SPINAL CORD INJURED HOSPITAL PRE-ADMISSION INFORMATION

TO BE COMPLETED BY PATIENT			
Hospital		Date	
Name		Language of Choice	
Address			
Contact details of family or friend/s			
Spinal cord injury diagnosis			
Treatment/operations received regarding SCI			
Chronic disease or other problems			
Allergies			

I have suffered from Autonomic Dysreflexia	Yes	No	**I am at risk of suffering Autonomic Dysreflexia**	Yes	No

TO BE COMPLETED BY MEDICAL STAFF

MEDICATION: (For spasticity, pain, hypertension, diabetes, etc.)				
	Name	Dosage	How often	How administer?
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PRESSURE SORES: Area		Dressings: Type and how often
1		
2		
3		
4		

SKIN: Type? (Normal/dry/red)	
Rash? (Specify type and area)	

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QuadPara Association of South Africa (QASA)

TO BE COMPLETED BY PATIENT

SPEECH/COMMUNICATION:	Yes	No
Able to call for help?		
Need a bell/communication device at hand? *Specify		
Need interpreter from English to language of choice?		

BOWEL FACILITATION/ROUTINE:					
Type of tablet/Suppository		How many / Dosage	How often	Time of day	Time taken to work
1					
2					
3					

BLADDER MANAGEMENT:		
Method of bladder management	Product used and size	Frequency of use?

EATING:	Details	
Are you on a special diet		
Special way of eating		
Eating Position		
Need assistance to eat	Yes	No
Problems swallowing	Yes	No

SLEEPING/POSITIONING NEEDS:	Yes	No
Able to sleep on my stomach		
Pressure care mattress (specify type)		
Able to straighten legs		
Limited joint movements – care must be taken to prevent torn muscles		
Flaccid paralysis – care must be taken to prevent compromise of circulation		
In need of extra cushions		
Lie in bed without support pillows		

Position to be changed	1 hourly	2 hourly	Specify -
Positions to avoid - details			

SPINAL CORD INJURED HOSPITAL PRE-ADMISSION INFORMATION

PERSONAL ITEMS: Item		Yes	No
1	Cellphone		
2	Laptop		
3	DVD Player		
4	Dentures		
5	Splints (specify)		
6	Assistive devices (specify)		
A	Wheelchair, type?		
B	Crutches, how many?		
C	Walking frame		
D			
E			
F			
7			
8			
9			
10			

ASSISTANCE NEEDED IN HOSPITAL:				
GROOMING	Independent	Needs assistance	Dependent	How often
Combing of hair				
Shaving (males)				
Cutting of nails				
Washing of hair				
Cutting of hair				
HYGIENE	Independent	Needs assistance	Dependent	How often
Full wash				
Brushing of teeth				
Cleaning of ears and nose				
Washing of hands				
Blow nose				
Suctioning (in case of trachi)				
NUTRITION/FEEDING	Independent	Needs assistance	Dependent	How often
Feeding (use Aid: Yes___ No ___)				
Drinking				
Holding a cup				
Take a drink from side locker				

SPINAL CORD INJURED HOSPITAL PRE-ADMISSION INFORMATION

SKIN CARE	Independent	Needs assistance	Dependent	How often
Turning and repositioning in bed				
Pressure care/lift in wheelchair				
BOWEL FACILITATION	Independent	Needs assistance	Dependent	How often
Able to clean self				
Sit on toilet				
Wipe myself				
Get up from the toilet*				
*use bed pan: Yes ____ No ____				
*use commode: Yes ____ No ____				
CATHETER CARE	Independent	Needs assistance	Dependent	How often
Change catheter*				
*catheter must be anchored				
Use urine bottle				
MOBILITY AND ACTIVITIES	Independent	Needs assistance	Dependent	How often
Dressing				
Sit up by self				
Sit up unsupported				
Get out of bed				
Transfer to wheelchair*				
*preferred method				
Transfer wheelchair to toilet				
Standing				
Walking				
COMMUNICATION	Independent	Needs assistance	Dependent	How often
Answering cell phone				
Making calls				

This document is an initiative of QASA with support of the South African Spinal Cord Association (SASCA) in order to support good communication and understanding between the bearer and the health care facility.