

Spinal Cord Injury

Patient Care Flowsheet

2011/02/01

The purpose of the Spinal Cord Injury Patient Care flowsheet is to provide an approach for the clinical review of the Injured Worker with spinal cord injury.

It is not intended to be the only approach to the management of the clinical problem.

A fee item is not associated with the completion of this flowsheet.

WorkSafeBC fee codes related to the assessment and monitoring of Injured Workers with spinal cord injury includes the following:

19509 COMPLEX SPINAL CORD INJURY INITIAL VISIT OR YEARLY ASSESSMENT

Includes a complete physical exam, updated care plan documented on a Form 8/11. Paid annually to noted regular physician. Form 8/11 will be paid in addition. \$135.00

19510 COMPLEX SPINAL CORD INJURY OFFICE VISIT

Can be billed for all other office visits occurring during the year, cannot bill in addition to a yearly assessment fee (19509) for one visit. Form 8/11 may be reimbursed, if there is a change in clinical condition. \$75.00

19511 COMPLEX SPINAL CORD INJURY HOME VISIT

The physician must also complete and bill for a Form 8/11. This fee cannot be billed with office visit (19510).\$155.00

Produced by:





WORKING TO MAKE A DIFFERENCE

Health Care Services

www.worksafefbc.com

Mailing Address

Location

PO Box 5350 Stn Terminal
Vancouver BC V6B 5L5

6951 Westminster Highway
Richmond BC

Spinal Cord Injury Patient Care Flow Sheet

Name of Patient	DOB	Sex
ASIA category Complete (no sacral sensory sparing) Incomplete (sacral sensory sparing)	Age at SCI	Marital Status
Specialist care Physiatrist name: _____ Urologist name: _____ Other: _____	Attendant care	

Medications:

_____	_____
_____	_____
_____	_____

Allergies: _____

Daily: Self skin checks? Pressure shifts? Check status of cushion?

Weekly: Check status of mattress?

	Visit YY/MM/DD	Visit YY/MM/DD
Blood Pressure <ul style="list-style-type: none"> Autonomic Dysreflexia (watch in SCI at and above T6 level) is a medical emergency - sudden, significant increase ~20-40mmHg in both systolic and diastolic blood pressure <i>above their usual levels</i> 		
Neurology <ul style="list-style-type: none"> Any change in sensory or motor function? 		
Pain <ul style="list-style-type: none"> Neuropathic vs Nociceptive (overuse, fracture, skin, visceral) 		
Spasticity <ul style="list-style-type: none"> Noxious stimulus e.g. UTI? Treat when painful, interfering with mobility or safety (e.g. with transfers), or when putting skin at risk for friction or shear injury Never stop Baclofen suddenly – always taper 		



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<p>Bladder</p> <ul style="list-style-type: none"> • How is bladder managed? (Foley, suprapubic, condom, ICP's) • UTI/Pyelonephritis • Bladder stones • Annual renal U/S Date: • Annual Urology referral for cystoscopy Date: 		
<p>Bowels</p> <ul style="list-style-type: none"> • Frequency and duration of routine • Medications/suppositories • Hemorrhoids, Fissures • Incontinence 		
<p>Respiratory function</p> <ul style="list-style-type: none"> • Vital capacity 		
<p>Skin</p> <ul style="list-style-type: none"> • Pressure ulcer 		
<p>Psychological</p> <ul style="list-style-type: none"> • PHQ score 		
<p>Sexual function</p> <ul style="list-style-type: none"> • Bioavailable Testosterone levels • Libido, Contraception/Fertility 		
<p>Autonomic System</p> <ul style="list-style-type: none"> • Autonomic dysreflexia • Postural hypotension • Cardiovascular risk • Osteoporosis, Ca, Vit D, Previous fractures 		
<p>Health and Wellbeing</p> <ul style="list-style-type: none"> • Diet (Nutrition counseling) • Alcohol • Smoking • Exercise • Screening colonoscopy, Stool OB • Womens' health: Annual Gynecological exam, PAP, breast exam Mammogram Date: • Mens' health: DRE and PSA 		
<p>Cardiac risk assessment (also see lab)</p>		
<p>Vaccinations</p> <ul style="list-style-type: none"> • Annual Flu shot • Pneumovax Date: YY/MM/DD • Other (H1N1) Date: YY/MM/DD • Td booster Date: YY/MM/DD 		
<p>Lab <=35 y.o. q2 yrs, >35 y.o. yearly</p> <ul style="list-style-type: none"> • CBC, Lipids, FBS, watch metabolic syndrome 		

ASIA impairment scale

- Five categories:
 - A: motor complete with no sacral (S4-5) sensory sparing
 - B: motor complete with sacral sensory sparing
 - C: motor incomplete with >50% muscles below the level less than grade 3
 - D: motor incomplete with \geq 50% muscles grade 3 or higher
 - E: sensory-motor intact

Autonomic Dysreflexia

Symptom

- Pounding headache
- Bradycardia (may be a *relative* slowing of the heart)
- Profuse sweating and/or flushing above the level of the lesion and especially at the face, neck and shoulders
- Piloerection (goose bumps) below the level of the lesion, blurred vision, nasal congestion, appearance of spots in the visual field
- Feelings of apprehension or anxiety over an impending physical problem.

Management

- Monitor blood pressure and if elevated, sit the individual up if they are supine.
- Loosen clothing or constricting devices.
- Quickly survey for an instigating cause starting with the urinary system.
- If systolic BP >150 mm Hg, consider pharmacologic management before checking bowels

Pharmacologic

- Nifedipine 5 mg bite and swallow
- 2% nitroglycerin ointment (2.5 cm strip) above the level of injury
- Captopril 25 mg
- Monitor BP frequently