



St Christopher's Hospice

Suspected spinal cord compression form

Enter this form into the notes at the appropriate date in the Progress / Evaluation sheets. Please copy this form to Lisa Lewis, Medical PA (ext 4551), for audit purposes. You can also copy and fax it to the oncology centre you are referring the patient to.

Date:		Nurse / doctor / physio filling in form:
Name:	Dob:	File no:
Address:		Home Care Team:
Diagnosis:		
Known metastases:		

1, Has there been a reduction in the mobility of the patient? Any falls? If possible, compare mobility grading today to a recent date just before deterioration.

Rankin score: Today: Recent date (when?):

Rankin Handicap Scale

1. *Able to carry out all usual duties*
2. *Unable to carry out some previous activities, needs assistance to look after own affairs*
3. *Requires some help but able to walk without assistance*
4. *Unable to walk without assistance and unable to attend to bodily needs without assistance*
5. *Bedridden, incontinent, requiring constant nursing care and attention*

Please describe muscle weakness in as much detail as you can – where is it, what activities is the patient finding difficult or impossible?
If it helps, draw the area of weakness on the body chart overleaf.

- 2. Is there a sensory level below which there is no sensation or altered sensation?** Yes / No
Is there loss of sensation or tingling? Yes / No

Draw distribution on dermatome chart overleaf.
Please also ask specifically about saddle area sensation.

- 3. Is there any new sphincter problem?** Date of onset
Urinary retention Yes / No

	Date of onset
Urinary incontinence	Yes / No
Other: hesitancy, frequency etc (describe)	Yes / No
Constipation	Yes/ No
Faecal incontinence	Yes / No
Check saddle area sensation / anal sphincter tone: note on dermatome chart.	

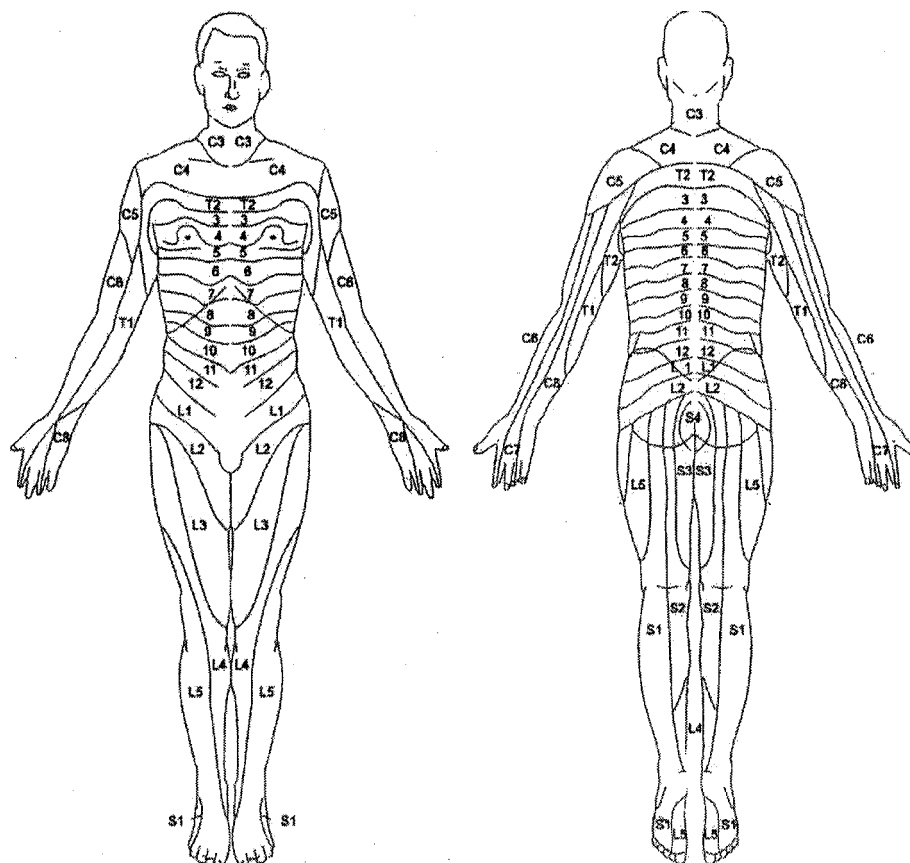
4. **Is there any backpain?** Yes / No
 Where? – Indicate each pain on body chart overleaf.
 Since how long?
 Severity (POS) (see p. 3) 1 2 3 4
 Worse on movement? Yes / No
 Is there localised tenderness over the spine? Indicate on body chart overleaf.

5. **Is there any other pain? Any neuropathic pain?** Yes / No
 Where? – Indicate and number each pain on body chart overleaf
 Since how long?
 Severity (POS) (see p.3) 1 2 3 4
 Worse on movement? Yes / No

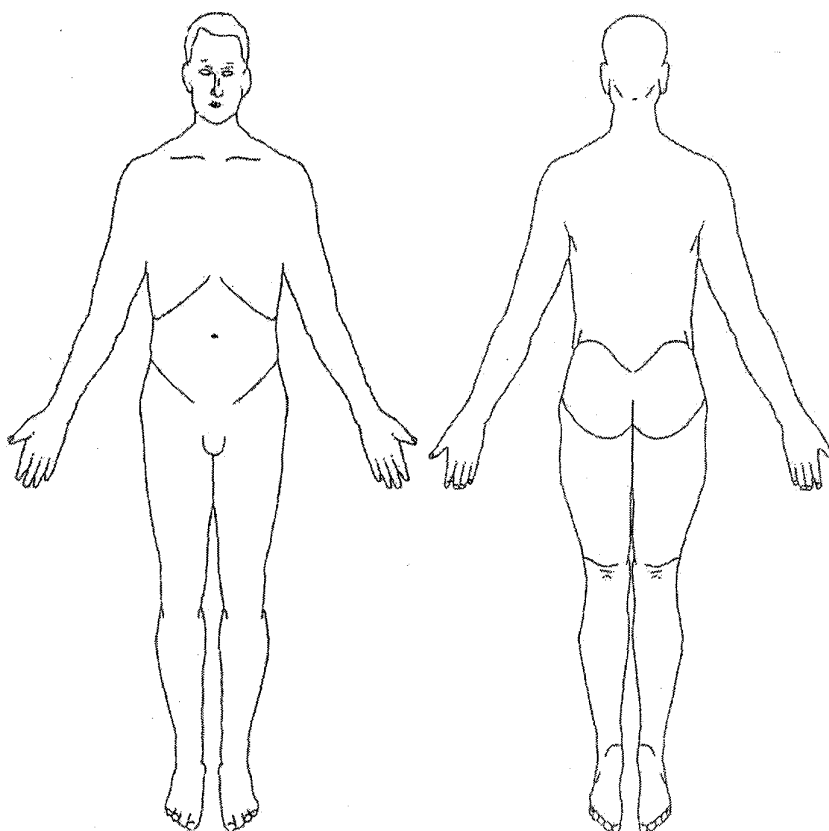
6. **Has patient had past radiotherapy or surgery to their back?** Under which consultant?

7. **Are there any contraindications to MRI** (claustrophobia, pacemaker, aneurysm clips, joint replacement or other metal in the body?)

DERMATOME CHART: Please shade in area of loss of sensation.
 NB: Do not try to make it fit into a dermatomal pattern but draw what the patient describes as exactly as you can.



BODY CHART: Please shade in distribution of muscle weakness and / or pain, labelling each separately.



MANAGEMENT (Please cross refer to this form in Management Plan 5 with today's date)

Discussed with:

Dexamethasone given? Please indicate dose, route, time of administration

Referred to:

OUTCOME: (Please note on Ongoing Medical Update sheet)

Was patient investigated radiologically for cord compression? Yes / No

Was cord compression confirmed? Yes / No

At which level/s?

Was patient treated? Yes / No

Treatment given:

Functional outcome at least 4 weeks after this episode (mobility, sensation and sphincter control) Please indicate new Rankin Score.

- | | |
|---|------------------|
| 0 Symptoms not a problem
1 Slight problem
2 Moderate – limits some activity
3 Severe – activity markedly affected
4 Overwhelming – unable to think of anything else | POS score |
|---|------------------|

THE GUIDELINES

1. **Patients with newly developed paraplegia, a sensory level, and / or sphincter loss may have recently established cord compression. They need to be seen by a CNS or doctor on the same day and then IMMEDIATE REFERRAL to the oncology centre.**
 - Do not send to DGH or get GP or specialist to see at home.
 - Discuss with consultant at SCH over phone.
 - Give dexamethasone 16mg po stat (sc if unable to swallow) as soon as possible – but do not delay transfer unduly in order to obtain medication.
2. **Patients with persistent localised numbness, tingling or pain or isolated muscle weakness may have nerve root compression.** A few days delay before investigation is often permissible. This decision rests with the treatment centre; discuss with them on the same day, after discussing with your consultant or SpR *.
3. **Patients with recent onset of problems with sphincter control, especially if associated with leg weakness, may have a cauda equina lesion.** Check saddle area sensation and anal sphincter tone and discuss with treatment centre *.
4. **Patients with severe backpain on movement but no neurological changes** may have spinal instability. They require urgent but not emergency referral *.
5. **Patients with persistent backpain** but no neurological symptoms, especially if well localised and severe, need early, though not urgent, referral *.
6. **Falls** are sometimes due to localised weakness, poor sensation or poor balance; please screen carefully and ask for medical assessment if appropriate *.
7. **Patients NOT needing urgent referral to oncology** include those having:
 - long established paraplegia (weeks) –refer for physiotherapy and rehabilitation unless very frail.
 - numbness in glove and stocking distribution – peripheral neuropathy.
 - off their legs as part of slowly progressive generalised weakness .Discuss all such cases with hospice consultant or registrar.
8. **DO NOT start steroids** in patients with backpain but no clear neurological deficits. In cases of nerve root compression, discuss initiating steroids with hospice doctor.
9. **Always consider the overall condition of the patient.**
 - Patients too frail for treatment
 - Patients already so disabled that cord compression will cause little additional disability
 - Patients with a very short life expectancy (few weeks)
 - Patients already irradiated to tolerance but unfit for neurosurgerySuch patients may not benefit from referral. Discuss with team consultant / registrar.

* GIVE THESE PATIENTS A WRITTEN LIST OF SYMPTOMS TO BE REPORTED IMMEDIATELY (ATTACHED). IF SUCH SYMPTOMS DEVELOP, PROCEED AS IN STEP 1.

IF IN DOUBT, DISCUSS WITH A CONSULTANT AT THE HOSPICE



St Christopher's Hospice

IMPORTANT WARNING SIGNS
If you develop any of the following:

- become unable to move your legs or arms at all
- your arms or legs become a lot weaker over a few days
- lose feeling in the lower part of your body
- suddenly develop problems passing urine or controlling your urine
- suddenly develop altered or unexpected bowel motions
- suddenly became unable to stand when you could previously stand up well

please call your GP or your
St Christopher' at Home nurse
(020 8776 5656)

**AS SOON AS POSSIBLE ON THE SAME
DAY.** You might need urgent assessment and
treatment.