

## NATIONAL SPINAL INJURIES CENTRE REFERRAL & ADMISSION PATHWAY

### Mission Statement

The NSIC aims to provide timely clinical care to patients with spinal cord damage from injury or impairment, throughout life, in partnership with other healthcare providers.

### Criteria for Acceptance

In compliance with the CRG consensus:

- Specialised spinal cord injuries encompass any traumatic insult to the spinal column at cervical (neck), thoracic (chest), thoracolumbar, lumbar, lumbro-sacral (lower back) or multiple levels, which causes complete or partial interruption of spinal cord function.
- Services provided to adults and children with Cauda Equina Syndrome which results in either motor and sensory effects on bowel and bladder function resulting in retention/incontinence of bowel and/or bladder Or Loss of safe upright mobility.
- People who have suffered new SCI with non-traumatic cause through non traumatic insults including tumours (benign), inflammatory, vascular and degenerative causes.
- Regardless of the patient's age or severity of their co-morbidity (eg. such as a debilitating psychiatric condition or a brain injury in addition to their SCI) they will each be considered on their individual merits for admission and rehabilitation following appropriate physical and psychological/psychiatric screening if needed.
- The key determinant of access to specialised SCI services will be whether an individual with a spinal cord injury is considered able to actively participate in, and benefit from, the rehabilitation programme.

*NHS Standards for Patients Requiring Spinal Cord Injury Care 2013*

### Criteria for Non-Acceptance

- Patients with injury to spinal column but intact neurology.
- People with progressive disease. Explanatory Note: Spinal tumours are classified as Specialised Cancer Services, not Specialised SCI. However if spinal cord dysfunction has arisen from the effects of a benign tumour which has been primarily dealt with by an appropriate specialty, or from a tumour which has been adequately treated and is now deemed to have a benign cause, or if the patient has a significant life expectancy, the patient may transfer to the Spinal Cord Injury Service for rehabilitation and life-long follow up. At this point they will come under the scope of Specialised SCI.
- Life limited condition (<1yr).
- Severe cognitive/behavioural impairment which limits an individual's capacity to engage in the goal planning and rehabilitation process fully.
- Severe risk of self-harm to themselves and to others.
- Severe co-morbidities – which will limit their rehabilitation potential and their ability to tolerate a full and active rehabilitation program.
- Behavioural issues that pose risk to others/evidence of non-compliance to treatment – that contradicts Trust Behavioural Policies.

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