

Suspected Cauda Equina Syndrome - Questioning Proforma

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MSK Physiotherapy Service policy: MSK physio's do not do objective assessment of saddle sensation or anal tone.

Patient Name: CHI/DoB: (or affix hospital label here) Age; CES more likely if age < 50 Acute CES less likely in older people with symptomatic spinal stenosis in the absence of acute bladder disturbance.
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Impairment of Sensation

	Yes	No	Duration of Abnormal Symptoms Circle one; Hrs/Days/Weeks/Months/Years Specify number in box below	Change since onset Please circle on in box below		
Have you normal feeling when you wipe yourself after going to the toilet?				Better	Unchanged	Worse
Can you feel/sense when you are passing urine?				Better	Unchanged	Worse
Can you feel the difference between passing a stool and wind? (NB. 'Only because I can hear/see it')				Better	Unchanged	Worse

Impairment of Bladder

	Yes	No	Duration of Abnormal Symptoms Circle one; Hrs/Days/Weeks/Months/Years Specify number in box below	Change since onset Please circle on in box below		
Can you feel/tell when your bladder is full?				Better	Unchanged	Worse
Do you have a normal desire/urge to pass urine?				Better	Unchanged	Worse
Are you able to initiate passing urine?				Better	Unchanged	Worse
Have you passed urine normally today? Frequency? (NB Normal: 6-8 times /day - every 3-4 hours)				Better	Unchanged	Worse
If No, Have you had a normal fluid intake? (NB. Normal 2 litres per day)				Better	Unchanged	Worse
Do you pass urine more than once per night? (NB. Normal: up to 70 years = once per night Over 70 year = twice per night)				Better	Unchanged	Worse
Has your urine stream/flow changed?				Better	Unchanged	Worse
Do you feel when you have fully emptied your bladder?				Better	Unchanged	Worse
Are you experiencing any leakage of urine?				Better	Unchanged	Worse
If Yes, what causes you to leak? When? Comments:						

Name (Printed):
Signature
Date:

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Patient name:

CHI/DoB:

Impairment of Bowels

	Yes	No	Duration of Abnormal Symptoms Circle one; Hrs/Days/Weeks/Months/Years Specify number in box below	Change since onset Please circle on in box below
Are you experiencing any leakage from your back passage?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>	Better Unchanged Worse
Are you experiencing any loss of sensation of rectal fullness, knowing when you need to have a bowel motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>	Better Unchanged Worse
Comments:				

Sexual Function

	Yes	No	Duration of Abnormal Symptoms Circle one; Hrs/Days/Weeks/Months/Years Specify number in box below	Change since onset Please circle on in box below
Have you noticed a change in sexual function? <small>(e.g. Difficulty achieving an erection, sensory loss external genitalia)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px; height: 20px;" type="text"/>	Better Unchanged Worse
Comments:				

Consider Relevant PMH (eg. Incontinence, UTI, Diabetes, Obstetric History, Prostate Problems, Drug History)

(Analgesic meds that may be relevant: opioid salts eg tramadol, codeine. Anticovulsants; eg gabapentin, pregabalin. Antidepressants; amitriptyline, nortriptyline. NSAIDs eg naproxen, ibuprofen))

Further Comments/Clinical Analysis

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Clinical Decision (Tick one)

Possible Cauda Equina Syndrome

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Unlikely Cauda Equina Syndrome

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Action Taken

1. Sent to A&E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Watchful Wait; CES & need to monitor discussed. CES warning given regarding any signs or symptoms arising patient to attend A&E immediately, patient understanding checked and the patient states that they will comply with this advice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
"CES - Important warning signs" issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name (Printed):
Signature
Date: