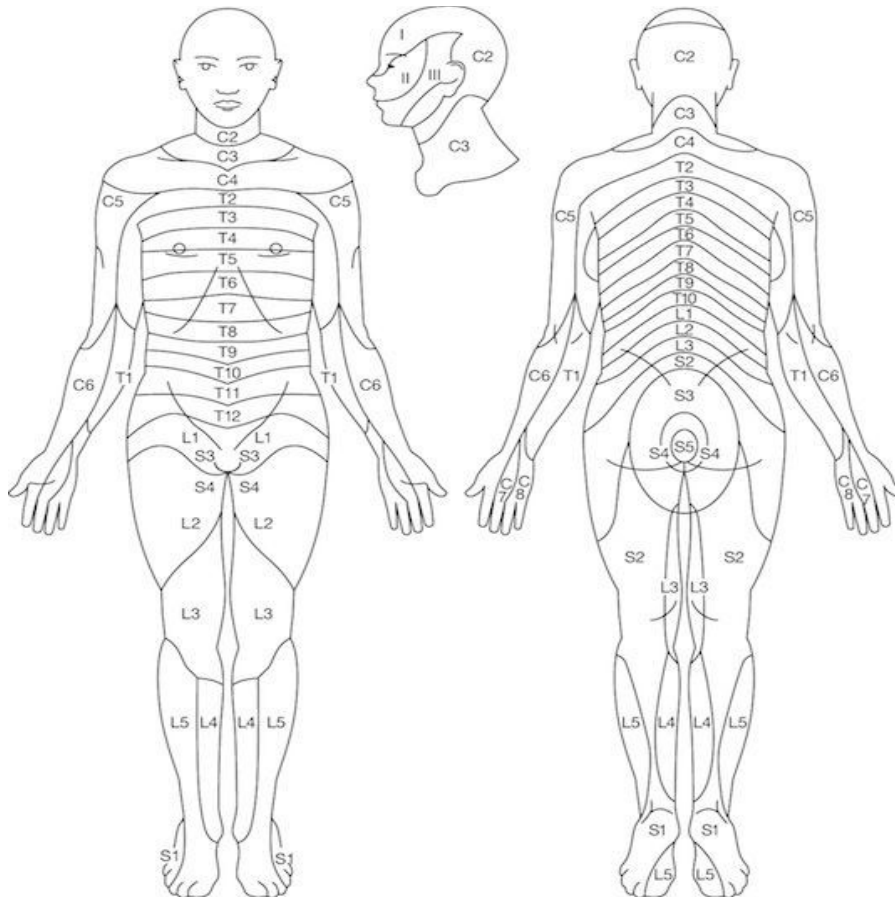


		Print name, signature, designation, date, time
Consent on Initial Assessment	Has the patient consented to assessment?	If 'No/Unable', is treatment deemed in best interest?
	Yes <input type="checkbox"/> No <input type="checkbox"/> Unable <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:
Medical/ Surgical Management Plan	<p><u>HPC:</u></p> <p><u>ASIA level:</u></p> <p><u>Stable or unstable spine:</u></p> <p><u>Mobility restrictions/instructions e.g. collars, bedrest, head hold log roll</u></p> <p><u>Surgical or conservative management:</u> <i>Expand on surgery – date and intervention</i></p>	

Past Medical History			
Social History	<i>If able, include basic social history as well as occupation, hobbies/interests and hand dominance.</i>		
Respiratory Assessment	Airway: <i>Self, tracheostomy, endotracheal tube</i>	Breathing: <i>Ventilator setting, mode of oxygen therapy and settings, RR, SaO2, pattern of breathing, auscultation</i>	

	Smoking history: <i>current smoker, ex-smoker, non-smoker</i>			
	Peak cough flow (PCF Litres/Min): <i>use a peak flow device and a pillowed facemask, document all 3 readings</i>			
	1:	2:		3:
	Forced vital capacity (FVC Litres): <i>weekly monitoring if FVC <2L</i>			
	1:	2:		3:
Pain Assessment	<i>Location of pain, VAS score, pain description, current analgesia prescribed, is the prescribed analgesia effective?</i>			

✓ Intact, X Absent, ● Impaired, % Compared Left to Right



Sensation

Comments: e.g. unable to assess – state reason

Motor Testing

Oxford Muscle Grading:
0 – Total paralysis

Patient Identifier Label

1 – Palpable or visible contraction 2 – Active movement through range of movement (ROM) with gravity eliminated 3 – Active movement through ROM against gravity 4 – Active movement through ROM against resistance 5 – Normal (CSP, 2018)			
Date			
	Left	R i g h t	Comments e.g. ROM restrictions and why – pre
C5	Shoulder Flexion		
	Shoulder Abduction		
	Elbow Flexion		
C6	Wrist Extension		
	Wrist Flexion		
C7	Elbow Extension		
	Flexion & Extension of Thumb		
C8	Finger Flexion		
T1	Small Finger Abduction		
L2	Hip Flexion to 90degrees		
L3	Knee Extension		
L4	Knee Flexion		
	Ankle Dorsiflexion		
L5	Great Toe Extension		
S1	Ankle Plantarflexion		
Print name	Signature	Designation	

Tone Assessment Modified Ashworth Scale: 0 - No increase in muscle tone 1 - Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at end of range 1+ - Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM 2 - More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved 3 - Considerable increase in muscle tone, passive movement difficult 4 - Affected part(s) rigid in flexion or extension (CSP, 2018)	Patient Identifier Label
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Date			
	Left	Right	Comments e.g. spasms observed, tremor and other
Shoulder Flexion			
Shoulder Abduction			
Elbow Flexion			
Elbow Extension			
Wrist Flexion			
Wrist Extension			
Finger Flexion			
Finger Extension			
Hip Flexion to 90degrees			
Hip Abduction			
Hip Adduction			
Knee Extension			
Knee Flexion			
Ankle Dorsiflexion			
Ankle Plantarflexion			
Great Toe Extension			
Print name	Signature		Designation

		Print name, signature, designation, date
Spinal Cord Independence Measure III (SCIM III)	Please complete the SCIM III outcome measure on admission and attach to this paperwork	
	Self-care: / 20	
	Respiration & Sphincter Management: /40	
	Mobility: /40	
	Total SCIM Score: /100	
Holistic Spinal Care Checklist	At the end of your assessment please review the following: (tick box can apply)	
	Mattress type Use of a dynamic wave mattress is contraindicated in the presence of an unstable spine	
	Strict 2-3 hourly turns and repositioning programme in place to relieve pressure areas	
	Position of patient Please tick the appropriate positioning recommended by the Spinal Cord Injury Team: Supine Flat bedrest <input type="checkbox"/> Bedrest Bed tilt head up <input type="checkbox"/> Degrees: _____ Sit head up to 15 degrees <input type="checkbox"/> Sit head up to 30 degrees <input type="checkbox"/> Side-lying 30 degrees turn in spinal alignment <input type="checkbox"/> No restrictions <input type="checkbox"/>	
	Set the patient up with an appropriate call bell e.g. using other joints for call bell press, BigMac button next to head. Discuss with SCI Team if unsure	
	Position upper limbs on pillows and hands/wrist on towels to avoid compromising wrist extension	

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			Print name, signature, designation, date
Holistic Spinal Care Checklist	Position lower limbs on pillows/rolled up towels to ensure there is a knee bend of approximately 10 degrees to avoid hyperextension of the knees and ensure lower limbs are positioned in joint alignment		
	Use pillows/blocks to position feet to 90degrees to prevent foot drop		
	TED stockings, flowtrons and repose boots are in-situ Document name of Nurse you have spoken to if the above are not in place		
	Consider referral to Acute SCI Clinical Psychology		
	Consider signposting patients to national charities e.g. the Spinal Injuries Association, Backup and Aspire		
Analysis			
Plan			
Are the Spinal Cord Injury Team aware of the patient? Call x4104 (Clinical Nurse Specialist in Spinal Cord Injury) or x3792 (Orthopaedic Spinal Nurse Practitioner)			

References

Chartered Society of Physiotherapy (2018), *Muscle Strength Grading Scale*,
<https://www.csp.org.uk/documents/appendix-5-oxford-muscle-grading-scale>

Chartered Society of Physiotherapy (2018) *Modified Ashworth Scale*,
<https://www.csp.org.uk/documents/appendix-4-ashworth-scale>