

**NARRATIVE MEDICAL JUSTIFICATION FOR ADULT BARIATRIC
SHOWER/COMMODE WHEELCHAIR**

PATIENT NAME:

DATE:

ADDRESS:

DATE OF BIRTH:

PHONE:

INSURANCE NAME:

ID NUMBER

DIAGNOSIS:

Base Unit: (E-1399) 720 Series

Because of (patient name) (disability, i.e., spinal cord, ALS, MS, etc.) he/she requires a shower/commode wheelchair. The shower/commode wheelchair will provide (patient name) the ability to perform bowel and bladder functions (independently/dependently) as well as showering for proper hygiene.

Without the ability to voluntarily void the bowel and bladder, serious complications can and will occur. Complications include fecal impaction resulting in autonomic hyper-reflexia (sudden increased high blood pressure). This condition may ultimately lead to a stroke. Severe impaction may also cause the bladder to burst.

Proper hygiene is also extremely important. The showering provides cleansing following the bowel and bladder program which is important for good health as well as (patient name) social acceptability.

JUSTIFICATION FOR STANDARD FEATURES

600 LB. Capacity: (K0108) (Patient's name) current weight is (#). Because (his/her) weight exceeds 250 lbs. Which is the maximum weight capacity of a standard shower commode chair, a bariatric shower commode with a weight capacity of 600 lbs. Is indicated. The bariatric shower commode chair will provide (patient's name) with confidence and peace of mind while performing (his/her) daily bowel/bladder and showering routine.

Stainless Steel Rigid Frame: (E1399) The stainless steel rigid frame provides (patient name) with a durable rust and corrosion proof shower commode chair that will last for years. The rigid frame also provides (patient name) with a very stable and secure seating system.

Padded Seat and Back: (K0108) The padded seat and back provide (patient name)

protection from possible skin break down (decubilities ulcer) while performing (his/her) daily bowel/bladder and showering program. Typically the program can take up to an hour from start to completion.

Swingaway Removable Arms: The swingaway removable armrest provides (patient name) with safety and stability while showering as well as the ability to do independent weight shifts. The removable armrest also allows for lateral transfers in and out of the shower commode chair.

Padded Armrests: (K0019) The padded armrest provides decreased pressure on (patient name) elbows and arms thus preventing potential skin breakdown.

Flip-up Removable Foot Platform: (K0052) The footrests are necessary to prevent injury to (patient name) feet and legs by allowing them to be off the ground and secure, thus preventing them from dragging them on the ground. The footrest also provides proper positioning of the lower extremities, which allows for better weight distribution in the thigh and buttocks area.

Toggle Locks: (K0081) The toggle lock provides (patient name) the ability to lock the shower commode chair in place for safe transfers as well as providing stability while performing (his/her) daily hygiene tasks.

DURATION OF NEED:

PHYSICIAN:

ADDRESS:

PHONE:

UPIN:

SIGNATURE:

PHYSICIAN COMMENTS: _____

JUSTIFICATION FOR OPTIONS

Safety Strap: (K0031NU) The safety strap provides (patient name) anterior support while propelling the shower commode chair as well as prevention from falls.

Step On Caster Locks: (K0073) The step on caster locks will provide (patient name) lateral stability to the shower commode chair so that transfers to and from the commode will be safe.

Heelstraps: (K0038). (Patient name) requires heelstraps for proper positioning of (his/her) feet as well as to prevent injury to (his/her) lower extremities.

Wheel Lock Extensions: (K0079) Because of (patient's name) inability to reach (his/her) standard locks due to (his/her) (disability, i.e., spinal cord, ALS, MS, etc.), (he/she) requires wheel lock extensions for the safe operation of the shower commode wheelchair.