

Patient Care Hospital Passport For Spinal Cord Injury

Attention for the staff involved in my care Failing to read and understand this passport may endanger my life

Name:		
Date of Birth:	NHS No:	Hospital No:
Address & contact details:		
GP: Address: Phone No: Spinal Consultant: Address: Phone No:		
No. 1	e Professional (HCPs):	
I have completed this pass carefully if you are providi without proper care can b If you are admitting me to	sport with relevant information about how my spinal cord injury ing my care. Patients with SCI are vulnerable to several complex	and unpredictable health issues which,
For further advice and info	ormation please visit www.gwh.nhs.uk/natients-and-visitors/sn	inal-cord-injuries/
	ormation, please visit www.gwh.nhs.uk/patients-and-visitors/sp	inal-cord-injuries/
My medical history, Please put across importal level and if you are comple	important information, and my medication: Int aspects of your injury and care requirements: e.g. you may we ete or incomplete); medication and pre-existing issues; your abile a PA or carer; next of kin if you think that's important to you.	rish to put details about your injury (date,
My medical history, Please put across importal level and if you are comple	important information, and my medication: nt aspects of your injury and care requirements: e.g. you may wete or incomplete); medication and pre-existing issues; your abi	rish to put details about your injury (date,
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k, legs and pelvic organs or and/or sensory functi the trunk, legs, and pelv	on in the thoracic, lumbar	or sacral seg	al cord and b	raplegia elow, resulting	in impaired								
k, legs and pelvic organs or and/or sensory functi the trunk, legs, and pelv	on in the cervical segment on in the thoracic, lumbar	or sacral seg	al cord and b	elow, resulting	in impaired								
k, legs and pelvic organs or and/or sensory functi the trunk, legs, and pelv	on in the thoracic, lumbar	or sacral seg	ments of the		in impaired								
the trunk, legs, and pelv				spinal cord.		Tetraplegia: Absence or reduction of motor and/or sensory function in the cervical segments of the spinal cord and below, resulting in impaired function in hands, arms, trunk, legs and pelvic organs.							
lings.			Paraplegia: Absence or reduction of motor and/or sensory function in the thoracic, lumbar or sacral segments of the spinal cord. Depending on level of injury, the trunk, legs, and pelvic organs may be involved. Hand and arm function is spared.										
1:	Other:												
iings:													
	Blood Pressure		Pulse		Blood Type								
I am susceptible to:													
ic Dysreflexia (AD):	1	Yes		No									
Autonomic Dysreflexia is a sudden and potentially lethal surge of blood pressure and is often triggered by acute pain or stimulus. (information provided by Spinal Injuries Association) It is unique to spinal cord injury (SCI). This condition can affect any SCI person with a lesion above the T6 vertebra. It causes extreme hypertension and can lead to cerebral haemorrhage and death. Any increase of 20mm/Hg in BP on a baseline of my normal BP may indicate a dysreflexia episode. This may be accompanied by a lowering of pulse rate. Other possible symptoms: pounding headache; profuse sweating/flushed skin above injury level; pale skin below injury level. What action should be taken on spotting autonomic dysreflexia? * Sit me up and drop my feet. Loosen any clothing and check nothing is putting pressure on the skin. Perform a quick assessment to find the cause so that it can be removed. * Check bladder for distention, catheterise immediately or replace indwelling catheter if not draining. * Check blowel distension/impaction using anaesthetic lubricant, such as 2% lignocaine gel. If the rectum is full, insert some lubricant and wait for at least three minutes before gently performing digital removal of faeces. * Check for and treat other causes of pressure or stimulus (burns, scalds, pressure ulcers, ingrowing toenails, broken bones etc). * It is important that you contact my SCI centre who can advise on the appropriate medication. My triggers for AD/usual symptoms are: I have previously used the following methods to lower my blood pressure:													
Effective bowel care is vital in SCI due to the risks of Autonomic Dysreflexia, incontinence, and bowel obstruction. Staff should support patients to provide their own bowel care where appropriate. My bowel regime is as follows: (please share with anyone involved in my bowel management) Related medication: If a nurse is not competent to undertake this procedure, it is the nurse's responsibility to escalate this to a person of authority													
	a is a sudden and politus. (information providure.) (information providure.) (information providure.) (SCI). This condition sion and can lead to cere BP on a baseline of my reputation on spotting autonomic to Loosen any clothing art to find the cause so that any catheterise immediate apaction using anaesthetic to three minutes before grauses of pressure or stimulated my SCI centre who comptoms are: Dellowing methods to low as to provide their own bows: (please share with any scientific processes) (please share with any scientific processes).	Blood Pressure a is a sudden and potentially lethal surgulus. (information provided by Spinal Injuries Assignry (SCI). This condition can affect any SCI personsion and can lead to cerebral haemorrhage and de BP on a baseline of my normal BP may indicate a dounding headache; profuse sweating/flushed skin and on spotting autonomic dysreflexia? at. Loosen any clothing and check nothing is putting to find the cause so that it can be removed. and, catheterise immediately or replace indwelling compaction using anaesthetic lubricant, such as 2% light three minutes before gently performing digital reauses of pressure or stimulus (burns, scalds, pressuntact my SCI centre who can advise on the approprimptoms are: Collowing methods to lower my blood pressure: Collowing methods to lower my blood pressure:	Blood Pressure Blood Pressure Asis a sudden and potentially lethal surge of blood asis a sudden and potentially lethal surge of blood allus. (information provided by Spinal Injuries Association) jury (SCI). This condition can affect any SCI person with a lesication and can lead to cerebral haemorrhage and death. BP on a baseline of my normal BP may indicate a dysreflexia epounding headache; profuse sweating/flushed skin above injury in on spotting autonomic dysreflexia? It. Loosen any clothing and check nothing is putting pressure on to find the cause so that it can be removed. In, catheterise immediately or replace indwelling catheter if not paction using anaesthetic lubricant, such as 2% lignocaine gel. It three minutes before gently performing digital removal of fact three minutes before gently performing digital removal of fact three minutes before gently performing and the propriate medication and the such as the such as the such as a second to the such as a suc	Blood Pressure Pulse Bic Dysreflexia (AD): a is a sudden and potentially lethal surge of blood pressure Blus. (information provided by Spinal Injuries Association) jury (SCI). This condition can affect any SCI person with a lesion above the sion and can lead to cerebral haemorrhage and death. BP on a baseline of my normal BP may indicate a dysreflexia episode. This in ounding headache; profuse sweating/flushed skin above injury level; pale sk in on spotting autonomic dysreflexia? L. 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SCI (please share with anyone involved in my bowel management)	Blood Pressure Pulse Blood Pressure Pulse Blood Pressure Pulse No a is a sudden and potentially lethal surge of blood pressure and is ofter flust. (information provided by Spinal Injuries Association) givry (SCI). This condition can affect any SCI person with a lesion above the T6 vertebra- gion and can lead to cerebral haemorrhage and death. BP on a baseline of my normal BP may indicate a dysreflexia episode. This may be accompa- gounding headache; profuse sweating/flushed skin above injury level; pale skin below injury an on spotting autonomic dysreflexia? t. Loosen any clothing and check nothing is putting pressure on the skin. to find the cause so that it can be removed. no, catheterise immediately or replace indwelling catheter if not draining. spaction using anaesthetic lubricant, such as 2% lignocaine gel. 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Name:			NHS No:							
Date of Birth:			Hospital No:							
Bladder Care require	4.				N.					
Bladder Care require		Yes			No	_		_		
For specialist advice please contact Meldon Ward. Effective bladder and catheter care is vital in SCI due to the risks of Autonomic Dysreflexia, incontinence, and urinary tract infection.										
	e continence products I use are as follows:									
Related medication:										
Skin Care / Pressure	relief and positioning:									
	al to prevent pressure ulcers:									
	e position longer than absolutely necessary - 3 hrs on a will depend on the surface which I am lying on.	a mattress.								
- I will require an appropria	ate pressure relief mattress.									
	on, turn me day and night and check skin for damage/ on an operating table/Emergency Department trolley									
- Please highlight this risk										
Skin Care in SCI										
The state of the s	tion over any part of my body below point of injury so y mark more easily and will therefore be at increased					nce.				
I have altered sensation b	elow the following level:									
My normal routines, posit	tioning and equipment are:									
Spasms:		Yes			No					
warning sign that something	le movements) in SCI can be very strong and severe, p ng is wrong, e.g. a urinary tract infection, pain or disco I am affected by spasms are as follows:					ay be	∍ a			
- Section 5. Colo 17dy	, , , , , , , , , , , , , , , , , , , ,									
Related medication:										
neiateu meuitation:										

Name:]	NHS No:					
Date of Birth:		Hospital I	No:				
Specific Respiratory Care:	Yes		No				
If respiratory function is affected, the ability to breath effectively and clear resp		s and secretio		uced. This	5		
can lead to more frequent and more severe chest infections. I have compromised respiratory function and I am highly susceptible to chest in							
That compromises respiratory function and running my susceptions to chest m	100000111						
Related medication:							
Poikilothermia:	Yes		No				
Inability to regulate body temperature. My usual symptoms and treatment are	:						
Baseline:							
Postural Hypotension:	Yes		No				
Postural hypotension is a drop in blood pressure when moving from a flat to an e.g., I may experience a feeling of dizziness and could faint when moved from a	flat/lying pos	sition to sitting					
happens in my wheelchair, it could be tilted back, and my legs should be raised,	, or I should b	e returned to	bed and laid	flat.			
Described.							
Baseline:							
General Equipment & Communication Equipment							
Please consider whether the OT dept or Equipment library can supply additional	l equipment	or arrange for	equipment to	o be			
bought from my home. Ensure there is a Nurse Call System/or adaptation in place at all times which I	can reach ar	nd use.					
I require the following moving and handling equipment / aid(s) in order to main possible:			h as				
possible.							
Name:			Date:				
Signature:							
Email address:							
(Any new version of the passport will be emailed to you.)							

Head of Patient Experience and Engagement