

Brachial Plexus Injury Referral Form

Name		Brachial Plexus injury		
Age		Side affected:	R	L
Sex		Open injury	Closed injury	
Occupation		Pulses in affected limb:	Yes	No
Dominant hand		Horner's sign:	Yes	No
Cause of injury		Fractures / dislocations		
		Active movements mark as Normal, Weak, Absent		
		Shoulder external rotation (Infraspinatus)		
Previous Medical History		Shoulder abduction (Deltoid)		
		Shoulder adduction (Pectoralis major)		
		Elbow flexion (Biceps)		
Clinical condition		Elbow extension (Triceps)		
		Elbow Pronation /Supination		
		Wrist extension		
Does the patient need ventilatory support?		Finger flexion		
		Thumb abduction (Thenar muscles)		
Does the patient require cardiovascular support?		Finger adduction (Intrinsic muscles)		
Other injuries Head		Sensation (Mark as <i>Normal</i> , <i>Different</i> , <i>Absent</i>)		
		Outer forearm		
Chest:		Thumb		
Abdomen:		Little finger:		
Limbs: <i>All long bone and pelvic fractures must be fixed prior to transfer</i>		Inner forearm		
		Investigation results Chest X-ray:		
Medications		C-spine		
		C-spine MRI:		
Tetanus status				
MRSA Status:		Swabs taken	<small>(Radiographs and scans must accompany the patient when transferred)</small>	