

Date of audit: _____

Date of SCI _____



Age _____ Yrs

Cause of SCI: _____

Gender _____
SCI Level _____

Cause of SCI: _____

ASIA _____

Social History

Anthropometry

Cigarettes: _____
ETOH: _____

Weight _____ Kg

Use of vitamin D supplement? Yes / No

If yes: _____ Name, dose and frequency

BMI _____ Kg/m²

Use of testosterone replacement therapy? Yes / No

If yes: _____ Name, dose and frequency

Pressure ulcer? Yes / No

Grade 3 or above pressure ulcers? Yes / No

Trachestomy Yes / No

On antibiotics? Yes / No

Indication of antibiotics? _____

Fluid balance _____
Fluid intake _____
Output _____

On other course of antibiotics in last 30 days Yes / No

From fluid balance chart

Diuretics? Yes / No If Yes, which one: _____

Name, dose and frequency

Blood Biochemistry +/- 7 days of admission

Fasting / Random BMs _____
Total Cholesterol _____
LDL _____
HDL _____
TG _____
HBA1C _____
Albumin _____
CRP _____
vitamin D _____
Total chol / HDL ratio _____

Sodim _____
Potassium _____
Urea _____
Creatinine _____
Heamatocrit _____
Hammoglobin _____
Whie cell counts _____
Iron _____
Testestrone _____

CRP _____

Blood pressure (mm/Hg): _____