



CLINICAL INFORMATION

Rehab

CHART ABSTRACTION

CI-Rehab

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Interventions

- 1. Tracheostomy Performed:** (at any point during their rehab stay)

- ☐ Yes
☐ No
☐ Unknown

Complications

- 2. 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

Pain

- 3. 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

- 4. Did the participant have neuropathic pain (whether treated or untreated during their stay) at time of discharge?** (Suggested to check discharge note/summary)

- ☐ Yes
☐ No
☐ Unknown

Respiratory

- 5. Pulmonary complications and conditions diagnosed after the SCI, during the rehab stay:**

- ☐ None (skip to Data Collection Details)
- ☐ **Pneumonia:** (clinically documented [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)

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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): _____

Data Collection Details

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