

**ADVICE FOR PATIENT FOLLOWING A CERVICAL SPINE INJURY**

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| **Patient Name:** | **Hospital Number:** |
| **Consultant responsible for spinal management:** | |
| **Consultant responsible for patient’s overall care:** | |

|  |  |  |
| --- | --- | --- |
| **Date of advice:** | **Time of advice:** | **Advice face to face**  **Telephone advice**  **Referapatient advice** |
| **Name of person completing form:** | **Designation:**  **Bleep:** | **Signature:** |

**Diagnosis…………………………………………………………………………………………**

1. **Is a collar needed?** No  *If no, go to Q8* Yes Hard/ Soft
   1. Any restrictions on mobilising? No  Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **How long is the collar required for? (if other please specify)**

6 weeks  3 months  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When does the collar have to be worn?**

24 hours  When out of bed  When walking  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What position can the collar be changed in?**

Lying  Sitting

1. **Do they need a head hold for collar changes?**

No  Yes

1. **Can the patient shower without their collar?**

No  Yes, in sitting  Yes, in standing

1. **Can the patient shave without their collar?**

No  Yes, in sitting  Yes, in standing  N/A

1. **Is further imaging needed?**

No  Yes

1. **Timing of imaging**

2 weeks  6 weeks  3 months  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cervical X Ray  AP / Lateral Cervical CT Scan

1. **Follow up with spinal surgeon**

Not needed  Yes  When \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY CONCERNS Monday- Friday 8-6pm contact Spinal Practitioners 07887617357 07887597236**

**Out of hours- please contact neurosurgical registrar: phone 62032**