



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. 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 3a. only)
☐ Assault – blunt (skip to Question 4)
☐ Assault – penetrating (skip to Question 4)
☐ Transport (skip to Question 4)
☐ Fall (complete section 3b)
☐ Other traumatic cause (specify): _____ (skip to Question 4)
☐ Unspecified or unknown (skip to Question 4)

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)
☐ Individual athletic activities (e.g., aerobics, track and field)
☐ Acrobatic sports (e.g., gymnastics, cheerleading)

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- ☐ 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 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)

- ☐ 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

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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**6. Work Related Injury:** (cause of injury related to paid work activity)☐ Yes☐ No☐ Unknown**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 SCI [i.e., be eligible for RHSCIR] and no 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 an injury to the spinal column)☐ No (there is NO 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 Associated injuries)**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)

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- ☐ 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
- ☐ 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
- None of the health conditions listed above (i.e., participant has a health condition not listed; skip to Associated Injuries)

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
- ☐ No
- ☐ Unknown

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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: please note any other major associated injuries not listed here:**Glasgow Coma Scale:****18. Field Scores:**

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

19. Facility Scores:

- a) **Best Eye Response:** ____ (1-4)
☐ Unknown
- b) **Best Verbal Response:** ____ (1-5, T)
☐ Unknown

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<p>c) Best Motor Response: ____ (1-6)</p> <p><input type="checkbox"/> Unknown</p>

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