

# Referral from SIU

Acute Services Division  
Queen Elizabeth National Spinal Injuries Unit, 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

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Alcohol: YES <input type="checkbox"/> NO <input type="checkbox"/>	Drugs: YES <input type="checkbox"/> NO <input type="checkbox"/> Name:
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Hosp & Wd:	Tel:
Consultant:	Tel:
Ref Doctor:	Page No:

### CLINICAL CONDITION

Airway: Intubated YES <input type="checkbox"/> NO <input type="checkbox"/>	Tracheostomy: YES <input type="checkbox"/> NO <input type="checkbox"/>
Breathing: Spontaneous <input type="checkbox"/> Ventilated <input type="checkbox"/>	Circulation: Pulse
O2 Saturation	BP
Blood Gases	Fluid support

### SPINAL INJURY DETAILS

Spinal Fractures:	Head:
Sensory Level:	Chest:
Motor Level:	Abdomen/Pelvis:
CT or MRI Findings	Limbs:
	Pressure Sores:

### OTHER INJURIES

### TREATMENTS SO FAR

Surgical Procedures YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes Detail:

### PAST MEDICAL HISTORY AND MEDICATIONS

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