

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:	
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Date of Birth:		NHS No:		Hospital No:	
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Address & contact details:	

GP: Address: Phone No:	
Spinal Consultant: Address: Phone No:	

Notes for Healthcare Professional (HCPs):

I have completed this passport with relevant information about how my spinal cord injury (SCI) affects me. Please read each section carefully if you are providing my care. Patients with SCI are vulnerable to several complex and unpredictable health issues which, without proper care can be life threatening.

If you are admitting me to a ward in GWH please consider the availability of an accessible toilet.

Please check if I need an alert adding to Careflow and Nervecentre.

For further advice and information, please visit www.gwh.nhs.uk/patients-and-visitors/spinal-cord-injuries/

My medical history, important information, and my medication:

Please put across important aspects of your injury and care requirements: e.g. you may wish to put details about your injury (date, level and if you are complete or incomplete); medication and pre-existing issues; your ability to transfer independently or help required; whether you have a PA or carer; next of kin if you think that's important to you.

[illegible]

Specialist equipment which must be taken to hospital with me:

Name:	
Date of Birth:	

NHS No:	
Hospital No:	

I have:	Tetraplegia	<input type="checkbox"/>	Paraplegia	<input type="checkbox"/>
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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.

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.

Other:

My usual average readings:

Date Taken		Blood Pressure		Pulse		Blood Type	
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I am susceptible to:

I'm at risk of Autonomic Dysreflexia (AD):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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 bowel 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:

Bowel Care required:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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:

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If a nurse is not competent to undertake this procedure, it is the nurse's responsibility to escalate this to a person of authority who must identify a competent practitioner within the organisation. Otherwise, this can be deemed an omission of care.

NHS No:	
Hospital No:	

[illegible]

Head of Patient Experience and Engagement
(With thanks to the Royal Cornwall Hospitals NHS Trust for allowing us to use aspects of their passport.)