



CLINICAL INFORMATION

Initial RHSCIR

CHART ABSTRACTION

CI-InitialRHSCIR

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Medical History -- Injury

1. Did the participant come directly to this facility from site of injury?

☐ Yes

☐ No, participant came to this facility via another hospital


2. Injury Time:

		:			24 hour clock	Enter full or partial time. If no details available, check Unknown.
HH			MM			

☐ Estimated

☐ Unknown

3. ~~a)~~ Mechanism of Injury: If more than one mechanism, record top-ranked as follows:

Sports
Assault
Transport
Fall

1st ranking
2nd ranking
3rd ranking
4th ranking

(e.g., vehicle crash = Transport; vehicle crash during auto racing = Sports) (e.g., fall to ground = Fall; when intentionally pushed by another person = Assault)

- ☐ Sports (complete section [32a](#). only)
- ☐ Assault – blunt (skip to Question [43 on page 3](#))
- ☐ Assault – penetrating (skip to Question [43 on page 3](#))
- ☐ Transport ([skip to Question 4](#)) (complete section [2b](#). only on page 2)
- ☐ Fall (complete section [2c3b](#). only on page 2)
- ☐ Other traumatic cause (specify): _____ (skip to Question [43 on page 3](#))
- ☐ Unspecified or unknown (skip to Question [43 on page 3](#))

a) If sports related injury, please provide a brief description (e.g., identify type of sport and circumstances of injury if available) and indicate type of sport/exercise/leisure activity:

Description: _____

(e.g., hit from behind, went headfirst into the boards while playing hockey)

- ☐ Team ball sports (e.g., football, basketball)
- ☐ Team bat or stick sports (e.g., hockey, baseball)
- ☐ Team water sports (e.g., water polo)
- ☐ Boating sports (e.g., kayaking, jet skiing, sailing)
- ☐ Individual water sports (e.g., diving, surfing)
- ☐ Ice or snow sports (e.g. skiing, snowboarding)

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- ☐ Individual athletic activities (e.g., aerobics, track and field)
- ☐ Acrobatic sports (e.g., gymnastics, cheerleading)
- ☐ Aesthetic activities (e.g., dancing, marching)
- ☐ Racquet sports (e.g., tennis, squash)
- ☐ Target/precision sports (e.g., archery, paintball)
- ☐ Combative sports (e.g., boxing, karate)
- ☐ Power sports (e.g., weightlifting, timber-related sports)
- ☐ Equestrian sports (e.g., rodeo, show jumping; horseback riding)
- ☐ Adventure sports (e.g., rock climbing, hiking)
- ☐ Wheeled motor sports (e.g., motorcycling, All-terrain vehicle, snowmobiling)
- ☐ Wheeled non-motorsports (e.g., cycling, skate boarding)
- ☐ Multidiscipline sports (e.g., triathlon, decathlon)
- ☐ Aero (non-motored) sports (e.g., paragliding, parachuting)
- ☐ Other school-related recreational activities (e.g., school physical education class, school free play)
- ☐ Other specified sport-exercise activity (not listed above)
- ☐ Unspecified sport/exercise activity (specific sport/exercise unknown)

b) ~~If transport related injury, please provide a brief description (e.g., identify type of transport and circumstances of injury if available) and indicate type of transport involved:~~

Description: _____

(e.g., riding bicycle to work when hit by a car)

- ☐ ~~Pedestrian (e.g., bystander)~~
- ☐ ~~Pedal cycle (e.g., cycle rickshaw, unpowered bicycle)~~
- ☐ ~~Other non-motorized transport device (e.g., animal-drawn vehicle, animal being ridden)~~
- ☐ ~~Two-wheeled motor vehicle (e.g., moped, Vespa™)~~
- ☐ ~~Three-wheeled motor vehicle (e.g., motorized tricycle, motorized rickshaw)~~
- ☐ ~~Light transport vehicle with four or more wheels (e.g., motor car, passenger van)~~
- ☐ ~~Heavy transport vehicle (e.g., bus, rig)~~
- ☐ ~~Rail vehicle (e.g., train, monorail)~~
- ☐ ~~Special industrial, agricultural, or construction vehicle (e.g., forklift, coal car in mine)~~
- ☐ ~~Special all-terrain or off-road vehicle (e.g., dirt bike, dune buggy)~~
- ☐ ~~Watercraft (e.g., freighter, oil tanker)~~
- ☐ ~~Aircraft (e.g., airplane, glider)~~
- ☐ ~~Other specified mode of transport (e.g., ski chair lift, ice and land yacht)~~
- ☐ ~~Unspecified mode of transport~~

e) b) If fall related injury, please provide a brief description (e.g., identify type of fall and circumstances of injury if available) and indicate type of fall involved:

Description: _____

(e.g., tripped over coffee table while running to answer the phone, fell headfirst onto floor)

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- ☐ Falling/stumbling by tripping on same level
- ☐ Falling/stumbling by slipping on same level
- ☐ Falling/stumbling/jumping/pushed from a height less than 1 meter (approximately 4-5 stairs)
- ☐ Falling/stumbling/jumping/pushed from height 1 metre or more
- ☐ Falling/stumbling/jumping/pushed on stairs/steps
- ~~Other falling/stumbling/jumping/pushed~~



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4. Geographic Region of Injury:

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First 3 characters of postal code of geographic location where the injury occurred.

☐ Unknown postal code

If Unknown, enter City & Province: _____

☐ Outside of Canada**5. Emergency Health Services (EHS) Arrival at Injury Scene:**

(this information may be found in the initial injury ambulance report as "Time At Scene")

☐ Not applicable (did not get transported from scene of injury via Emergency Health Services)**Date of EHS arrival at scene:**

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown**Time of EHS arrival at scene:**

		:			24 hour clock
HH			MM		

Enter full or partial time. If no details available, check Unknown.

☐ Unknown**4.6. Work Related Injury:** (cause of injury related to paid work activity)☐ Yes☐ No☐ Unknown**5. Is the injury a direct result of an accident suffered while on military service?****6.**

— Yes

— No

9.**10.7. Did injury result in a spinal column injury?** (Any disruption through the spinal column including the bony vertebral elements and their supporting ligaments, capsules, discs, and other supporting soft tissues. Please note: a participant may have a traumatic-SCI [i.e., be eligible for RHSCIR] and no traumatic-spinal column injury [e.g., SCIWORA, stenosis, spondylosis].)

Spinal Column = bony vertebral elements and/or their supporting discs, ligaments, capsules, or other supporting soft tissues

☐ Yes (there IS a traumatic injury to the spinal column)☐ No (there is NO traumatic injury to the spinal column; although there may be degenerative changes [i.e. stenosis, spondylosis] or SCIWORA (SCI without radiographic abnormality))**Medical History – General****8. Prior to the time of their injury, did the participant ever have any of the following health conditions (either resolved or ongoing)?**

(Check ALL that apply. Do not include anything that happened concurrently with the SCI. E.g., bone fracture)

☐ No health conditions prior to their injury (i.e., previously healthy; skip to Glasgow Coma Scale on page-Associated injuries56)

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a) Cardiovascular:

- ☐ Myocardial infarction (i.e., heart attack)
- ☐ Congestive heart failure (i.e., heart failure)
- ☐ Peripheral vascular disease (i.e., blockage of the peripheral vascular system in the legs)
- ☐ Cerebrovascular disease (i.e., disease/abnormality of the vascular system of the brain leading to a cerebrovascular accident (CVA) [e.g. stroke or hemorrhage, aneurysm, transient ischemic attack])
- ☐ Coronary artery disease

b) Lung Disease:

- ☐ Asthma
- ☐ Chronic lung disease (e.g., chronic obstructive pulmonary disease [including emphysema and chronic bronchitis], tuberculosis, etc.)
- ☐ Sleep Disordered Breathing (including obstructive sleep apnea)

c) Liver Disease:

- ☐ Liver disease (i.e., cirrhosis or serious liver damage [e.g. hepatitis])

With portal hypertension (with or without variceal bleeding), or chronic hepatitis?

- ☐ Yes
- ☐ No
- ☐ Unknown

d) Diabetes: (i.e., high blood sugar)

With end organ damage? (e.g., kidney or eye problems related to diabetes)

- ☐ Yes
- ☐ No
- ☐ Unknown

Has participant received some form of treatment for this problem?

- ☐ Yes
- ☐ No
- ☐ Unknown

If Yes, what type of treatment(s)? (check ALL that apply)

- ☐ Diet modification
- ☐ Medications taken by mouth (e.g., Metformin, Glyburide, Glipizide)
- ☐ Insulin injections
- ☐ Other (specify): _____

e) Cancer: (please check 'Any malignancy' if only "cancer" is documented in the medical record)

- ☐ Any malignancy (i.e., solid tumors without documented metastases; [e.g., breast, lung, etc.,])
- ☐ Leukemia (i.e., cancer of the white blood cells)
- ☐ Lymphoma (i.e., cancer of the lymphatic system)

Malignant?

- ☐ Yes

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- ☐ No
- ☐ Unknown
- ☐ Metastatic solid malignancy (i.e., solid tumors with documented metastases [e.g. breast, lung, etc.])

f) Psychiatric conditions:

- ☐ Depression/Mood problems
- ☐ Major psychiatric conditions (e.g., schizophrenia, bipolar disorder, etc.)
- ☐ Dementia (i.e., progressive or permanent deterioration of mental status [e.g., Alzheimer's disease] diagnosed in the past)

g) Other:

- ☐ Ulcer disease (i.e., gastric ulcer or peptic ulcer disease)
- ☐ Hemiplegia (i.e., difficulty moving an arm or a leg as a result of a cerebrovascular accident (CVA) or other condition)
- ☐ Kidney disease (e.g., poor kidney requiring haemodialysis, peritoneal dialysis, or kidney transplant)
- ☐ AIDS (i.e., the syndrome caused by the HIV virus characterized by the presence of an opportunistic infection such as pneumocystis carni or Kaposi's sarcoma [the presence of HIV is not a diagnosis of AIDS])
- ☐ Osteoarthritis/degenerative arthritis (i.e., a non-inflammatory type of arthritis in which one or many joints may undergo degenerative changes)
- ☐ Osteoporosis (i.e., abnormal loss of bone density)
- ☐ High blood pressure/hypertension (i.e., ongoing blood pressure readings that are higher than 140/90 mmHg [normal is 120/80 mmHg])
- ☐ Documented history of excessive alcohol intake/use (this may be found in the 'Social History' section of the consult notes)
- ☐ Bone fractures
- ☐ Connective tissue disease (e.g., rheumatoid arthritis, lupus)
- ☐ Pre-existing spinal cord injury ~~(must complete question 12)~~
- ☐ None of the health conditions listed above (i.e., participant has a health condition not listed; skip to Glasgow Coma Scale on page Associated Injuries-7)

Associated Injuries

For the following questions, please look ONLY at the trauma tertiary survey in the chart, which is a form filled out by the trauma team that lists all traumatic injuries. Only those injuries sustained at the time of SCI should be considered.

9. Non-vertebral fractures requiring surgery (arm, leg, pelvis, etc.)

- ☐ Yes
- ☐ No
- ☐ Unknown

10. Severe facial injuries affecting sense organs (eyes, nose, ears, mouth); not just abrasion/scrape)

- ☐ Yes
- ☐ No
- ☐ Unknown

11. Major chest injury requiring chest tube

- ☐ Yes

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- ☐ No
☐ Unknown

12. Major chest injury requiring mechanical ventilation (only choose yes if mechanical ventilation can directly be related to chest injuries and NOT SCI)

- ☐ Yes
☐ No
☐ Unknown

13. Traumatic amputations of an arm or leg (or injuries severe enough to require surgical amputation)

- ☐ Yes
☐ No
☐ Unknown
☐

14. Severe hemorrhaging (more than two litres of blood loss)

- ☐ Yes
☐ No
☐ Unknown

15. Brachial plexus injury

- ☐ Yes
☐ No
☐ Unknown

16. Damage to any internal organ requiring surgery (lungs, heart, liver, spleen, etc.)

- ☐ Yes
☐ No
☐ Unknown

17. OTHER ~~for pilot only~~: please note any other major associated injuries not listed here:

Glasgow Coma Scale:

18.a) Field Scores:

- 13.a) Best Eye Response:** ____ (1-4)
☐ Unknown
- 14.b) Best Verbal Response:** ____ (1-5, T)
☐ Unknown
- 15.c) Best Motor Response:** ____ (1-6)
☐ Unknown

19. Facility Scores:

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~~16a).~~ **Best Eye Response:** _____ (1-4)
☐ Unknown

~~b)17.~~ **Best Verbal Response:** _____ (1-5, T)
☐ Unknown

~~c)18.~~ **Best Motor Response:** _____ (1-6)
☐ Unknown

Data Collection Details

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Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
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