



Hamilton
Health
Sciences
PATIENT EDUCATION

SCI HPP

**Spinal Cord Injury
Health Promotion Plan**

The Spinal Cord Health Promotion Plan, or SCIHPP

This binder has been put together for you. It is a place to record your health information, for your use and any doctors you may need to visit. We hope you will find this binder useful in directing your health care and in sharing information with those you wish to involve in your care.

The binder has 6 sections:

1. **Personal Health Information**

- your past health and injury information
- emergency information
- medications
- family health history
- important phone numbers

2. **Autonomic Dysreflexia**

Describes and offers suggestions if you are at risk for Autonomic Dysreflexia. This would include you if your spinal cord injury is at level T6 or higher.

3. **SCI Health Promotion Plan**

- tests and procedures that will be helpful in maintaining your health as it relates to your injury
- specialists who are looking after each area of health concern
- bowel and bladder routines
- equipment management
- personal and job related goals

4. **Test Results**

5. **Consultation Reports**

Please ask for a copy of these reports after you have reviewed them with your doctor. This will allow you to share this information with other people involved in your care.

6. **Equipment Information**

Personal Health Information

Personal Information:

Name	
Address	
City	
Province	
Postal Code	
Phone Number	
Birth date	
Primary Contact Person	
How this person is related to me	
Phone Number	
Date of Injury	
Level of Injury	
Details of Injury:	
Specific Concerns:	

Emergency Information

Primary Contact Person:	
Phone Number:	

Family Doctor:	
Phone Number:	

Dentist:	
Phone Number:	

Allergies:

Allergic To	Reaction

Medical Alert:	
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Blood Type:	
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Health Care

Diagnosis:	
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Complications and Problems:

Treatment/operations/procedures	Date

Physicians/Specialists seen:

Name	Date	Reason

Current Medications

Medication	Dose	Time of Day	Date Started	Date Stopped	Purpose

Family Health History

Important information about my family members' health history.

Person	Health Problem

Important Phone Numbers

	Name	Phone Number
Family Doctor		
Dentist		
Nurse		
Case Manager		
Community Care Access Centre		
Pharmacy		
Physiatrist		
Urologist		
Respirologist		
Physiotherapist		
Occupational Therapist		
CPA representative		
Peer Support		
Social Worker		
Legal support		
Equipment Vendor		
Supplies		
Other		

Autonomic Dysreflexia

Autonomic dysreflexia can be life threatening. It is a complication following a spinal cord injury. You must know what it is, why it happens and how to find and remove the cause immediately.

Autonomic dysreflexia or AD is a reaction of the body to uncontrolled nerve impulses. It is a response to painful or uncomfortable stimuli below the level of your spinal cord injury. AD is usually caused by:

- a bladder that is too full
- a full lower bowel
- prolonged pressure on the skin.

If your injury is above the level of T6, it may occur. You must learn all about it if your injury is above T6.

When the system is stimulated, blood vessels in the abdomen, pelvis and legs constrict or get tighter. This causes the blood pressure to rise. Messages from the brain cannot travel down the spinal cord below the level of the injury. This means that the blood vessels continue to constrict and blood pressure keeps rising.

Common Indications

- Severe headache
- Heavy sweating
- Flushed or reddened skin
- Goose bumps
- Blurry vision or spots in front of the eyes
- Stuffy nose
- Anxiety or jitters
- A feeling of tightness in your chest or flutters in your heart or chest, or trouble breathing

Common causes of Autonomic Dysreflexia

1. Full bladder
2. Full leg bag
3. Kinked catheter tubing
4. Full bowel – incomplete emptying of bowels.
5. Skin breakdown.
6. Pressure on skin/sitting in one position too long.
7. Menstrual cramps
8. Infection

Interventions

1. Raise head of bed or make sure the head is elevated if in chair.
2. Check to make sure bladder is not full, reposition leg bag and check for kinking of tubing if indwelling catheter is used.
3. Check bowels using 2% xylocaine gel to ensure bowels are empty. If stool is present, gently empty, watching BP and stopping to allow BP to subside if elevating.
4. Check for areas where pressure may be exerted against skin and relieve pressure.
5. Check for any other factor that may be causing distress to the body such as bladder infection, skin ulcer, excessive heat, etc.

If there is no change in BP after interventions or source cannot be found, contact your physician immediately – emergency situation!

Please refer to booklet/emergency card on Autonomic Dysreflexia for review of pertinent information concern this emergency situation.

Please make sure booklet (or emergency card) goes with you should you need transporting to an emergency department or other facility.

SCI Health Promotion Plan for: _____

Bone Mass Health:

- 1. Bone Density – every 2 years
(request knee area be assessed as well as hips and spine).**

Date of bone density tests:

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Specialist following:

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- 2. Weight Control – maintain target weight as per nutritionist
–weight monthly.**

Last weight and date:

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Method:

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Bladder routine:

Method of emptying bladder:	
Products used:	

1. Urodynamics – frequency to be reviewed with urologist.

Dates of urodynamic tests:

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2. Renal and bladder ultrasound: every 6 months - 1 year

Dates of renal/bladder ultrasound tests:

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3. Urine cultures

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Urologist following:

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Bowel routine:

1.	
2.	
3.	

This procedure is performed every () days in the _____.
(time of day)

Position:	
Equipment needed	

Problems encountered:

Date	Problem	Solution

Respiratory routine – copy of detailed routine included:

1.	
2.	

1. Respiratory – review q 6 months to annually.

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Respirologist following:

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Neurological Review:

1. ASIA examination (as suggested by neurologist or physiatrist) .

Dates of ASIA examinations:

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Doctor following:

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Physiotherapy:

1.	
2.	
3.	

Physiotherapist following:

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Exercise:

1.	
2.	
3.	

Recreation:

1.	
2.	
3.	

Skin Checks and Review:

Method used for skin checks	
When I check – times	

Areas at specific risk for me personally:
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Problems encountered:

Date	Problem	Solution

Equipment Maintenance:

As directed by the vendor of your equipment and your occupational therapist.

Dates of wheelchair review and maintenance:

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Dates of cushion review and maintenance:

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Dates of bed and mattress review and maintenance:

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Occupational Therapist following:
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Other health concerns for me:

Important information about my other health issues (not SCI related)

Health issue	Health promotion treatments or tests

My personal goals for next year:

1.	
2.	
3.	

My vocational goals:

1.	
2.	
3.	

Communications:

From (person):	Date:	What was said: