Gloucestershire Hospitals NHS
NHS Foundation Trust

Suspected Cauda Equina Syndrome, Questioning Proforma

Name:

Date of Birth: DD / MM / YYYY

MRN Number:

NHS Number:

(OR AFFIX HOSPITAL LABEL HERE)

Impairment of Sensation

	Yes	No	Duration of abnormal symptoms
Have you normal feeling when you wipe yourself after going to the toilet?			
Can you feel the difference between passing stool and wind?			
Can you feel / sense when you are passing urine? (Notes: for females "only because I can hear it?" / for males "only because I can see it?")			

Impairment of Bladder

	Yes	No	Duration of abnormal symptoms
Can you feel / tell when your bladder is full?			
Do you have a normal desire / urge to pass urine?			
Are you able to initiate voiding?			
Are you able to delay / hold emptying?			
Have you passed urine normally today? Frequency? (Notes: Normal 6 - 8 times / day - every 3-4 hours)			
If No – Have you had a normal fluid intake? (Notes: Normal 2 litres per day)			
Do you pass urine more than once per night? (Notes: Normal up to 70 years = once per night or 70 years and over = twice per night)			
Has your urine stream / flow changed?			
Do you feel when you have fully emptied your bladder?			
Are you experiencing any leakage of urine?			

If yes - what causes you to leak? When? Comments:

Name of Therapist (Printed):	**Signature**	**Date** DD / MM / YYYY

Impairment of Bowels

	Yes	No	Duration of abnormal symptoms
Are you experiencing any leakage of faeces?			
Comments:			

Sexual Intercourse

	Yes	No	Duration of abnormal symptoms
Have you noticed a change in sexual function?			
Comments:			

Consider Relevant PMH (e.g. Incontinence, UTI, diabetes, obstetric history, prostate problem, drug history)

Further Comments and Clinical Analysis

Clinical Decision: (Tick one) **Possible Cauda Equina Syndrome ❑** **Unlikely to be Cauda Equina Syndrome ❑**

Action Taken

Name of Therapist (Printed):	**Signature**	**Date:** DD / MM / YYYY