



**Mater Misericordiae University Hospital-National Spinal Injuries Unit**  
**Urgent Spinal Referral & Commitment Form**



Tel: 01 8032354

Fax: 01 8545178

Place Patient Sticker Here

Referral date: \_\_\_\_\_ Time \_\_\_\_\_

Referring NCHD: \_\_\_\_\_

Contact details: \_\_\_\_\_

Referral Hospital: \_\_\_\_\_

Referring Consultant: \_\_\_\_\_

Mater Contact Name: \_\_\_\_\_

**Referral Checklist (Referrals will not be processed if forms are incompletely filled)**

- All form details below fully complete
- Xrays CD  NIMIS  Link
- Xray Reports from local unit signed by radiologist
- Bloods
- Commitment to receive return care of patient signed

**Date of injury:** \_\_\_\_\_

**Mechanism of Injury**

- Atraumatic
- RTA**
- Driver  Restrained  Unrestrained
- Passenger  Restrained  Unrestrained
- Pedestrian
- Cyclist
- Fall**
- Standing height
- < 10 feet
- > 10 feet
- > 30 feet
- Sporting injury**
- Game \_\_\_\_\_
- Other**
- \_\_\_\_\_

**History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Medical/Surgical History**

Nil

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Medications Nil**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

**Airway**

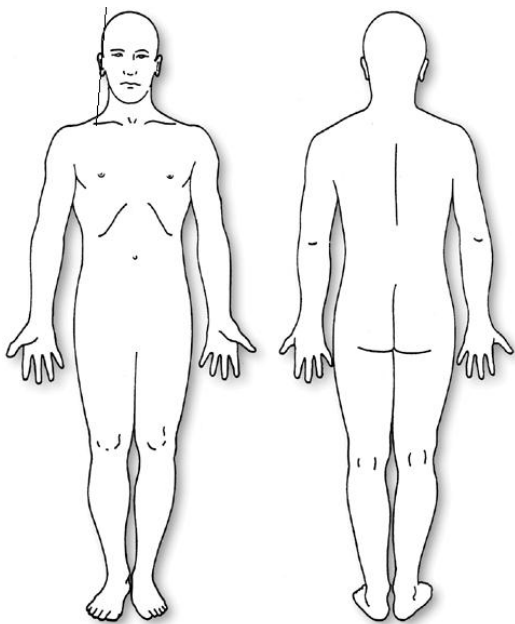
Self ventilating

Intubated

**Circulation**

Inotropes

GCS /15



**Other Injuries (not fractures)**

Head/Neck \_\_\_\_\_

Thorax \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Abdomen \_\_\_\_\_

\_\_\_\_\_

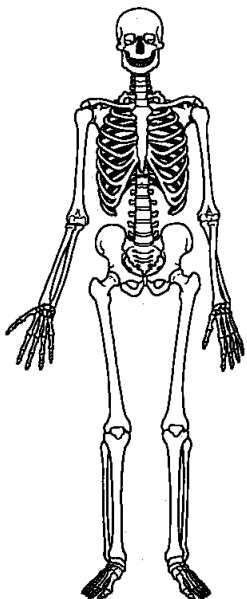
\_\_\_\_\_

\_\_\_\_\_

Extremities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Fractures (Mark and Describe) -**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Spinal Injury

Type \_\_\_\_\_

Level \_\_\_\_\_

Non Traumatic Spinal Stenosis

Cause \_\_\_\_\_

Level \_\_\_\_\_

Spinal Tumour

Primary \_\_\_\_\_

Level \_\_\_\_\_

Spinal Infection

Cause/Organism \_\_\_\_\_

Level \_\_\_\_\_

**Examination**

Neurological Deficit: Yes  No  Sensory Level: \_\_\_\_\_

Rectal Examination: Sensation: Normal  Impaired  Absent

Tone: Normal  Impaired  Absent

MRC Grading for muscle power	
0	No contraction
1	Flicker or trace of contraction
2	Active movement with gravity eliminated
3	Active movement against gravity
4	Active movement against gravity and resistance
5	Normal power

Motor	MRC grade	MRC grade	
Power	Right	Left	
C5			Elbow flexors
C6			Wrist extensors
C7			Elbow extensors
C8			Finger flexors (distal phalanx of middle finger)
T1			Finger abductors (little finger)
L2			Hip flexors
L3			Knee extensors
L4			Ankle dorsiflexors
L5			Long toe extensors
S1			Ankle plantar flexors

**Declaration**

I \_\_\_\_\_(Block Capitals) wish to confirm that I have spoken to Dr/Mr/Prof \_\_\_\_\_ (Block Capitals) and he/she has given an undertaking to re-admit the above patient to \_\_\_\_\_(Block Capitals) Hospital from the National Spinal Injuries Unit or National Rehabilitation Hospital following their treatment should this be required.

Signed \_\_\_\_\_

# For Mater Use Only



## Spine Traumatic

Occipital condyle

C1 Anterior Ring  Posterior Ring  Jefferson  Lateral mass  Rotatory C1/2

C2 Peg  Hangmans  Lateral Mass

		Anterior	Middle	Posterior	Burst	Chance	Endplate	Teardrop	Dislocation Level
C3	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C2/3 <input type="checkbox"/>
C4	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C3/4 <input type="checkbox"/>
C5	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C4/5 <input type="checkbox"/>
C6	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C5/6 <input type="checkbox"/>
C7	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C6/7 <input type="checkbox"/>
T1	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C7/T1 <input type="checkbox"/>
T2	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T1/T2 <input type="checkbox"/>
T3	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T2/3 <input type="checkbox"/>
T4	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T3/4 <input type="checkbox"/>
T5	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T4/5 <input type="checkbox"/>
T6	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T5/6 <input type="checkbox"/>
T7	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T6/7 <input type="checkbox"/>
T8	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T7/8 <input type="checkbox"/>
T9	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T8/9 <input type="checkbox"/>
T10	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T9/10 <input type="checkbox"/>
T11	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T10/11 <input type="checkbox"/>
T12	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T11/12 <input type="checkbox"/>
L1	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T12/L1 <input type="checkbox"/>
L2	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L1/2 <input type="checkbox"/>
L3	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L2/3 <input type="checkbox"/>
L4	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L3/4 <input type="checkbox"/>
L5	<input type="checkbox"/>	Columns <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L4/5 <input type="checkbox"/>

## Spine Atraumatic

Vertebra	Tumour mass	Infection
C1	<input type="checkbox"/>	<input type="checkbox"/>
C2	<input type="checkbox"/>	<input type="checkbox"/>
C3	<input type="checkbox"/>	<input type="checkbox"/>
C4	<input type="checkbox"/>	<input type="checkbox"/>
C5	<input type="checkbox"/>	<input type="checkbox"/>
C6	<input type="checkbox"/>	<input type="checkbox"/>
C7	<input type="checkbox"/>	<input type="checkbox"/>
T1	<input type="checkbox"/>	<input type="checkbox"/>
T2	<input type="checkbox"/>	<input type="checkbox"/>
T3	<input type="checkbox"/>	<input type="checkbox"/>
T4	<input type="checkbox"/>	<input type="checkbox"/>
T5	<input type="checkbox"/>	<input type="checkbox"/>
T6	<input type="checkbox"/>	<input type="checkbox"/>
T7	<input type="checkbox"/>	<input type="checkbox"/>
T8	<input type="checkbox"/>	<input type="checkbox"/>
T9	<input type="checkbox"/>	<input type="checkbox"/>
T10	<input type="checkbox"/>	<input type="checkbox"/>
T11	<input type="checkbox"/>	<input type="checkbox"/>
T12	<input type="checkbox"/>	<input type="checkbox"/>
L1	<input type="checkbox"/>	<input type="checkbox"/>
L2	<input type="checkbox"/>	<input type="checkbox"/>
L3	<input type="checkbox"/>	<input type="checkbox"/>
L4	<input type="checkbox"/>	<input type="checkbox"/>
L5	<input type="checkbox"/>	<input type="checkbox"/>
Sacrum	<input type="checkbox"/>	<input type="checkbox"/>

## Spine Atraumatic

Disc Space	Tumour mass	Infection	Prolapse	Stenosis
C2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7/T1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T3/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T4/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T5/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T6/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T7/8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T8/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T9/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T10/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T11/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T12/L1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L1/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L2/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L3/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L4/5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L5/S1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewed by \_\_\_\_\_ (Consultant) \_\_\_\_\_ (NCHD)

**Decision**

Admit Mater

Mater OPD  Plan in OPD \_\_\_\_\_

Treat Locally

Advice for Local treatment

Collar

Brace

**If Decision to bring to Mater OPD put this form in  
Spinal Referral Folder in OPD Plaster Room**

## Mater OPD Use Only

<b>Examination</b>	
Neurological Deficit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sensory Level: _____
Rectal Examination: Sensation: Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Absent <input type="checkbox"/>	
Tone: Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Absent <input type="checkbox"/>	

Motor	MRC grade	MRC grade	
Power	Right	Left	
C5			Elbow flexors
C6			Wrist extensors
C7			Elbow extensors
C8			Finger flexors (distal phalanx of middle finger)
T1			Finger abductors (little finger)
L2			Hip flexors
L3			Knee extensors
L4			Ankle dorsiflexors
L5			Long toe extensors
S1			Ankle plantar flexors

<p><b>ASIA IMPAIRMENT SCALE</b></p> <p><input type="checkbox"/> <b>A = Complete:</b> No motor or sensory function is preserved in the sacral segments S4-S5.</p> <p><input type="checkbox"/> <b>B = Incomplete:</b> Sensory but not motor function is preserved below the neurological level and includes the sacral segments S4-S5.</p> <p><input type="checkbox"/> <b>C = Incomplete:</b> Motor function is preserved below the neurological level, and more than half of key muscles below the neurological level have a muscle grade less than 3.</p> <p><input type="checkbox"/> <b>D = Incomplete:</b> Motor function is preserved below the neurological level, and at least half of key muscles below the neurological level have a muscle grade of 3 or more.</p> <p><input type="checkbox"/> <b>E = Normal:</b> motor and sensory function are normal</p>
<p><b>CLINICAL SYNDROMES</b></p> <p><input type="checkbox"/> Central Cord</p> <p><input type="checkbox"/> Brown-Sequard</p> <p><input type="checkbox"/> Anterior Cord</p> <p><input type="checkbox"/> Conus Medullaris</p> <p><input type="checkbox"/> Cauda Equina</p>

<p><b>Brace applied</b></p> <p>Miami J <input type="checkbox"/></p> <p>Cervical Minerva <input type="checkbox"/></p> <p>Thoracic Minerva <input type="checkbox"/></p> <p>JTO <input type="checkbox"/></p> <p>TLSO <input type="checkbox"/></p> <p>Neofrackt Jacket <input type="checkbox"/></p> <p>Neofrackt corset <input type="checkbox"/></p> <p>LSO <input type="checkbox"/></p> <p>Hyperextension brace <input type="checkbox"/></p> <p>Elcross brace <input type="checkbox"/></p> <p>Planned duration brace _____ weeks</p> <p><b>Check xray</b></p> <p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory admit to mater <input type="checkbox"/></p>
---