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:	Ν	IHS No:	Hospital No:	
Address & contact details:				
GP: Address: Phone No:				
Spinal Consultant:				
Address:				
Phone No:				
carefully if you are providi without proper care can b If you are admitting me to Please check if I need an a	ng my care. Patients with SCI e life threatening. a ward in GWH please conside lert adding to Careflow and Ne	n about how my spinal cord injury (SC are vulnerable to several complex and er the availability of an accessible toil ervecentre. h.nhs.uk/patients-and-visitors/spinal	d unpredictable health issues v et.	
My medical history,	important information,	and my medication:		_
level and if you are compl	ete or incomplete); medicatior	are requirements: e.g. you may wish n and pre-existing issues; your ability you think that's important to you.		
Known Allergies:				
	1			
Specialist equipmen	t which must he taken t	a hospital with mos		

Name:				NHS No	:		
Date of Birth:				Hospita	l No:		
I have:		Tetraplegia		Dar	anlegia		
Tetraplegia: Absence or reduction of m		ion in the cervical segment	s of the spinal		aplegia elow, resulting i	n impaire	.d
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 rea	adings:						
Date Taken		Blood Pressure		Pulse		Blood T	уре
I am susceptible to:							
I'm at risk of Autono	mic Dysreflexia (AD)	:	Yes		No		
Autonomic Dysreflex				nressure		trigger	
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		No		
Effective bowel care is vita My bowel regime is as follo	l in SCI due to the risks of				struction.		
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 who must identify a competent practitioner within the organisation. Otherwise, this can be deemed an omission of care.							

Name: NHS No:	
Date of Birth: Hospital No:	
	_
Bladder Care required: 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.	
My bladder regime and the continence products I use are as follows:	
Related medication:	
Skin Care / Pressure relief and positioning:	
	_
Pressure relief in SCI is vital to prevent pressure ulcers: - Ensure I'm not left in one position longer than absolutely necessary - 3 hrs on a mattress.	
The maximum safe time will depend on the surface which I am lying on.	
- I will require an appropriate pressure relief mattress.	
 Whatever mattress I am on, turn me day and night and check skin for damage/reddening. Check more frequently if on an operating table/Emergency Department trolley. 	
- Please highlight this risk to all staff.	
Skin Care in SCI	
- I may have altered sensation over any part of my body below point of injury so pressure relief is of paramount importance.	
- When I am ill my skin may mark more easily and will therefore be at increased risk of developing pressure ulcers.	
I have altered sensation below the following level:	
My normal routines, positioning and equipment are:	
Spasms: Yes No No	
Spasms (involuntary muscle movements) in SCI can be very strong and severe, putting the patient safety at risk. They may be a	
warning sign that something is wrong, e.g. a urinary tract infection, pain or discomfort, or Autonomic Dysreflexia.	
Further details of the way I am affected by spasms are as follows:	

Related medication:

Name:	7	NHS No:			
Date of Birth:	-	Hospital No:			
Specific Respiratory Care:	Yes	No			
If respiratory function is affected, the ability to breath effectively and clear respiratory mucus and secretions will be reduced. This can lead to more frequent and more severe chest infections. I have compromised respiratory function and I am highly susceptible to chest infection.					
Related medication:					
Poikilothermia:	Yes	No			
Inability to regulate body temperature. My usual symptoms and treatment are	2:				
Baseline:					
Postural Hypotension:	Yes	No			
Postural hypotension is a drop in blood pressure when moving from a flat to an upright position. e.g., I may experience a feeling of dizziness and could faint when moved from a flat/lying position to sitting up too quickly. If this happens in my wheelchair, it could be tilted back, and my legs should be raised, or I should be returned to bed and laid flat.					
Baseline:					
General Equipment & Communication Equipment					
Please consider whether the OT dept or Equipment library can supply addition bought from my home.			be		
Ensure there is a Nurse Call System/or adaptation in place at all times which I can reach and use. I require the following moving and handling equipment / aid(s) in order to maintain independence as much as					
possible:					
Name:		Date:			
Signature:			<u> </u>		
Email address:					
(Any new version of the passport will be emailed to you.)					

Head of Patient Experience and Engagement

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