilize a standard lower bunk depending on their functional levels. Facilities can weld the trapeze to the bottom of the upper bunk. A PT/OT evaluation will make the determination of whether the inmate requires a

hospital bed or standard lower bunk.

3) **Egg crate overlay**

- a. Inmates with minimal risk to ulceration as defined by the **Braden Scale with scores of 17 to 20**. See Appendix C.
- b. Inmates who have documented history of chronic back pain and continued pain after intervention by physical therapy, orthopedics, physiatry and/or neurology
- c. Newly diagnosed inmates with spinal pain will undergo a trial of at least three months of physical therapy prior to issuance of the egg crate with issuance being based upon no objective improvement.
- d. Inmates with a history of total joint replacement of the hip, knee, or shoulder.
- e. Can be issued by a physician, mid-level practitioner, physical therapist, or occupational therapist.

4) **Manual Hospital Bed**

- a. Compromised bed mobility due to permanent neurologic disorder affecting two or more extremities.
- b. Loss of spinal or lower extremity range of motion limiting ability to lie in bed supine or on side that can NOT be remedied by use of wedge pillow.
- c. Any medical condition such as orthostatic hypotension or chronic congestive heart failure which requires the head of bed elevated 45 degrees or higher.
- d. Any permanent disability with supporting documentation from Physical or Occupational Therapy stating safe bed mobility is not possible or unsafe with use of a standard height low bunk.
- e. Can be prescribed by the patient's primary care physician only.

5) **Pressure Relief Mattress**

- a. Available in the KCI Therarest or KCI Atmos Air 4000 models in 26" and 36" width for use on standard lower bunks and manual hospital beds.
- b. Inmates determined to have low to moderate risk of ulceration as defined by the **Braden Scale with scores of 16 to 10** (Appendix C).
- c. Primary reason for prescribing this type of mattress is protecting skin integrity in those inmates with co-morbid disorders.
- d. Neurologic deficits which limit mobility and place inmates at risk for skin ulceration include the following but not limited to: parkinson disease with rigidity, amyotrophic lateral sclerosis, and multiple sclerosis.
- e. Inmates diagnosed with chronic regional pain syndrome may also qualify for the pressure relief mattress prescription once all other pain control measures to include physical and occupational therapy have been exhausted .
- f. Inmates with chronic low back pain with or without a past history of spine surgery may be eligible but issuance will be based upon individual assessment of complications. Inmates with chronic back pain will have had to attempt a trial of egg crate mattress use without relief and

consistently demonstrate to two or more health care providers at least two of the four symptoms below to qualify for a pressure reduction mattress:

- 1) Chronic leg weakness
- 2) Positive foot drop
- 3) Abnormal deep tendon reflexes in the lower extremities
- 4) Loss of sensation along specific dermatomes or peripheral nerves fields.

g. Can be issued by a physician, mid-level practitioner, physical therapist, or occupational therapist.

#### 6) Trapeze System

- a. Inmates who during a *Physical or Occupational Therapy evaluation* demonstrate compromised bed mobility that would preclude safe, independent bed mobility with the use of other assistive devices and a manual hospital bed.
- b. Inmates will typically have a primary diagnosis which limits overall strength coupled with a secondary diagnosis which limits upper extremity function such as:
  - i. Paraplegia *with* rotator cuff injury limiting upper body mobility to one extremity.
  - ii. Paraplegia with a frequent turn schedule secondary complication of chronic ulceration.
  - iii. Severely de-conditioned elderly inmate with chronic obstructive pulmonary disease demonstrating the inability to transfer safely from supine to sitting position.
- c. Can be prescribed by the patient's primary care physician only after PT or OT evaluation or by PT/OT after receiving a referral for that particular patient..

#### 7) Specialty Air Mattress

- a. These are powered specialty medical beds used for inmates with existing pressure ulcers or those with such impaired function and health as to pose an extremely high risk for pressure ulcer development. Typically these patients will have some form of neurologic disorder or spinal cord injury.
- b. Inmates at moderate to high risk with **Braden Scales below 10** (Appendix C) will require examination by either physician, mid-level, or therapist to determine the most appropriate bedding surface to provide optimal support to maintain appropriate skin integrity.
- c. Health Service Administrator is responsible for the procurement of these specialty medical beds.
- d. Can be prescribed by the patient's primary care physician only.

#### C. Responsibilities:

- 1). Physicians
  - a. Authorized to prescribe any of the specialty medical bedding and equipment.
  - b. Responsible for PT/OT consult submission for functional assessment to

determine bedding/equipment needs.

- 2) Mid-level Providers - (Nurse Practitioners and Physician Assistants)
  - a. Authorized the prescription of wedge pillows, egg crate mattresses, lower bunk passes, and pressure relief mattresses.
  - b. Submission of PT/OT consults for functional assessment to determine bedding/equipment needs.
- 3) Physical Therapists and Occupational Therapists
  - a. Authorized the prescription of wedge pillows, egg crate mattresses, lower bunk passes, and pressure relief mattresses.
  - b. Performs functional assessments to determine bedding/equipment needs.
  - c. Training of patients in use of specialty equipment to assist with transfers or bed mobility
  - d. Serve as consultant to primary care team in regards to bedding and equipment options.
  - e. Responsible for the procurement of all trapeze parts.
- 4) Nursing and Paramedics
  - a. Authorized to dispense any of the above medical bedding equipment with appropriate authorization.
  - b. Should report any inappropriate use or frequent requests for replacement of medical bedding/equipment to the prescribing provider.
  - c. Reporting when specialized bedding/equipment is no longer needed due to inmate transfer, death, or resolution of impairment.
- 5) Health Service Administrator and Assistant Health Service Administrators
  - a. Procurement of medical specialty beds and pressure reduction mattresses.
  - b. Approval of purchase requests for specialty bedding/equipment.
- 6) Central Supply
  - a. Ordering and stocking of wedge pillows and egg crate mattresses.
  - b. Issuing of wedge pillows and egg crate mattresses to authorized FMC inmates.
- 6) Warehouse
  - a. Processing of purchase requests through warehouse and notification of credit card holder of equipment arrival.
  - b. Storage of pressure reduction mattresses.
- 7) Custody
  - a. Confiscation of any equipment that is being used by an inmate without written authorization from an approved medical care provider.
  - b. Ensure that inmates authorized specialty bedding and equipment are allowed access and use of prescribed bedding/equipment.

8) Facilities

- a. Responsible for the installation of trapeze bars such that individual trapeze parts can not be removed to be used as weapons.
- b. Coordinate with Rehabilitation Services for room modifications to improve an inmate's function and safety.

9) Counselors

- a. Make bed assignments in accordance with guidance from medical staff
- b. Coordinate with Facilities and Rehabilitation Services for any inmate complaints regrading room accessibility.

**D. Bedding/Equipment Prescription**

- 1) Healthcare Provider should evaluate the inmate to determine functional impairment.
- 2) Should a medical mattress/equipment be indicated, the health care provider should annotate this in the medical record and complete an Idle Form (FCCBUT-07) with the required equipment and expiration date.
- 3) FMC inmates will receive the wedge pillow or egg crate mattress at Central Supply. All others will receive the equipment from the nursing/paramedic staff during official equipment issue times.
- 4) The AHSA for the respective institutions will need to be notified for issue of the pressure reduction mattress, manual hospital bed, and trapeze as these items will need to be obtained from storage and possible arrangements for changing the inmate's housing assignment will need to be made.
- 5) The counselor will make the arrangements for bed assignments upon receiving a copy of the FCCBUT-07 Idle form from the inmate.
- 6) Rehabilitation Services will contact Facilities for the installation of trapeze bars if indicated.

## Criteria for Mattresses and Hospital Beds

Appendix A

See Braden Scale Reference	Manual Hospital Bedframe	Wedge Pillow	Egg Crate Overlay	Pressure Relief Mattress	Specialty Air Mattress	Trapeze System
Do Not use Braden Scale as criteria to authorize.	Based upon <b>compromised</b> bed mobility and/or <b>Significant loss of ROM</b> . see policy.					PT or OT Eval
Pulmonary disease/ poor gas exchange, CHF, GERD, LE elevation.		✘				PT or OT Eval
Minimal Risk (Braden 20-17), Chronic LBP. See policy statement 3.b.c.d.			✘			PT or OT Eval
Low-Moderate Risk (Braden 16-10) Chronic LBP w/ documented nerve damage. See policy statement 5.f.				✘		PT or OT Eval
Mod to High Risk of Pressure Ulcer ( $\leq 9$ )					✘	PT or OT Eval

*Federal Correctional Complex - Butner, North Carolina*

## **MEDICAL LOWER BUNK / STAIR RESTRICTION GUIDELINES**

---

Listed below are medical/physical conditions which require consideration for approval of stair and/or lower bunk restrictions. Restrictions are/may be time dependent and should have a finite time listed with the specific limiting factor warranting the restriction. Determination of the restriction and time factor will be made during a clinic visit with written approval on the Idle, Convalescent, and Change in Work Classifications Form (FCCBUT-07) provided to the inmate and documented in the medical record.

The below listed medical/physical conditions are placed in one of two categories: **Absolute or Temporary Indications** for lower bunk or stair restriction. The categories were developed to provide a reference point for our healthcare providers.

### **ABSOLUTE**

**GI/Metabolic**

Morbid Obesity 300 + lbs  
Chronic Diarrhea/Inflammatory Bowel Disease

**Musculoskeletal**

Severe arthritis (upper extremities, shoulder, spine, hips and lower extremities)  
Absence of limb or portion of limb  
Cervical spondylosis with cord impingement  
ACL or MCL deficient knee  
S/P total joint replacement  
Shoulder instability

**Eye**

Uncorrected vision of 20/200 or less in both eyes

**Cardiac**

CHF on medication  
Coronary artery disease, symptomatic  
Arrhythmias

**Liver**

Cirrhosis with ascites

**Pulmonary**

Severe COPD on medication  
Oxygen dependent

**Neuro**

Seizure disorder  
CVA  
Paresis of any degree  
Movement disorders  
Diabetes with documented neuropathy  
Myelopathy from any cause  
Brain damage

---

### **TEMPORARY** - this category is for a post-operative condition or disease entity known to be self-limiting.

- S/P ortho-spinal surgery (per ortho/neurosurgery)
- S/P ACL reconstruction (6 months)
- Adhesive capsulitis (6 weeks - 12 months)
- Vestibular dysfunction
- MMK (bladder suspension) (6weeks)
- Laparoscopy/cholecystectomy (2 weeks)
- Acute infective polyneuritis (Guillain-Barre Syndrome)
- Cast or equivalent applied to upper or lower extremity

- Adhesive capsulitis of the shoulder
- S/P Arthroscopy (2-6 weeks)
- S/P rotator cuff repair (3-6 months)
- Abdominal hernia repair (6 weeks)
- TAH/BSO (4 weeks)
- S/P tendon repair (6 weeks - 6 months)
- S/P fracture

# Braden Scale for Predicting Pressure Ulcers Risk

Appendix C

	Patient's Name _____	Evaluator's Name _____	Date of Assessment _____	
<b>SENSORY PERCEPTION</b> ability to respond meaningfully to pressure-related discomfort	1. Completely Limited Unresponsive (does not moan, flinch, or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of body	2. Very Limited Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness OR has a sensory impairment which limits the ability to feel pain or discomfort over 1/2 of body.	3. Slightly Limited Responds to verbal commands, but cannot always communicate discomfort or the need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	4. No Impairment Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.
<b>MOISTURE</b> degree to which skin is exposed to moisture	1. Constantly Moist Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	2. Very Moist Skin is often, but not always moist. Linen must be changed at least once a shift.	3. Occasionally Moist Skin is occasionally moist, requiring an extra linen change approximately once a day.	4. Barely Moist Skin is usually dry, linen only requires changing at routine intervals.
<b>ACTIVITY</b> degree of physical activity	1. Bedfast Confined to bed.	2. Chairfast Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks Occasionally Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. Walks Frequently Walks outside room at least twice a day and inside room at least once every two hours during waking hours.
<b>MOBILITY</b> ability to change and control body position	1. Completely Immobility Does not make even slight changes in body or extremity position without assistance.	2. Very Limited Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	3. Slightly Limited Makes frequent though slight changes in body or extremity position independently.	4. No Limitation Makes major and frequent changes in position without assistance.
<b>NUTRITION</b> usual food intake pattern	1. Very Poor Never eats a complete meal. Rarely eats more than a of any food offered. Eats two servings or less of protein (meat or dairy products) per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IV's for more than five days.	2. Probably Inadequate Rarely eats a complete meal and generally eats only about two of any food offered. Protein intake includes only three servings of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than optimum amount of liquid diet or tube feeding.	3. Adequate Eats over half of most meals. Eats a total of four servings of protein (meat, dairy products per day. Occasionally will refuse a meal, but will usually take a supplement when offered OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs.	4. Excellent Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.
<b>FRICTION &amp; SHEAR</b>	1. Problem Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction.	2. Potential Problem Moves feebly or requires minimum assistance. During a move skin probably slides to some extent against sheets, chair, restraints or other devices. Maintains relatively good position in chair or bed most of the time but occasionally slides down.	3. No Apparent Problem Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair.	
				Total Score

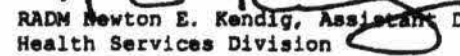




U.S. Department of Justice  
Federal Bureau of Prisons

Washington, D.C. 20534  
June 5, 2012

MEMORANDUM FOR CLINICAL DIRECTORS  
HEALTH SERVICES ADMINISTRATORS

FROM:  RADM Newton E. Kendig, Assistant Director  
Health Services Division

SUBJECT: Lower Bunk Criteria

This memorandum and the attachment provide specific criteria to be considered by clinical health services staff when assigning inmates the Medical Duty Status of lower bunk restriction. This criteria will standardize the assignment of lower bunks across the Federal Bureau of Prisons.

Pursuant to P6031.01 Patient Care, Section 47, and Technical Reference Manual 6001.03, Medical Data/Medical Duty Status/Acuity Status, "Medical Duty Status restrictions must be consistent with the inmate's medical and/or mental health condition." When performing such reviews, the inmate's primary care provider should assess the inmate's need for a lower bunk assignment during an outpatient clinical encounter or upon discharge from an inpatient unit. Requests for lower bunk assignments may be temporary or mandatory based on the established criteria and documented in the electronic health record.

If you have any questions or concerns, do not hesitate to contact me or have your staff contact your Regional Medical Director.

Attachment

cc: Regional Directors  
Wardens  
Regional HSAs  
Regional Medical Directors  
MAST Physicians  
MAST IOP/IDCs

Dr. Jeffery D. Allen, Chief, Health Programs, HSD  
CDR Judith Sutcliffe, National HSA, HSD  
Chief Professional Officers  
Tushar Patel, Chief, OQM, HSD

## LOWER BUNK CRITERIA

### ISSUANCE OF LOWER BUNK ASSIGNMENTS

The following list should not be interpreted to mean automatic qualification. Comprehensive medical evaluation and documentation must support these criteria:

- M/T\*\* 1. Paraplegic or Hemiplegia (wheelchair, canes or crutches)
- M\*\* 2. Seizure Disorder
- M 3. Documented peripheral neuropathy stage III
- M\*\* 4. Arm or leg prosthesis
- T 5. Patients with foot drop and/or AFO brace
- M\*\* 6. Arm or leg casts (90 days after cast removal)
- T 7. Severe DJD/OA/Osteoporosis/Post-Op ORTHO (30-90 days)
- T 8. Obesity BMI >40
- M\*\* 9. Laminectomy (up to 180 days post-operative)
- T 10. Patients on multiple psychotropic medications
- M\*\* 11. Patients on Coumadin/Lovenox or Hemophilia
- M\*\* 12. Blind
- M 13. C-PAP machines/Oxygen dependent
- T 14. Recent Hospital Discharges (up to 90 days)
- M\*\* 15. Parkinson's Disease and Multiple Sclerosis
- M\*\* 16. Congenital deformity resulting in inability to use extremity i.e. Polio
- T\*\* 17. Pregnancy and Post-Partum for 45 days.
- M\*\* 18. Hemodialysis/Peritoneal Dialysis/End-Organ Disease/NYHA 3 or 4
- T 19. Total Joint Replacement (Hip, Knee, and Shoulder) in consultation with Physical Therapist
- T 20. Vestibular dysfunction documented by ENT consultation

**M-Mandatory**

**T-Temporary**

No permanent lower bunk bed assignments will be issued. This will allow for Medical Team review for clinical necessity. **Case by Case Review.**

All temporary lower bunk assignments will be reviewed and renewed every 180 days, at no charge to the inmate. Inmates assigned to a Chronic Care Clinic (CCC) will be assessed at CCC appointments. A follow-up appointment for inmates who are not

assigned to a CCC will be scheduled and the inmate placed on callout for review of their temporary lower bunk assignment.

All mandatory lower bunk assignments will be reviewed and renewed annually, as indicated by the above procedures at no charge to the inmate.

All lower bunk assignments will be validated when the inmate is screened into the facility. Inmates given a lower bunk assignment from another facility will require a new and updated Medical Duty Status Form issued after evaluation by the medical staff at the receiving facility. Lower Bunk assignments should be discontinued when patients no longer medically need or abuse the assignment.

\*\*Denotes inmates that will require a bottom floor and bottom bunk assignment. Case by Case Review.

All Lower Bunk Bed Assignments will be documented in BEMR and keyed into SENTRY when initiated and discontinued.