UHSx Spinal Patient

(Sticker)

Patient Name: …………………………………..

Date of birth: …………………………………..

Hospital no.: …………………………………..

Daily Ward Round

Date: Time:

**S P I N A L**

Consultant in charge: ……………………………………………………

Diagnosis: …………………………………………………………………………………

Spinal cord injury? Y / N Level: ………………

Spinal shock present? Y / N

Surgical plan:

Spinal Precautions: None

(tick one) Flat bed rest

 Log Roll

 Roll in alignment (no head hold required BUT

**T4 + above must be cleared**)

 Sit up to ………… degrees

Orthosis required: No Yes (*if changed, new sheet required)*

Pressure damage?: No Yes Where? …………………………………………………

MAP target: ………………… mmHg

Frequency of spinal obs: ………………… hourly

VTE Prophylaxis LMWH

 Mechanical

Bowel Regime (tick one): Reflexic Areflexic

Additional ward round documentation:



**SPINAL GROUP / V1/ DEC22**