



## Interventions

**1. a) Is the participant enrolled in any interventional clinical research studies/trials?**

(a clinical study or trial that involves a study drug, treatment, or device)

- Yes  
 No  
 Unknown

**b) If YES, enter clinical trial name:**

- \_\_\_\_\_
- Unknown

**2. Inpatient Health Services:**

(Check ALL that apply. Include only services accessed/consulted during inpatient stay. Do not include services referred to but not accessed by the participant during their inpatient stay.)

- Assistive technology  
 Dentistry  
 Drivers education  
 Drug and alcohol  
 Ear/nose/throat (ENT)  
 Kinesiology  
 Neurosurgery (for associated injuries not related to SCI)  
 Nutrition  
 Occupational therapy (OT)  
 Orthotics  
 Orthopaedic surgery (for associated injuries not related to 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

**Interventions - continued**
**3. Assistive Equipment –**

**Orthosis Use:** (check ALL that apply on day of discharge from Acute facility)

Consult health care team if health record is unclear. Orthoses are used to maintain neutral spinal column positioning. Note: 1) Spinal precautions do not indicate orthosis use. 2) If "neck strengthening" or "may begin isometric exercises" noted, orthosis may have been discontinued.

- No orthosis used
- Cervical orthosis (e.g., Aspen collar, Philadelphia collar, etc. A soft collar is not an orthosis.)
- Thoracolumbar orthosis (e.g., Jewett brace, body cast, etc.)
- Lumbar orthosis (e.g., Harris Knight brace, Hip spica, etc.)

**4. a) Was Vertebral Skeletal Traction (Non-Operative) used?**

- Yes
- No (skip to Question 5)
- Not applicable, no fracture (skip to Question 5)

**b) If Yes, traction type:**

- Tongs
- Halo
- Other: \_\_\_\_\_
- Unknown type

**c) If Yes, outcome of Attempted Manual Reduction (Non-Operative):**

- Successful
- Partial
- Not successful (skip to Question 5)
- Unknown outcome (skip to Question 5)

**d) Date Reduction Achieved:**

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

- Unknown

**e) Time Reduction Achieved:**

		:			24 hour clock
HH			MM		

Enter full or partial time. If no details available, check Unknown.

- Unknown

**5. a) Tracheostomy Performed:**

(at any point during their acute stay at facility)

- Yes
- No (skip to Question 6)

**b) Tracheostomy Date:**

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known.

**6. Oral- or Nasal- Endotracheal Tube >24 Hours:**

(at any point during their stay, excluding use for surgery)

- Yes
- No

### Interventions - continued

- 7. 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**
- 8. Was spine surgery performed?**
- Yes** (if yes, please complete a Spinal Procedures Form (SPROC-MULT) for each surgery performed)
  - No**

### Complications

- 9. 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** (skip to Question 10)
- b) If YES, date of first delirium diagnosis:**
- |      |  |  |  |   |    |  |   |    |  |
|------|--|--|--|---|----|--|---|----|--|
|      |  |  |  | / |    |  | / |    |  |
| YYYY |  |  |  |   | MM |  |   | DD |  |
- Enter as much of the date as is known.
- 10. a) 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** (skip to Question 11 on page 4)
- b) If YES, date of first urinary tract infection (UTI) diagnosis:** (date antibiotic treatment started)
- |      |  |  |  |   |    |  |   |    |  |
|------|--|--|--|---|----|--|---|----|--|
|      |  |  |  | / |    |  | / |    |  |
| YYYY |  |  |  |   | MM |  |   | DD |  |
- Enter as much of the date as is known.

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## Respiratory

### 11. 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)

Number of episodes of pneumonia treated with antibiotics: \_\_\_\_\_

Date of first pneumonia diagnosis: (date antibiotic treatment started) 

YYYY			

 / 

MM	

 / 

DD	

Enter as much of the date as is known. If no details available, check Unknown.

- 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

## Data Collection Details

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