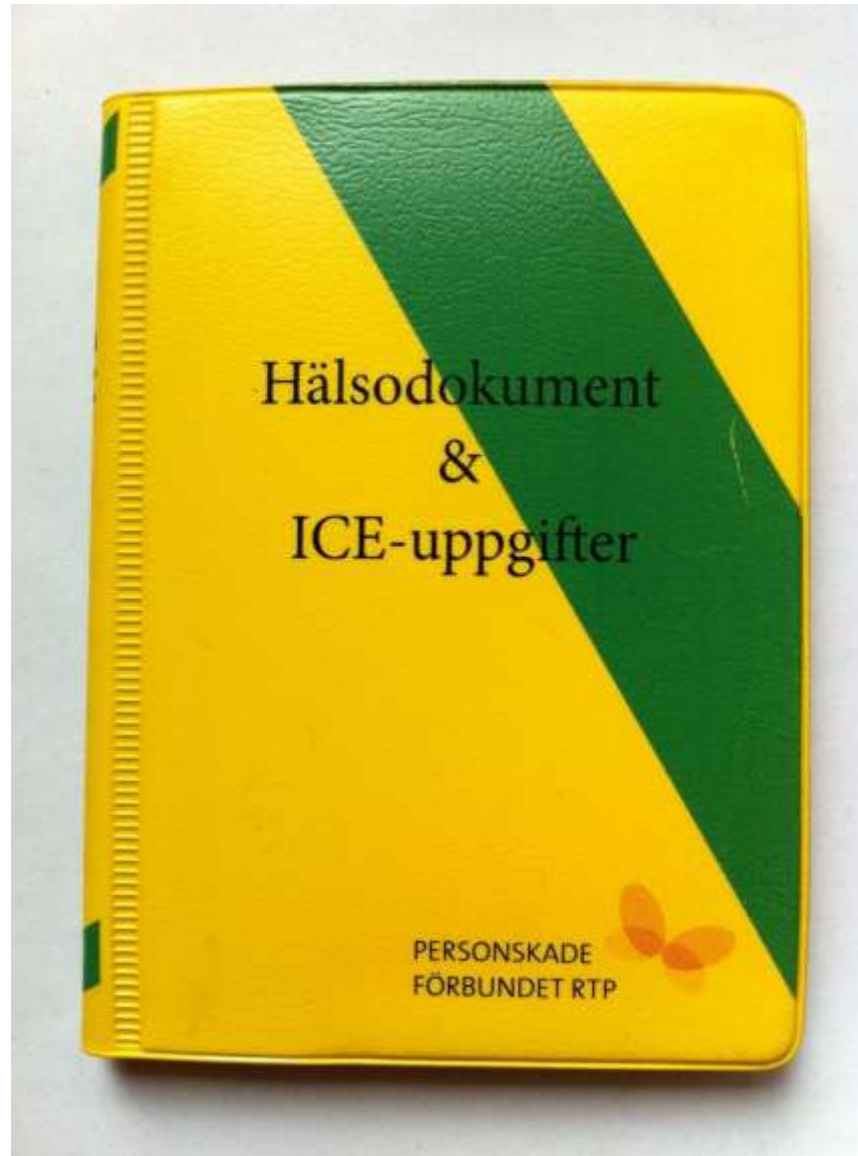


Health document





Health document

- Self management
- Family and relatives
- In contact with the healthcare system

- CARF

- www.rtp.se/halsodokument



Health document

- Important general information about SCI
- Personal/Individual information
- ICE information
- Medical list
- Information about SCI organisation

Health document

For specific information
on my spinal cord injury
please contact

The Spinal Cord Unit

ward



Bladder/Bowel

Suspicion of bacteria in the urine:
submit urine for the cultivation and
requests testing of resistance!

Example of symptoms: increased
leakage, increased spasticity, raised
temperature, altered smell and/or ap-
pearance, confusion.

I empty the bladder by

.....

I empty the bowel by

.....

Skin/Sore

Decubitus ulcer occurs easily. The skin
should be inspected every day!

Relieve pressure every two hours, av-
oid hard seats, sliding eg. half-sitting
in bed or when transferring, avoid
moisture, heat and swelling!

When redness, relieve pressure
immediately until the red area has
disappeared!

If you have a sore, please contact a
care centre!

If you have any difficulty with a sore
please discuss with a spinal injury
specialist!

Spasticity and Pain

If spasticity and/or neuropathic pain
are increased, look for cause! Full
bladder and bowel, UTI, sores, in-
grown nails, fracture or other cause
below the injury level or general
infection eg. pneumonia.

Neurological deterioration

If loss of strength and sensory please
discuss with a spinal cord injury
specialist!

For more information, visit
www.rtp.se/halsodokument

MY HEALTH DOCUMENT

Spinal Cord Injury

name

social security number

document updated



PERSONSKADE
FÖRBUNDET RTP

Health document

Put this tab in the left sleeve
in a plastic pouch.

In this way, you can read
all the pages without having
to remove the document.

The health document is developed by
RTP in cooperation with the Spinal
Cord Unit at Sahlgrenska University
Hospital, and follows the criteria for
CARF-accredited programs.

Autonomic Dysreflexia

Injury above Th6.
Blood pressure increased > 20 mm
Hg and may include one or more of
the following symptoms, headache,
palpitation, nasal congestion, respi-
ratory problems, goose bumps, swea-
ting, blurred vision, anxiety, shiver.
Can be life-threatening and cause
brain haemorrhage.

**Position me in 90° sitting, lower
the legs, give eg. Nitroglycerin
on the tongue!**

Locate the cause! Full bladder and
bowel, UTI, sores, ingrown nails,
fracture or other cause below the
injury level.

For contact with relatives see
separate ICE-documents

Respiration/Breathing

Depending on the degree of paralysis
of the breathing muscles the respira-
tory capacity and host capacity are
reduced.

The breathing ability of people with
tetraplegia may be expected to be
better when the person is lying down
than when he/she is sitting.

Increased risk of atelectasis, secret
stagnation, respiratory infections,
under ventilation and sleep apnea.

You should always treat respiratory
infections aggressively!

Blood pressure

My blood pressure is
My mm Hg is

Low blood pressure for injury damage
above Th6 is common.

Do not give too much fluid!

When increases, suspected Autonomic
Dysreflexia!

Body temperature

My body temperature is ° C.
Inability to regulate temperature below
injury level.

Everybody do not get fever during an
infection, check the CRP!

Injury level

I have a-injury

General information on Spinal Cord Injury

Varying degrees of paralysis and
sensory loss, effects on bladder and
bowel, low blood pressure, low body
temperature.

Tetraplegia (damaging above Th1)
involving both arms, torso and legs.

Paraplegia (damage below Th1)
involving the trunk and legs.

At complete injury any connection
between the brain and the body
below injury level is broken.

At incomplete injury, some functions
remain.

Drag the tab, turn ►