Acute Services Division
Queen Elizabeth National Spinal Injuries Unit, Scotland

NHS SCOTLAND

Referral to National Spinal Injuries Unit

Date of Referral:	Time of Referral:
Name:	CHI No.:
Date of Adm at Ref Hosp:	Time of Adm at Ref Hosp:
Date of Injury:	Time of Injury:

DETAILS OF INCIDENT

Alcohol: YES ☐ NO ☐	Drugs : YES ☐ NO ☐ Name:

Hosp & Wd:	Tel:
Consultant:	Tel:
Ref Doctor:	Page No:

CLINICAL CONDITION

Airway: Intubated YES ☐ NO ☐	Tracheostomy: YES ☐ NO ☐
Breathing: Spontaneous ☐ Ventilated ☐	**Circulation:** Pulse
O2 Saturation	BP
Blood Gases	Fluid support

SPINAL INJURY DETAILS / OTHER INJURIES

SPINAL INJURY DETAILS	OTHER INJURIES
Spinal Fractures:	Head:
Sensory Level:	Chest:
Motor Level:	Abdomen/Pelvis:
CT or MRI Findings	Limbs:
	Pressure Sores:

TREATMENTS SO FAR

Surgical Procedures YES ☐ NO ☐
If Yes Detail:

PAST MEDICAL HISTORY AND MEDICATIONS

CHECKLIST (PLEASE TICK IF DISCUSSED WITH REFERRING DOCTOR)

Spinal Immobilisation:	☐	H2 blocker:	☐
Respiratory Care:	☐	LMW Heparin:	☐
Pressure Area Care:	☐	Anti-embolism stockings:	☐
Pegasus/Egerton/Turning bed Tel no: 08457 342 000		C2H50H Withdrawal (sedative & thiamine):	☐
Urinary Catheter: YES ☐ NO ☐		Tetanus Prophylaxis:	☐
NG Tube: YES ☐ NO ☐			

Plan :
Seniors informed: ☐ Name :
Decision about admission:
Information given to referring clinician:

Signature:	Print Name:	Date & Time:

DAILY PROGRAMME FOLLOWING INITIAL REFERRAL

Date:	Advice / Plan:	Reason for Delay *

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1	**Patient too unwell**
2.	**Bed not available**
3.	**Transport problems**
4.	**Other**

Date of Arrival at QENSIU:
Time of Arrival at QENSIU: