



CLINICAL INFORMATION

Acute

CHART ABSTRACTION

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Interventions

- 1. Oral- or Nasal- Endotracheal Tube >24 Hours:** (at any point during their stay, excluding use for surgery)

☐ Yes
☐ No
☐ Unknown
- 2. Tracheostomy Performed:** (at any point during their acute stay at facility)

☐ Yes
☐ No
☐ Unknown
- 3. Methylprednisolone/ Corticosteroids:** (at any point during their stay)

☐ NASCIS II (Methylprednisolone or Solumedrol run as an infusion x 23 or 24 hrs)
☐ NASCIS III (Methylprednisolone or Solumedrol run as an infusion x 47 or 48 hrs)
☐ Other (specify): _____
☐ None
☐ Unknown
- 4. Was spine surgery performed?**

☐ Yes (if yes, please complete a Spinal Procedures Form (SPROC-MULT) for each surgery performed)
☐ No
☐ Unknown

Complications

- 5. a) Was the participant diagnosed with delirium during their stay?** (A clinically documented diagnosis of delirium [not merely mention of "confusion" or "disorientation" in the medical record]. This includes all diagnoses of delirium regardless of cause [e.g. includes those due to alcohol and psychoactive substance withdrawal])

☐ Yes
☐ No
☐ Unknown

b) Was the participant diagnosed with a urinary tract infection (UTI) during their stay? (A clinically documented diagnosis with a positive urine culture resulting in treatment with antibiotics [see User Manual for a list of common antibiotics])

☐ Yes
☐ No
☐ Unknown

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Pain

6. Did the participant have any type (e.g. nociceptive or neuropathic) of pain at any time during their stay? (Can be found in nursing notes, doctor's notes, etc.)

- ☐ Yes
☐ No
☐ Unknown

7. Did the participant have neuropathic pain (whether treated or untreated) at any of time during their stay? (Suggested to check physiatry/pain consults, discharge note/summary. Must be documented by a physician)

- ☐ Yes
☐ No
☐ Unknown

Respiratory

8. Pulmonary complications and conditions diagnosed after the SCI, during the acute stay:

- ☐ None (skip to Data Collection Details)
☐ Pneumonia: (clinically [i.e., by a medical doctor] with any of clinical (e.g. increased temperature or amount of purulent secretions), radiographic (e.g. infiltrate on chest x-ray), or laboratory (e.g. positive culture & sensitivity [C&S], increased white blood cell count) supporting evidence AND resulting in treatment with antibiotics)
☐ Asthma
☐ Chronic Obstructive Pulmonary Disease (includes emphysema and chronic bronchitis)
☐ Venothromboembolic Event (including pulmonary embolus and DVT)
☐ Sleep Disordered Breathing (including Obstructive Sleep Apnea)

Did the participant receive any treatment?

- ☐ Yes
☐ No (skip to Data Collection Details)
☐ Unknown (skip to Data Collection Details)

If Yes, specify type of treatment: (check ALL that apply)

- ☐ Continuous Positive Airway Pressure (CPAP)
☐ Bi-Level Positive Airway Pressure (BiPAP®)
☐ Oral appliance
☐ Surgery (e.g., Uvulopalatopharyngoplasty, Radiofrequency Ablation [RFA], Nasal Surgery, etc.)
☐ Other (specify): _____
☐ Unknown type
☐ Other Respiratory Conditions (specify): _____
☐ Unknown

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Data Collection Details

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