**My usual SCI care interventions**

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| **Personal Information** |
| **Name: D.O.B: NHS NO:****NOK: Relationship: Contact details:** |
| **Respiratory Care** |
| Equipment used:Frequency:Other: |
| **Bladder Care**  |
| Type of catheter:Size:Frequency of insertion: |
| **Bowel Care**  |
| Oral laxatives: Digital rectal interventions required:Amount: Suppository or enema type:Frequency: Frequency: |
| **Skin Care** |
| Vulnerable areas:Treatment: |
| Autonomic Dysreflexia |
| Usual symptoms:Usual Triggers:Usual Treatment: |