

PRE ADMISSION FORM FOR PATIENTS WITH SPINAL CORD INJURY

FORM ORIGINATED BY (Spinal Consultant's name):

Date of Accident/onset of disease	Cause
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Date of referral:

Name: **Age:** **DOB:**

Marital Status:

Patient's address:

Tel No: **Religion:**

Next of Kin: Name and address:

Tel No: **Relationship:**

GP Name and Address:

Post Code: **Tel No:**

The patient is in A&E <input type="checkbox"/> Or Ward Under the care of: Consultant Tel No Fax No	Transferred to: 2 nd Hospital Ward Date Under the care of: Consultant Tel No Fax No
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Bony Injury: Yes <input type="checkbox"/> No <input type="checkbox"/>	Neurological Level:	Complete: <input type="checkbox"/> Incomplete: <input type="checkbox"/>
Surgery:		
Traction: Yes <input type="checkbox"/> No <input type="checkbox"/>	Calliper Type:	Traction Weight: lbs
Associated Injuries		
Social History:		
Significant Past Medical History		
Please give details of any Mental Health Illness/Disorder, behavioural problems, drug and/or alcohol dependence or learning disabilities		

CURRENT STATUS

Glasgow Coma Scale At time of Injury At time of referral		Height Weight	
Respiratory status/type of support			
Cardiovascular Pulse Blood pressure			
Current Bladder Management Catheter insitu? Yes <input type="checkbox"/> No <input type="checkbox"/> Urethral / suprapubic.		Urine output	
Current Bowel Management		Aperients	
Gastrointestinal: N/G? PEG?	IV	Oral Intake?	Nutrition
Skin Traumatic / surgical lesion Yes <input type="checkbox"/> No <input type="checkbox"/>		Pressure sores: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Methylprednisolone Yes <input type="checkbox"/> No <input type="checkbox"/> Other Drugs:			

MRSA STATUS

Site swabbed	Date & result
Nose	
Perineum / groin	
Urine	
Tracheostomy	
Suprapubic catheter	
Other skin lesions	
Other	

INFORMATION SUPPLIED TO:	
Wards: Avon Ext 2447	Tamar: Ext 2445
Medical	
Nursing	

Details completed by: **Date:**

(Please print name)

Please fax by return for the attention of: GLENDA STAINER OR ELAINE GAFFNEY

Fax number 01722 336550

Each patient referred will be considered on an individual basis and if appropriate will be considered for discussion at the Admission Meeting held each Thursday afternoon. To do this we need the information by 14.00 hours on a Thursday afternoon. Thank you.