Details of Injury – Date of Injury:

Reason for referral:
Diagnosis:
Mechanism of Injury:
Hand Dominance:
Occupation:

Referring Hospital:

Ward:
Ward telephone number:            Ward fax number:

Consultant:
Surgical team telephone number:
Surgical team contact email:

Spoken language (?Translator):

Information only

Significant spinal injuries are found in at least 20% of Brachial Plexus Injuries. We advise that all patients have AP + Lateral, C Spine, Thoracic Spine, and of lumbar spine and that MRI (or CT) is done when indicated. MR scan of cervical spine is particularly useful.

Where there has been concern of vascular involvement a MR (or CT) Angiogram should be done on the affected side.

Neurological exam

Horner’s Sign: ☐
Neuropathic pain: ☐
Pain: ☐ Score:
Distribution:

[Diagram of Brachial Plexus Assessment Chart]
Patient fit for surgery: □
Anaesthetic review: Date: □
(Copy of latest Anaesthetic assessment to be sent with referral)

**Past Medical History**

**Infection Status**
MRSA status: □ Neg □ Pos
Date of last swabs:
CPE screen: □ Yes □ No □
Result:

**Imaging sent via IEP**: Date:
MRI Brachial Plexus: □ MRI C Spine: □
Chest Xray: □ MR/CT Angio: □ USS: □

**Bloods sent (FBC/U+E)**: Date:
Hb: □
Transfused: Units: □

**Oxygen requirements**: □
.....litres of O2 via......
ITU/HDU Admission/ Level: N/A :□
ITU □ HDU □
Discharged on: Date:

**Chest Injuries**: □

**Head Injuries**: □

**Other Limb Injuries and current treatment given** (Arterial/Bony/ Soft Tissue):

Please include any other relevant referral information here

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Print  | Sign  | Date