## Guidelines for risk assessment scoring of patients with spinal cord injury

## Goal:

To evaluate suitability to receive highly specialised rehabilitation services in the Spinal cord injury Centre of Western Denmark including determination of the optimal shift point.

## Introduction

The criteria in this table for risk of spinal cord injury <u>are indicative and based on the</u> <u>ICF classification</u>.

There is always an individual, professional patient assessment on the basis of the guiding criteria. The score sheet is used for estimation and enclosed by a possible reference to the West Danish Centre for Spinal Cord Injury.

Evaluation shall be made on all parameters in the table in order to ensure a complete assessment of risk, both in relation to individual problem areas as compared to the patient's overall problem.

## **Scoring Guide**

Risk Scoring can take place at any stage. In repeated studies can, among other things, an overview of whether there is deterioration, improvement or whether the situation is stationary.

Patients are assessed regularly. Sedated patients should be assessed when sedation is over.

Prognostic factors such as age, comorbidities, general condition and previous level of functioning that should be included in the overall patient assessment.

The patient is assessed in 3 categories (ICF): Physical features, mental functions and activity and participation. For each functions score impairment: Severe, moderate and light. Criteria for classification in each of the three levels are shown in the table. It is judged which of the three levels that best describes the patient's situation. If the patient on partial functions scores between the two levels, select the level with a maximum score.

The score for each sub-function is written in the column to the right and adds up eventually to a sum score. The sum score is evaluated and interpreted in relation to the following matrix:

**Note, however:** Just one score 6 indicates that the patient is not ready for highly specialized rehabilitation services in the West Danish Centre for Spinal Cord Injury.

Sum score 85 and above	The patient needs continued neurosurgery / neuro- intensive observation or in need of intensive care, and is not ready to be transferred to the Spinal cord injury Centre of Western Denmark.
Sum score 36-84	The patient doesn't needed neurosurgery / neuro- intensive observation and treatment or intensive care. The patient can be transferred to the neurosurgical step-down unit or neurosurgical ward.
Sum score < 36	The patient is no longer needed neurosurgery / neuro- intensive observation and treatment or intensive care. Patient can be transferred to the Spinal cord injury Centre of Western Denmark.

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GCS= Glasgow Coma Score January 2012 version 1