

A1

**The Duke of Cornwall Spinal Treatment Centre
Referral Pathway for Patients with Spinal Cord Injury
(For use following discussion with on-call Spinal medical staff)**

Form accepted by (Spinal doctor's name).....

Date of Accident/onset of paralysis..... Location of Accident/onset.....	
Mechanism of Injury/Disease Process.....	
Date A1 completed and returned to DCSTC.....	
Reasons for delay in referral (if any)	
<p>Surname.....Forenames.....</p> <p>Age..... DOB ----/----/---- Height..... Weight.....</p> <p>Patient's home address.....</p> <p>.....</p> <p>Postcode..... Telephone No.</p> <p>Normal Country of Residence..... Religion.....</p> <p>NHS Eligibility <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Marital Status..... Employment.....</p> <p>Next of Kin: Name and Address.....</p> <p>.....</p> <p>Telephone No. Relationship.....</p>	
<p>GP Name and Address.....</p> <p>.....</p> <p>Post Code: Telephone No:.....</p>	

Name of Referring Hospital Dept/Ward Name of treating Consultant Name of referring Dr: Bleep..... Telephone No..... Fax No.....	Has this patient been transferred from another hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes Date Hospital Ward/Dept Do you plan to transfer this patient to another hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify/notify SCIC Hospital: Ward/ Dept:
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Spinal Column Injury Yes No Level

Radiology (inc plain images/CT/MRI) carried out: Yes No Type/Dates

NB (If Yes, please send copies of images when transferring patient)

Spinal Cord lesion → nature & level:

Spinal Surgery → procedure
 Date
 Traction:.....

Neurological Level

Motor complete Incomplete

Sensory: Complete Incomplete

ASIA completed Yes No
http://www.asia-spinalinjury.org/publications/2006_Classif_worksheet.pdf

Methylprednisolone or other steroids given Yes No Dose: Date:.....

Associated Injuries

.....

Glasgow Coma Score: At time of Injury..... At time of referral.....

Past Medical History

.....
.....
.....
Details of any Mental Health Illness/disorder, behavioural problems, drug and/or alcohol dependence
or learning disabilities, recent cognitive assessment:
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Respiratory Status/type of support

Full ventilation / BiPAP /CPAP/Non invasive/ Invasive
Pressures/ tidal volume.....

ETT / Tracheostomy (size)..... Added O₂.....

SPO₂..... ETCO₂.....

ABG's:.....

Chest drains.....

Cardiovascular

Heart rate/rythmn: Blood Pressure:-.....

Current Bladder Management

Catheter insitu? Yes No

Urethral/supra pubic..... Size.....

Nutrition: Oral N/G PEG TPN

Fluids intake: Oral/ IV.....

Current Bowel Management

Manual evacuation +/- suppositories.....

Aperients

Skin Trauma Burns/De-gloving/other/site

Pressure Ulcer Yes No Grade:-..... Site/grade of pressure ulcer.....

Current Medication

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MRSA Status

Site swabbed	Date/Result	Confirmation of MRSA status given to SCIC
Nose		Avon/Tamar Ward; Ext 2447/2445
Groin		Medical
Urine		Nursing
Tracheostomy		
Suprapubic catheter		
Other skin lesions		
Surgical wounds		

A1 Form completed by:.....**Job title**.....
Date.....
(Please print name)

Please fax by return for the attention of

Spinal Unit	Contacts	Fax	Telephone:
Salisbury	Helen Aldridge on Ext 2436 Elaine Gaffney on Ext 2436	01722 336550	01722 336262

Decisions regarding acceptance onto The Duke of Cornwall Spinal Treatment Centre acute waiting list will be made by the medical staff receiving the referral and will be communicated back to referring team in writing.

Each patient referred will be discussed on an individual basis at the weekly Admissions Meeting (Thursday afternoons).

Thank you.

Referred to another SpinalRehab Centre Yes <input type="checkbox"/> No <input type="checkbox"/> Spinal Centre referred to Stoke Mandeville <input type="checkbox"/> Date: .../.../..... Stanmore <input type="checkbox"/> .../...../..... Other: Date .../.../
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For Spinal Centre Use Only:

Date A1 form received from referring Hospital:
Planned date of Admssion.....
Admitted to another Spinal Centre Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date.....
Spinal Centre admitted to.....
Admission lead Time (date of referral to date of admission) in days.....
ASIA Score on admission.....: