|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnummer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | |
| **Inskrivningsdatum**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | |
| **Etiologi** | | | | |  | | |
|  | Sport | | | |  | | |
|  | Överfall | | | |  | | |
|  | Transport/trafik | | | |  | | |
|  | Fall | | | |  | | |
|  | Annat olycksfall | | | |  | | |
|  | Icke-traumatisk skada | | | |  | | |
|  | Ospecificerat/okänt | | | |  | | |
| **Fraktur väsentlig för rehabförloppet** | | | | |  | | |
|  | Nej | | | |  | | |
|  | Ja | | | |  | | |
|  | Vet ej | | | |  | | |
| **Annan komplicerande faktor väsentlig för rehabförloppet** | | | | |  | | |
|  | Nej | | | |  | | |
|  | Ja | | | |  | | |
|  | Vet ej | | | |  | | |
| **Kirurgisk behandling av kotpelarskada - Dekompression** | | | | |  | | |
|  | Nej | | | |  | | |
|  | Ja | | | |  | | |
|  | Vet ej | | | |  | | |
| **Kirurgisk behandling av kotpelarskada - Fixation/fusion** | | | | |  | | |
|  | Nej | | | |  | | |
|  | Ja | | | |  | | |
|  | Vet ej | | | |  | | |
|  | |  |  |  | |  |  |
| **Motorisk nivå höger**\_\_\_\_\_\_\_\_\_\_\_ | |  | Saknas | **Motorisk nivå vänster\_\_\_\_\_\_\_\_\_\_** | |  | Saknas |
| **Sensorisk nivå höger**\_\_\_\_\_\_\_\_\_\_\_ | |  | Saknas | **Sensorisk nivå vänster**\_\_\_\_\_\_\_\_\_\_ | |  | Saknas |
| **ASIA impairment Scale** | | | | |  | | |
|  | Complete | | | |  | | |
|  | Incomplete (B) | | | |  | | |
|  | Incomplete (C) | | | |  | | |
|  | Incomplete (D) | | | |  | | |
|  | Normal | | | |  | | |
|  | Okänt | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Neurogen blåsrubbning** | | | | | |  | | | |
|  | Nej | | | | |  | | | |
|  | Ja | | | | |  | | | |
|  | Vet ej | | | | |  | | | |
| **Om Neurogen blåsrubbning, fyll i nedanstående:** | | | | | | | | | |
| Huvudsakligen normal blåstömning | | Intermittent kateterisering | | KAD | | Suprapubisk KAD | | Annan urindeviation | |
|  | Nej |  | Nej |  | Nej |  | Nej |  | Nej |
|  | Ja |  | Ja |  | Ja |  | Ja |  | Ja |
|  | Vet ej |  | Vet ej |  | Vet ej |  | Vet ej |  | Vet ej |
|  | |  | |  | |  | |  | |
| **Störd tarmfunktion** | |  | |  | |  | |  | |
|  | Nej |  |  |  |  |  | |  | |
|  | Ja |  |  |  |  |  | |  | |
|  | Vet ej |  |  |  |  |  | |  | |
| **Om Störd tarmfunktion, fyll i nedanstående:** | | | | | |
| Inkontinens | | Stomi | | Toatid | |
|  | Nej |  | Nej |  | < 30 min/gång |
|  | Ja |  | Ja |  | 30-60 min/gång |
|  | Vet ej |  | Vet ej |  | > 60 min/gång |
|  |  |  |  |  | Vet ej |
| **Andningstekniskt hjälpmedel** | | | | | |  | | | |
|  | Nej | | | | |  | | | |
|  | Ja | | | | |  | | | |
|  | Vet ej | | | | |  | | | |

**Om Andningstekniskt hjälpmedel, fyll i nedanstående:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tracheostomi | | | Phrenicus-stimulator | | CPAP | | Ständigt ventilatorbehov | | Partiellt ventilatorbehov | | | Mekaniskt hosthjälpmedel | | |
|  | | Nej |  | Nej |  | Nej |  | Nej |  | | Nej |  | Nej | | |
|  | | Ja |  | Ja |  | Ja |  | Ja |  | | Ja |  | Ja | | |
|  | | Vet ej |  | Vet ej |  | Vet ej |  | Vet ej |  | | Vet ej |  | Vet ej | | |
| **Trycksår vid inskrivning** | | | | | | | | | |  | | | |
|  | Nej | | | | | | | | |  | | | |
|  | Ja | | | | | | | | |  | | | |
|  | Vet ej | | | | | | | | |  | | | |