

METASTATIC SPINAL CORD COMPRESSION CARE HANDOVER

For patients with confirmed MSCC or cauda equina compression.

Name:	D.O.B:	NHS Number:
Date of diagnosis of MSCC:		
MRI / CT scan report summaries (or tick here <input type="checkbox"/> if report is attached):		
Level(s) of compression:		
Spinal stability:		
Bracing – when and how to wear:		
Treatment had or planned (include dates): (radiotherapy, surgery or chemotherapy - include specific site/level of XRT)		
Steroid regime:		
What has patient / carers been told? (Has Christie MSCC patient information leaflet been given?)		
Current level of function (eg log rolled/mobilising):		
What is the proposed plan for mobilisation progression?		
Any other relevant information?		

Completed by: _____ Designation: _____

Contact number: _____ Date: _____

For advice on completing this form please contact the nurse in charge (01625) 665 683

See over for useful web links

Useful Web Links:

Patient Info Leaflet “MSCC What To Look Out For”

<http://www.christie.nhs.uk/media/4947/439-spinal-cord-compression-what-to-look-out-for.pdf>

Patient Info Leaflet “MSCC What It Means and How It Can Be Treated”

<http://www.christie.nhs.uk/media/4951/442-spinal-cord-compression-for-patients.pdf>

Christie Protocol for Mobilisation and Rehabilitation

<http://www.christie.nhs.uk/media/3943/guidelines-on-mobilisation-and-rehabilitation.pdf>

Link to all the Christie’s guidelines and protocols for MSCC

<http://www.christie.nhs.uk/services/i-to-q/metastatic-spinal-cord-compression-mscc/information-for-professionals/guidelines/>