Patient Details



**SDH Cauda Equina Performa**

**Presenting Symptoms:**

**Specific Red Flags Symptoms:**

**Bilateral leg symptoms Y/N**

**Impaired perianal/perineal sensation Y/N**

**Difficulty passing urine Y/N**

**Loss of sensation of bladder filling Y/N**

**Sensation of incomplete voiding Y/N**

**Incontinence of Urine Y/N**

**Incontinence of Faeces Y/N**

**Sexual dysfunction Y/N**

**Timeline:**

Date and Time of onset of symptoms

Date and Time of presenting to GP/ED

Date and Time of MRI performed

Date and Time of discussion with on call Consultant (Mr. )

Date and Time of discussion with Spinal Consultant (Mr. )

Date and Time of referral to spinal unit@UHS

**Completion of ASIA chart**

 **Bladder scan**

Pre-void: mls Post-void: mls

Date and Time: Dr’s signature:

*If CES is supported by MRI findings, discuss immediately with the on call SDH Ortho/Spinal Consultant. If advised, consider urgent referral to Spinal SPR @UHS and blue light emergency ambulance transfer. Please also keep patient NBM*

 