

MEDICAL COMPLICATIONS: ADMISSION

Date of registration: _____

ID no.: _____

Injury/illness: _____

All ICD-10 diagnoses from the acute care discharge summary:

Completed by _____

Please select below **all** complications **ongoing** during patient admission to the Sunnaas Rehabilitation Hospital. This information should be based on the emergency/acute care discharge summary and the admission interview with the patient and caregivers.

- Epilepsy
- Pain
- Infection; which _____
- Heart rhythm disorders
- High blood pressure (autonomic dysregulation)
- Low blood pressure (orthostatic hypotension)
- Blood clots (in the lungs or legs)
- Mucus formation in the lungs
- Anaemia
- Fracture
- Osteoporosis
- Scoliosis (curvature of the back)
- Heterotopic ossification (bone formation in the soft tissue close to the joints)
- Hip dislocation
- Hormonal disturbances
- Hydrocephalus
- Spasticity
- Temperature dysregulation
- Cerebral haemorrhage/infarction
- Syringomyelia/syrinx
- Constipation

- Diarrhoea
- Nausea/vomiting
- Electrolyte disturbances
- Dehydration
- Malnutrition
- Overweight
- Urinary stone formation
- Urethra problems (stricture, epididymitis)
- Bone flap problems
- Pressure ulcers
- Sleep disturbances
- Fevers of unknown origin
- Other:

For **each** complication selected, please complete the next page.

ID no.: _____

Date of registration: _____

Complication: _____

When did the complication occur? _____

Were any investigations/examinations carried out as a result of the complication? If so, which are you aware of?

Date: _____ Examination: _____

Date: _____ Examination: _____

Date: _____ Examination: _____

Date: _____ Examination: _____

What treatment(s) did the complication entail? _____

Date (start/stop): _____ Treatment: _____

Date (start/stop): _____ Treatment: _____

MEDICAL COMPLICATIONS: DISCHARGE

Date of registration: _____

ID no.: _____

Injury/illness: _____

All ICD-10 diagnoses from the Sunnaas Rehabilitation Hospital discharge summary:

Completed by _____

Please select below **all** complications present during all or parts of the stay at the Sunnaas Rehabilitation Hospital.

- Epilepsy
- Pain
- Infection; which _____
- Heart rhythm disorders
- High blood pressure (autonomic dysregulation)
- Low blood pressure (orthostatic hypotension)
- Blood clots (in the lungs or legs)
- Mucus formation in the lungs
- Anaemia
- Fracture
- Osteoporosis
- Scoliosis (curvature of the back)
- Heterotopic ossification (bone formation in the soft tissue close to the joints)
- Hip dislocation
- Hormonal disturbances
- Hydrocephalus
- Spasticity
- Temperature dysregulation
- Cerebral haemorrhage/infarction
- Syringomyelia/syrinx
- Constipation
- Diarrhoea

- Nausea/vomiting
- Electrolyte disturbances
- Dehydration
- Malnutrition
- Overweight
- Urinary stone formation
- Urethra problems (stricture, epididymitis)
- Bone flap problems
- Pressure ulcers
- Sleep disturbances
- Fevers of unknown origin
- Other:

For **each** complication selected, please complete the next page.

ID no.: _____

Date of registration: _____

Complication: _____

When did the complication occur? _____

Is the complication ongoing? _____

If not, when did it end? (i.e., when further examination, treatment, and monitoring were discontinued): _____

Were any investigations carried out as a result of the complication? If so, what?
(Please indicate the examination location if outside Sunnaas)

Date: _____ Examination: _____

Date: _____ Examination: _____

Date: _____ Examination: _____

Date: _____ Examination: _____

What treatment(s) did the complication entail? _____

Date (start/stop): _____ Treatment: _____

Date (start/stop): _____ Treatment: _____

COMPLICATION CONSEQUENCES

Please provide the consequences of **each** complication.

ID no.: _____

Date of registration: _____

Completed by _____

This form concerns the following complication: _____

What were the consequences of this complication during stay?

- Cancelled therapy sessions
- Shorter therapy sessions
- Fewer planned sessions
- Extra observational measures. If yes, what? (e.g., continuous care, more frequent supervision, etc.) _____
- Increased physician workload
- Increased workload on other employees
- Prolonged or interrupted stay. If so, how many days prolonged/interrupted? _____
- Delayed rehabilitation process
- Altered process/rehabilitation goals
- Less improvement than expected

By your assessment, to what degree did the complication impact the overall rehabilitation process?

- Not at all
- Little
- To some degree
- Largely

Do you have any other comments regarding this complication in this patient and its impact on the rehabilitation process or outcome?