





Consultant Urologist	Advanced Nurse Practitioner OP Therapists
Identifying the need for further investigations and referring accordingly e.g., video-urodynamic procedure, MRI, CT	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner
Identifying the need for further Physiotherapy and/or Occupational Therapy and referring accordingly	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner
Completing outcome forms, clearly identifying when the patient is due.	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner OP therapists
Dictating letters to GPs/other relevant healthcare professionals, and checking them for accuracy	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner OP Therapists

## 6. SPECIFIC PROCEDURE

### 6.1 Frequency of Review Appointments:

All patients discharged or referred for review by the Spinal Centre will receive life-long follow-up by the Spinal Centre team to prevent

SCIM will be carried out with outpatients either during a telephone call or when they attend their review appointment. SCIM will be scheduled and carried out by

OP Nursing Team with patients at the following times:

- " 6 months post-injury (if an outpatient)
- " 12months post-injury
- " 24 months post-injury

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timeframe, in line with partial booking	
Liaise with Radiology regarding changes to clinic dates, number of patients scheduled/confirmed and times of their appointments	Booking Clerk
The following should be available: <ul style="list-style-type: none"> <li>• history sheet/proformas, where used</li> <li>• Referral forms</li> <li>• patient feedback form</li> </ul>	Outpatient Nursing Team
Ensure clinic rooms are allocated to each clinician, managing capacity accordingly	OP Nurse Lead
Ensure that clinic rooms are stocked with the correct equipment and adequate amount of supplies, waiting list forms.	OP Nurse Lead
Nursing staff to provide chaperones for female patients who are being reviewed by a male clinician	OP Nurse Lead
A nurse will be present at review appointments where the patient is known to be volatile and/or has a history of violence	OP Nurse Lead
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Identify and document when the next PROM is due	OP Nursing Team
Prepare for each clinic by reviewing patient	Clinician holding the clinic
Identify plan of care/treatment from previous review appointment or discharge report and ensure this is followed-up during the review appointment. Complete Outcome form	Clinician holding the clinic
Outcome form recorded on Lorenzo	Booking Secretary Medical Secretaries
Request radiological investigations e.g. Renal Ultrasound and Abdominal X-ray prior to each clinic for those patients attending Face to Face appointments	Clinician holding the clinic
Arrive and depart patients for clinics on Lorenzo	OP Nursing Team
Carry out renal ultrasound/abdominal x-ray and any other radiological investigations that have been requested by the Clinician if needed	Radiographer and Sonographer
Reporting of the renal ultrasound to be carried out in a timely manner to ensure	Sonographer

this is available for the clinician during the	
Ensure patients have a copy of the document, enabling them to contact relevant members of the Outpatient Team should they encounter difficulties	OP Nursing Team
Carry out the review appointment, sheet/ proforma	Clinician holding the clinic.
Inform the patient of the results of the renal ultrasound, and of the abdominal x-ray (if this has been reported on by a Radiologist)	Clinician holding the clinic

The following will be reviewed as necessary, issues identified, and

should be handed over to the OP  
Nursing Team who will ensure this is  
taken to the weekly Urology MDT  
Meeting

## **8. INTERNAL AND EXTERNAL REFERENCE**

### **8.1 Internal References**

1. Access Policy, Salisbury Foundation Trust. (Patient Initiated Follow Up (PIFU): Appendix 3)

### **8.2 External References**

1. Standards for Adults Requiring Spinal Cord Injury Care. Approved by the Spinal Cord Injury Clinical reference Group, 19th November 2013.
2. National Spinal Cord Injury Care Pathways, Review and Outpatient Pathway, May 2013
3. Spinal athway,