

Spinal Trauma referral form

Referrals will be received through the Royal National Orthopaedic Hospital (RNOH) website. Referrals will only be accepted via the electronic version of the referral form.

To refer a patient for a Spinal Trauma Opinion, or to transfer their care to the RNOHT, please complete the online referral form. In addition you will need to forward all relevant images via IEP. A printable PDF version of the Spinal Trauma referral form is also available.

This referral pathway is for patients who do not have any neurological deficit. If there is neurological deficit, please refer via the national pathway.

We accept two types of referral:

1. An opinion can be given based on the data provided on the referral form , and the imaging received via IEP.
2. The patient's care is transferred to the RNOH for treatment, including surgery, bracing and follow up co-ordinated from the RNOH.

Both types of referral will automatically be placed on our spinal trauma database, and discussed at the weekly trauma MDT every Monday.

After the referral has been submitted, an automated reply will confirm the referral has been received, and an opinion will be communicated electronically within 24 hours. A further letter will be generated after the weekly MDT.

The referrer will be contacted by the Spinal infection MDT co-ordinator regarding the location and availability of the images. An opinion can only be provided once all of the information and radiology has been obtained.

If a patient is being transferred to the RNOHT, we will aim to transfer the patient within 24 hours, subject to bed status. If due to unavailability of acute beds, we are unable to transfer the patient promptly we will advise you of this early so that alternative arrangements can be made.

If the referral is urgent/emergency, in addition please also contact the on call spinal registrar via switchboard.

These forms are only for tertiary referrals from other hospitals. We will not accept referrals from GPs using the online referral form below.

If you are a GP referring to the RNOH please use the NHS e-referral system, e-RS.

Please confirm that you are a Hospital doctor: *

I am a Hospital doctor

Referrer's details:

Referring consultant's name: *

Referring consultant's department: *

Referrer's hospital/surgery address: *

Referrer's telephone number: *

Referrer's mobile telephone number:

Referrer's email: *

Patient details:

Patient's First Name: *

Patient's Surname: *

Patient's address: *

Patient's GP name and address: *

Patient's DOB: *

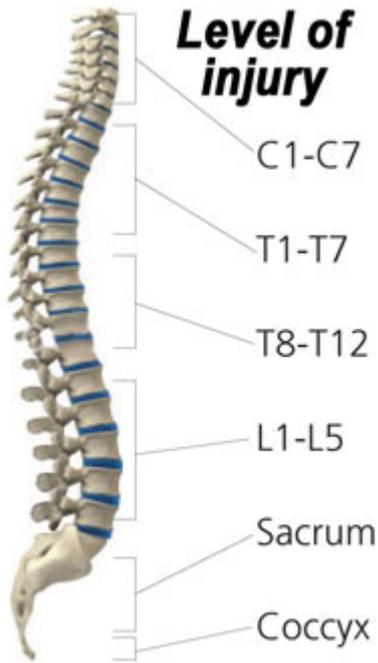
Patient's Gender: *

Patient's tel: *

Patient's NHS no: *

Mechanism of injury:

Level of injury



Please tick relevant box

C1-C7

T1-T7

T8-T12

L1-L5

Sacrum

Coccyx

Other associated injury:

Major injury:

Minor injury:

Neurology

Neurology: *

Yes

No

Full ASIA Score

1. Sensory deficit:

R

L

2. Motor deficit:

R

L

3. Neuro Level of injury:

4. Complete OR Incomplete:

Complete

Incomplete

5. ASIA Impairment Score: *

- Select -

Please note, we only accept level E.

Steroids given

Steroids given: *

Yes

No

If yes, dose:

Available imaging:

NOTE: We won't accept a referral without an MRI of the whole spine.

Available imaging. Please tick box

Available imaging:

XRays

MRI whole spine

CT

Cervical

Thoracic

Lumbar

CT CAP

CT Head

IEP available:

Yes

No

IEP details:

Date(s):

Results:

Reason for referral

Reason for referral: *

Opinion

Consideration for surgery

Consent to record telephone conversation with RNOH consultant

Please note that any clinical telephone conversation between referrer and consultant will be recorded and a transcription of that conversation will be entered as part of the patient record.

Please tick this box to confirm you consent to this: *

Yes