



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. 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 3 on page 2)
- Unknown (skip to Question 3 on page 2)

CHART ABSTRACTION	CI-FinalRHSCIR
	Page 2 of 2

b) If Yes, 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 participant set up to access outpatient services in a multidisciplinary day program?

- Yes
- No
- Unknown

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

- Yes
- No

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

- Yes
- No

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