

SCI Primary Care Flowsheet

The Centre for Family Medicine

Family Health Team

GENERAL

Immunizations: Routine: Annual influenza: Pneumovax:
 (1st dose time of injury or shortly after; 2nd 50-55 yo)
 Pap: _____ Diabetes: _____
 Mammo: _____ Cholesterol: _____

SCREENING

CRC: _____ Prostate: _____ BMD: _____

VITALS

BP: _____ HR: _____
 WT: _____ HT: _____ WC: _____

SOCIAL

Married: Single: Children:
 Assisted Living: _____
 Supports: _____ Finances: _____

BLADDER

Method: voluntary intermittent self-catheterization suprapubic cath indwelling cath
 Fluids (1.5-2L) per day no: yes:
 UTI's*: no: yes: <1><2><3> or more
 Hematuria: no: yes:
 Incontinence: no: yes:
 Labs (at least yearly) Lytes: Cr: _____ eGRF (yearly)
 Ultrasound**:

*>2-3 UTI's per year should prompt search for cause
 ** every year for 1st 3 years, then every 2nd year

BOWEL

Bowel Routine: Daily every 2d more than 2d
 Fibre (15-30 gm/day): no: yes:
 Constipation: no: yes:
 Bleeding: no: yes:
 Colorectal CA screening (as per general population) FOBT Colonoscopy Other

AUTONOMIC DYSREFLEXIA

condition of unopposed sympathetic activity occurring in SCI with lesion at T6 or above; characterized by increased BP, headache, anxiety, facial flushing, sweating above lesion; goose-bumps below lesion, nasocongestion

Occurrence: N/A: No: Yes: Triggers: _____
 Frequency: _____
 AD Wallet Card No: Yes: Meds for AD: _____

SKIN

pressure ulcers: no: yes:
 Practice pressure relief (ideally every 15-30 mins.) no: yes:

MOBILITY

wheelchair: no: manual: automatic:
 walker: no: yes:
 age of w/c or walker: _____
 seating assessment: no: yes: when: _____

SEXUAL

Sexually Active: no: yes:
 Problems/Concerns: _____
 Fertility desired: no: yes: Contraception: _____

PAIN

Where: _____ Intensity: ____/10
 Type: Neuropathic: Nociceptive: Complex:

RESPIRATORY

Spirometry/PFT: (consider yearly) no: yes: when: _____
 Sleep Apnea symptoms: no: yes: Testing: _____
 Infections/pneumonia: no: yes:

NEURO/MSK

Change in function (motor/sensory): no: yes:
 MRI: no: yes: when: _____
 Overuse injuries (shoulder; wrists): no: yes:

SPASTICITY

Bothersome: no: yes: Medications: _____

BONE HEALTH

BMD (every 1-2 yrs) no: yes: when: _____
 Fracture: no: yes: Calcium: _____ Vitamin D:
 (1200 mg/day, mostly diet) (1000-2000 IU/day)

MENTAL HEALTH

Depression: no: yes:
 Anxiety: no: yes:
 Other: _____

Note: More detailed information on each category can be found in "Spinal Cord Injury (SCI) Physician Resources" in PSS Handouts.

Adapted from:

SCI Primary Toolkit Provider Flowsheet (Bate4s & Shepherd, 2008)

New South Wales Spinal Cord Injury Service. <http://www.health.nsw.gov.au/gmct/spinal/index.asp>

SCIRE (Spinal Cord Injury Rehabilitation Evidence) <http://www.scireproject.com/rehabilitation-evidence>

Paralyzed Veterans of America. Clinical practice guidelines.

http://www.pva.org/site/c.ajlRK9NJLcJ2E/b.6305831/k.986B/Guidelines_and_Publications.htm