**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: |