SPINAL OUTREACH SERVICE HEALTH QUESTIONNAIRE (SOS-HQ)

CLIENT DETAILS

Surname:	**Given Names:**
DOB:	**Medicare Number:**

Address:

Style of accommodation: ☐ Dept. of Housing ☐ Rented ☐ Own home
Living: ☐ Alone ☐ With family/spouse ☐ With friends/other

Phone: H: ( ) _____ W: ( ) _____ M: _____	COB: Preferred Language:

SPINAL DIAGNOSIS

Date of Injury:	Cause:
Level of Injury:	ASIA Score:
Hospital of Acute Admission:	Spinal Specialist:

Other injuries sustained at time of accident other than SCI? ☐ Yes ☐ No If Yes, please state

Hospital Admissions/Review by specialist dates

Medical History

Current Medications

4.Skin

PATIENT SECTION	GP/NURSE SECTION
4.1 Have you had any pressure areas (PA) in the *past*? ☐ Yes ☐ No If Yes, please describe location[8] (where), when it occurred, how long it took to heal and how it was managed. **Where PA occurred** **When it occurred** **Time taken to heal** If hospital admission required in the past for PA management, please supply: Hospital Name: _____Year of Hospital admission_____ Procedure done: _____ Have you been to RNSH or POW specialised plastics clinic before? ☐ Yes ☐ No	
4.2 Do you have any pressure areas *now*? ☐ Yes ☐ No If Yes, please list location, when you first noticed it, how severe it is and how it is being managed. (*See footnote to assess severity*[9]*)* **Where PA is** **When it occurred** **How severe is it (Stage)**	Examination notes
4.3 If YES, How do you think the pressure area/s occurred? ☐ Poor Transfer ☐ Equipment ☐ Weight Loss ☐ Sustained pressure ☐ Lifestyle changes (eg change of employment) ☐ Illness ☐ Other Details_____	

[8] Common areas where pressure areas (PA) develop are:
Ischial tuberosity (IT) – under the buttocks where you sit
Greater trochanter (GT) – over the hip bone
Medial or lateral malleolus (ML or LL) – over the inner or outer aspect of the ankles
Heels, Shoulder blades
Sacrum – lower end of spine

[9] *NB: To assess severity, PA are often classified according to the following stages*
Stage 1 – Skin is not broken but may be red (or change color), feel warmer or cooler & firmer
Stage 2 – Ulcer involves topmost layer of skin and looks like a scrape, blister or shallow crater. (Superficial or partial thickness)
Stage 3 – Ulcer extends through the skin into the fascia (subcutaneous tissue) underneath. It looks like a deep crater. (Full thickness)
Stage 4 – Ulcer extends through skin & fascia to involve muscle, bone, tendons and joints.

PATIENT SECTION	GP/NURSE SECTION
4.4 Skin management **4.4.1.Do you (or your carers) inspect your skin regularly?** ☐ Yes ☐ No How frequently? ☐ 1-2 times/day ☐ 2nd Daily ☐ 1-2 times per week **4.4.2. Do you perform regular pressure relief?** ☐ Yes ☐ No If YES, what techniques are utilised? ☐ Lifting ☐ Weight Shifting ☐ Reclining ☐ Transferring onto bed / recliner ☐ Rolling / changes in positioning ☐ Other _____ **4.4.3. How frequently do you perform pressure relief?** ☐ Every 15-30 mins ☐ Every 1-2 hrs ☐ 3-4 times/day ☐ Once daily ☐ Twice daily	Review adequacy of skin protection behaviours
4.5 What is your main method of transferring? ☐ Independent lift ☐ Independent with sliding board ☐ Standing transfer ☐ Standing transfer with assistance of one ☐ Sliding transfer w/Assistance ☐ Sliding transfer w/ Slide Board ☐ Hoist ☐ Other _____ How many transfers do you do a day? _____ (Example: Bed to chair, Chair to commode, Chair to car, Chair to lounge, chair to farm equipment/other vehicles	
4.6 When did you last have a review of your seating? _____ Have you been linked to any seating services? ☐ Yes ☐ No If Yes, are you linked to? ☐ Northern Sydney (ATTS) – Sydney ☐ Northern Sydney (ATTS) – Rural Clinic ☐ Local Seating Supplier ☐ SESIAHS Seating Service Are any of your equipment (bed, mattress, commode, shower seat, sling, hoist) > 10 years old? ☐ Yes ☐ No	
4.7 Nutrition : Does your daily diet include : 1 or more servings of meat/fish/chicken/eggs or legumes ☐ Yes ☐ No 2 or more servings of milk, cheese or yoghurt most days ☐ Yes ☐ No 5 or more serves of fresh fruit and vegetables (including juices) ☐ Yes ☐ No Do you prepare meals or shop for yourself? ☐ Yes ☐ No	

4.8 Have you had any other skin problems apart from pressure areas?

☐ Yes ☐ No

If Yes, please tick one of the following,

☐ Leg Ulcers ☐ Right Leg ☐ Left Leg

☐ Osteomyelitis (Bone infection) – Where _____

☐ Cellulitis (Skin infection) – Where_____

☐ Psoriasis – Site _____

☐ Fungal infections – Site _____

☐ Other – Site _____

Details_____

_____

4.9 Have you had any investigations for the current PA? ☐ Yes ☐ No

If Yes, please list results if you know what they showed:

☐ Blood tests _____

☐ Wound Swab _____

☐ Xray _____

☐ Bone Scan _____

☐ Ultrasound _____

☐ Sinogram/CT Scan _____

☐ Other _____

_____

4.10 Management so far : Please describe treatment/s provided (for most serious area, if more than one)

☐ Bedrest _____

☐ Debridement and/or dressing_____

☐ Antibiotics _____

☐ Nutritional supplementation_____

☐ Surgery_____

☐ Other_____

Please provide further details (eg. about treatment/s, duration and effect on quality of life) _____

_____

4.11 Do you have any additional risk factors for skin breakdown such as:	Actions required :
☐ Medical co morbidities (eg diabetes, kidney or liver disease)	☐ Check fasting BSL, UEC & LFTs
☐ Problems with memory or a history of brain injury or mental illness	☐ Check with others re:symptom
☐ Problems with excessive skin moisture (eg. Incontinence or sweating)	☐ Investigate for incontinence
☐ Functional decline / poor transfers	☐ Investigate reason/refer to OT
☐ Old equipment (>5 years old) needing review / replacement	☐ Refer to OT
☐ Poor nutrition / anaemia (low blood count) or weight loss	☐ Check FBC, albumin, Zn, Mg
☐ Psychosocial factors (poor social support/depression)	☐ Explore further
☐ Change in carers or decrease in care hours	☐ Check adequacy of care
☐ Smoking	☐ Advise to stop
☐ Alcohol intake > 4 standard drinks a day	☐ Review alcohol intake (CAGE)
☐ Illicit substance use	☐ Review further
Describe_____	Does person require:
_____	☐ Refer to S/W

Notes:
Skin integrity should be checked and recurrent breakdown/ chronic ulceration investigated routinely -

- Patient's FBC girth measurement and nutritional status checked
- Is there evidence of depression, change in social support or functional capacity (may require psychology, social work or OT assessment)?
- Evidence of underlying osteomyelitis (radiological or bone scan changes, elevated ESR or CRP)?
- Occupational therapy (OT) assessment of adequacy of wheelchair, cushion and mattress must be part of complete treatment. A referral can be made to the local OT. Specialised support services are available to local therapists should they need specialist advice

5. Cardiovascular

PATIENT SECTION	GP/NURSE SECTION
5.1 Have you had of the following symptoms in the last 12 months? ☐ Chest pain ☐ Palpitations ☐ Shortness of breath at rest or lying down ☐ Excessive SOB with exertion ☐ Increased ankle/leg swelling ☐ Episodes of dizziness/feeling lightheaded ☐ Episodes of transient weakness/facial droop/slurred speech ☐ Other (details) _____ How have these symptoms impacted on your day to day life? _____ _____	Examination Findings Sitting BP _____ Supine BP _____ HR _____ Auscultation:
5.2 Risk factors : Do you have any of the following? ☐ Smoking history ☐ Previous heart attack or stroke ☐ Family history of heart attacks or strokes ☐ Diabetes or family history of diabetes ☐ Symptoms of frequent thirst, increased frequency of urination, or changes in sensation? ☐ Obesity	Most recent: BSL _____ TG _____ C'ol _____ Does person need: ☐ Fasting BSL/TG/Cholesterol (recommended yearly) ☐ Dietician review ☐ Discussion re: lifestyle changes
5.3 Do you do any regular exercise? ☐ Yes ☐ No Describe exercise program _____ _____	

Notes:
Heart disease is a leading cause of death in persons with SCI. They are at increased risk of cardiovascular disease and hence it is recommended that SCI patients have annual cardiovascular review.

- BP should be measured annually instead of biannually from the age of 18. If biological risk factors and established disease is present, BP should be monitored every 6 months. Review risk factors for heart disease from 40 years of age and stroke from 55 years of age. Lifestyle risk factor counselling should be done at the same time. See Hypertension management guide for doctors, Heart Foundation 2004 for more information
- Check triglycerides, cholesterol and fasting blood sugar level to screen for diabetesi every 1-2 years from 45 years of age. Screening is advised every 3 years in the normal population. It should be done more frequently in persons with SCI as they are more likely to have impaired glucose metabolism due to changes in body composition and diminished activity level that contribute to insulin resistance.
- Assess nutritional history, BMI & waist circumference. Screening of healthy people without risk factors is recommended every 5 years from age 45 years. Persons with SCI have a higher risk and are more likely to have low HDL than the average population and should thus have screening every 1-2 years. Persons with diabetes, cardio- or cerebrovascular disease, an absolute cardiovascular risk>15% over the next 5 years, hypercholesterolemia or chronic kidney disease should be screened yearly.

6. Respiratory

PATIENT SECTION	GP/NURSE SECTION
6.1 Have you experienced any of the following in the past 12 months? ☐ Increased frequency of Respiratory Infections (> 2 or 3 per year) ☐ Shortness of Breath (SOB) and/or tightness in chest ☐ A decline in function or fatigue (tiredness) from shortness of breath ☐ Decreased ability to clear secretions (e.g. having a "wet cough"). ☐ Coughing up blood & recent weight loss ☐ New leg swelling Did any of the above result in hospital admission? ☐ Yes ☐ No	Examination Findings: PEF _____ Vital capacity _____ litres Auscultation Findings: ☐ Review cause of hosp admission
6.2 Have you had the fluvax injection in the last year? ☐ Yes ☐ No Have you had a pneumovax injection before? ☐ Yes ☐ No	
6.3 Do you have any of the following symptoms? ☐ Excessive snoring or episodes when you stop breathing during the night? ☐ Excessive sleepiness or tiredness during the day? ☐ Waking with early morning headache? ☐ Difficulty concentrating / learning new things ☐ Other Describe_____ _____	Does patient need further evaluation with the Epworth Sleepiness Scale ☐ Yes ☐ No
6.4 Have you ever had a sleep study? ☐ Yes ☐ No If you have a CPAP or BIPAP machine, have you encountered any problems with your mask or machine? ☐ Yes ☐ No	Does person need referral for: A sleep study? ☐ Yes ☐ No Refer to sleep Dr. ☐ Yes ☐ No

Respiratory complications are a leading cause of death during as well as after the first year following spinal cord injury. The 4 most common respiratory complications are Respiratory Failure, Atelectasis, Pneumonia and Pulmonary Embolus. Obstructive sleep apnoea is also common (up to 40% of patients with SCI).

Recommendations for people with SCI are:

- ALL individuals with tetraplegia and high paraplegia (>T8) would benefit from a Pneumococcal vaccination (once around time of injury and at 50 and 65 years of age) and annual Influenza vaccination.
- Check of resting respiratory rate and vital capacity every year. Consider respiratory insufficiency (particularly sleep apnoea) if VC trending downward or there are symptoms of tiredness and sleepiness during the day or elevated waking BP.
- All symptoms of respiratory infection must be treated seriously with assisted coughing, physiotherapy & antibiotics if appropriate.

Risk factors for Respiratory Complications include

- Greater degree of neurological impairment (Higher neurological level, ASIA A Complete)
- Age >50 years, Increased age at injury, Increased duration of injury
- Recent hospital admission or bed-rest, no previous immunisations e.g. Pneumovax, Fluvax
- Smoking, Asthma, Chronic Lung diseases e.g. bronchitis, emphysema, bronchiectasis
- Severe postural deformity (decreases mobility of the chest), Scoliosis (sideways lean deformity), Kyphosis (slumped deformity)
- Obesity, Abdominal complications (distension or bloating), Increasing spasticity (of the abdominal and chest wall)
- Drop in Peak Flow or Forced Vital Capacity (FVC) if measures available

GP MANAGEMENT PLAN		
Issue	**Management plan**	**Outcome**