

## Royal National Orthopaedic Hospital NHS

PNI – Upper Limb Referral Fax: 0208 420 6582 Email: rnoh.nerveinjury@nhs.net

<u>RE</u> :	Patient Name:	Address:
	DOB:	
	NHS number:	

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:,				

## 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

Surgical team telephone number: Surgical team contact email:

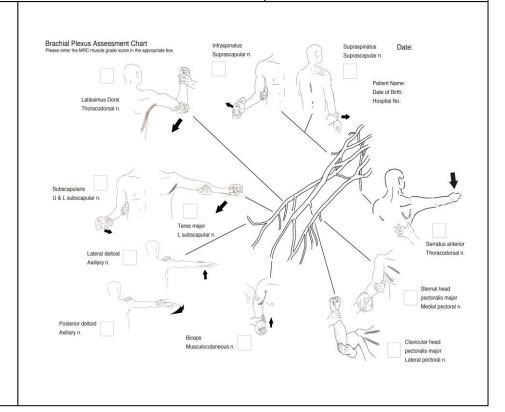
Spoken language (?Translator):

Horner's Sign: □

Neuropathic pain: □

Pain: ☐ *Score*:

Distribution:





## Royal National Orthopaedic Hospital NHS Trust

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PNI – Upper Limb Referral

Patient fit for surgery:  Anaesthetic review: Date: (Copy of latest Anaesthetic assessment to be sent with a Past Medical History	Oxygen requirementslitres of O2 via ITU/HDU Admission/ Le ITU  HDU  Discharged on: Date:			
	Chest Injuries:			
Infection Status  MRSA status: □ Neg □ Pos	Head Injuries:			
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: ☐	Other Limb Injuries and (Arterial/Bony/ Soft Tiss	current treatment given sue):		
Bloods sent (FBC/U+E): Date: Hb: Transfused: Units: Date:				
Please include any other relevant referral information here				
Print	Sign	Date		