



## Interventions

### ~~1. Assistive Equipment:~~

~~(Check ALL that apply on day of discharge. Please enter all assistive equipment [e.g., if Functional Electrical Stimulation (FES) bracing being used, enter under "other"].~~

~~Consult health care team if health record is unclear. Include equipment "on order" but yet to be received.)~~

- ~~☐ Activities of daily living (ADL) aids (e.g., long-handled reacher, adapted utensils, adapted clothing, modified work environment)~~
- ~~☐ Bathroom aids (e.g., aids used to perform personal care activities in the bathroom, e.g., commode, bath bench, grab bars)~~
- ~~☐ Bedroom aids (e.g., aids used to assist in sleeping, positioning and sexual activity, e.g., electric bed, special mattress)~~
- ~~☐ Communication devices (e.g., aids used to facilitate verbal, written or gestural communication, e.g., alphabet board, computer or phone adaptations)~~
- ~~☐ Environmental controls (e.g., aids used to influence/control the physical environment, e.g., automatic door opener, other Environmental Control Unit)~~
- ~~☐ Mobility aids—power wheelchair~~
- ~~☐ Mobility aids—manual wheelchair~~
- ~~☐ Mobility aids—scooter~~
- ~~☐ Mobility aids—walking aid (e.g., cane, crutches, walker, etc.)~~
- ~~☐ Transfer aids (e.g., aids used to assist transferring from one surface to another, e.g., transfer board, mechanical lift)~~
- ~~☐ Vehicle aids (e.g., aids used to facilitate transportation in a vehicle e.g., driver controls, access lift or ramp)~~
- ~~☐ Other (specify): \_\_\_\_\_~~
- ~~☐ No equipment used~~

**2.1. a) Were any outpatient services set up for this participant?** (Services set up for access after discharge from inpatient stay. Please include those services referred to but not yet accessed and follow-up appointments.)

- ☐ Yes
- ☐ No (skip to Question [23](#) on page 2)
- ☐ Unknown (skip to Question [23](#) on page 2)

## CHART ABSTRACTION

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**b) If Yes, specify which outpatient health services:** (Check ALL that apply. Include only services set up for access after discharge from inpatient stay.)

- ☐ Assistive technology
- ☐ Dentistry
- ☐ Drivers education
- ☐ Drug and alcohol
- ☐ Ear/nose/throat (ENT)
- ☐ Kinesiology
- ☐ Neurosurgery (for associated injuries not related to SCI)
- ☐ Nursing
- ☐ Nutrition
- ☐ Occupational therapy (OT)
- ☐ Orthotics
- ☐ Orthopaedic surgery (for associated injuries not related SCI)
- ☐ Physiatry (Rehabilitation Medicine)
- ☐ Physical therapy/ Physiotherapy (PT)
- ☐ Psychology or Psychiatry
- ☐ Recreational therapy
- ☐ Respiriology
- ☐ Respiratory Therapy (RT)
- ☐ Sexual health
- ☐ Social work (SW)
- ☐ Speech-language pathology (SLP)
- ☐ Thrombosis/Hematology
- ☐ Urology
- ☐ Vocational rehabilitation
- ☐ Wound care
- ☐ Other (specify): \_\_\_\_\_  
(e.g. art therapy, music therapy)

☒ ~~None~~

**c) Is this participant set up to access outpatient services in a multidisciplinary day program?**

- ☐ Yes
- ☐ No

☒ Unknown

**2. Which of the following medications are prescribed to the participant for ongoing use after discharge?**

- ☐ Gabapentin (e.g. Neurontin)
- ☐ Pregabalin (e.g. Lyrica)
- ☐ Amitryptilene (e.g. Vanatrip, Elavil, Endep)
- ☐ Nortryptilene (e.g. Pamelor, Aventyl)
- ☐ Opioids (e.g. Morphine, Hydromorphone, Fentanyl, Sufentanil, Demerol, Meperidine)
- ☐ Methadone (for PAIN, not for addictions treatment)
- ☐ Cannabinoids (e.g. marijuana pills, oils, inhaled, edibles)
- ☐ Nabilone (e.g. Cesamet, Canemes)
- ☐ Mexiletine (e.g. Mexitil)

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☐ **Nutrition Tube Feeds:** (Status on day of discharge only. Includes orogastric (OG), nasogastric (NG), percutaneous endoscopic gastrostomy (PEG), or other tubes.)

☐ None of the above

~~3.~~

☐ ~~Yes~~

☐ ~~No~~

**4.3. Tracheostomy Present:** (Status on day of discharge only.)

☐ Yes

☐ No

☐

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