

Name:

Date of birth:

NHS number:

CR number:

**Patient Care Hospital Passport
for Spinal Cord Injuries**

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

Known allergies	
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Notes for Healthcare Professionals (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.

Safeguarding Services can provide help and support for SCI patients admitted to RCHT

Tel: 01872 255742

Information on patients with spinal cord injury is available on the RCHT SCI website:
<https://www.royalcornwall.nhs.uk/services/safeguarding-services/#spinalCordInjury>

<p>My Medical History and Important Information</p> <p>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), whether you have a PA or a carer, next of kin if you think it is important to you.</p> <p>Please think about how you wish your normal daily care to be provided.</p>	
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<p>If you attend hospital regularly and/or are commencing long term treatment, please contact Safeguarding Services on 01872 255742 to discuss an honorary contract for your PA(s)</p>	
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I have	Tetraplegia		Paraplegia	
<p>Tetraplegia</p> <ul style="list-style-type: none"> - 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. <p>Paraplegia</p> <ul style="list-style-type: none"> - 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. 				

My Baseline Readings			Date taken	
Blood Pressure		Pulse		Blood Type
My current medications, which have been prescribed by my GP/Spinal Consultant: (if possible I will bring my medication in with me)				

I have Autonomic Dysreflexia (AD)	Yes		No	
Further info if relevant:				
<p>Autonomic Dysreflexia is a life threatening rise in blood pressure that will continue until the cause is relieved. Untreated, it can cause Seizures, Stroke, Retinal haemorrhage, Brain damage, Cardiac arrest, Death.</p> <p>The most common causes of AD are:</p> <ul style="list-style-type: none"> - Bladder and Bowel distension - Catheter obstruction - Urinary tract infection <p style="text-align: center;">Always consider AD if I am unwell - treat AD as a MEDICAL EMERGENCY:</p> <ul style="list-style-type: none"> • Investigate and remove cause - Monitor Blood Pressure. • Do not lay me flat - Place bed at 30° to induce postural hypotension while you locate cause. • Nifedipine capsules 5-10mg or Glyceryl Trinitrate (GTN) Spray to be used in an emergency to treat an episode if the cause cannot be identified. *Nifedipine should be avoided in cardiac disease or the over 60's. • If Nifedipine or GTN is given, management of postural hypotension will be required once the trigger is alleviated. Lie flat and monitor B.P. Do not sit up until B.P. has returned to base line. 				

Bowel Care required	Yes		No	
Effective bowel care is vital in SCI due to the risks of Autonomic Dysreflexia, incontinence, and bowel obstruction.				
My bowel regime is as follows: (please share with anyone involved in my bowel management)				

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Bladder Care required	Yes		No	
<p>Effective bladder and catheter care is vital in SCI due to the risks of Autonomic Dysreflexia, incontinence, and urinary tract infection.</p> <p>My bladder regime and the continence products I use are as follows:</p>				
Empty space for patient response				

Spasms	Yes		No	
<p>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</p> <p>Further details of the way I am affected by spasms are as follows:</p>				
Empty space for patient response				

Skin Care / Pressure relief	Yes		No	
<p>Pressure relief in SCI is vital to prevent pressure ulcers:</p> <ul style="list-style-type: none"> • Ensure I'm not left in one position longer than absolutely necessary - 3 to 4 hrs on a mattress. • NB the maximum safe time will depend on the surface on which I am lying. • Whatever mattress I am on, turn me day and night and check skin for damage/reddening. <p>If I am in Theatre or Emergency Department and left lying on an operating table/plinth/trolley where pressure relief is limited, my skin should be checked more frequently to avoid developing a pressure ulcer; beware of my skin reddening on pressure points - Please highlight this risk to all theatre staff.</p> <p style="text-align: center;">Pressure relief is of paramount importance Please DO NOT let me develop a pressure ulcer.</p>				
<p>Skin Care in SCI</p> <ul style="list-style-type: none"> • 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. 				
<p>I have altered sensation below the following level:</p>				
Empty space for patient response				

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Respiratory Care	Yes		No	
<p>If respiratory function is affected, the ability to ventilate lungs and remove secretions will be reduced. This can lead to more frequent and more severe chest infections.</p> <p>I have compromised respiratory function and I am highly susceptible to chest infection.</p>				

Poikilothermia	Yes		No	
<p>Inability to regulate body temperature.</p>				

Postural Hypotension	Yes		No	
<p>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 supine 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.</p>				

General Equipment & Communication Equipment				
<p>Please consider whether the hospital OT Dept. can supply equipment that fits my level of SCI. Is there a Nurse Call System in place that I can use?</p>				
<p>I require the following moving and handling equipment / aid(s) in order to maintain independence as much as possible:</p>				

Name:		Date:	
Signature:		Completed by:	
<p>Email address (any new version of the passport will be emailed to you)</p>			

Please return your completed form to Safeguarding Services:

Email: rch-tr.SGAdults@nhs.net or Post: IMPACT Hub, Royal Cornwall Hospital, Truro TR1 3LJ