



# Autonomic Standards Assessment Form

Patient Name: \_\_\_\_\_

Autonomic Diagnosis: (Supraconal , Conal , Cauda Equina )

## General Autonomic Function

System/Organ	Findings	Abnormal conditions	Check mark
Autonomic control of the heart	Normal		
	Abnormal	Bradycardia	
		Tachycardia	
		Other dysrhythmias	
Unknown			
Unable to assess			
Autonomic control of blood pressure	Normal		
	Abnormal	Resting systolic blood pressure below 90 mmHg	
		Orthostatic hypotension	
		Autonomic dysreflexia	
Unknown			
Unable to assess			
Autonomic control of sweating	Normal		
	Abnormal	Hyperhydrosis above lesion	
		Hyperhydrosis below lesion	
		Hypohydrosis below lesion	
Unknown			
Unable to assess			
Temperature regulations	Normal		
	Abnormal	Hyperthermia	
		Hypothermia	
Unknown			
Unable to assess			
Autonomic and Somatic Control of Broncho-pulmonary System	Normal		
	Abnormal	Unable to voluntarily breathe requiring full ventilatory support	
		Impaired voluntary breathing requiring partial vent support	
		Voluntary respiration impaired does not require vent support	
Unknown			
Unable to assess			

## Lower Urinary Tract, Bowel and Sexual Function

System/Organ	Score
<b>Lower Urinary Tract</b>	
Awareness of the need to empty the bladder	
Ability to prevent leakage (continence)	
Bladder emptying method (specify) _____	
<b>Bowel</b>	
Sensation of need for a bowel movement	
Ability to Prevent Stool Leakage (continence)	
Voluntary sphincter contraction	
<b>Sexual Function</b>	
Genital arousal (erection or lubrication)	Psychogenic
	Reflex
Orgasm	
Ejaculation (male only)	
Sensation of Menses (female only)	

2=Normal function, 1=Reduced or Altered Neurological Function  
0=Complete loss of control, NT=Unable to assess due to preexisting or concomitant problems

Date of Injury \_\_\_\_\_ Date of Assessment \_\_\_\_\_

This form may be freely copied and reproduced but not modified.  
This assessment should use the terminology found in the International SCI Data Sets (ASIA and ISCoS - <http://www.iscos.org.uk>)

Examiner \_\_\_\_\_

## Appendix II

### INTERNATIONAL SPINAL CORD INJURY DATA SETS<sup>4</sup>

#### Urodynamic Basic Data Set Form

Date performed: \_\_\_\_\_  Unknown

**Bladder sensation during filling cystometry:**

Normal  Increased  Reduced  Absent  
 Non-specific  Unknown

**Detrusor function**

Normal  Neurogenic detrusor overactivity  
 Underactive detrusor  Acontractile detrusor  
 Unknown

**Compliance during filling cystometry:**

Low (< 10 mL/cm H<sub>2</sub>O)  Yes  No  Unknown

**Urethral function during voiding:**

Normal  Detrusor sphincter dyssynergia  
 Non-relaxing urethral sphincter obstruction  
 Not applicable  Unknown

**Detrusor leak point pressure** \_\_\_\_\_ cm H<sub>2</sub>O

Not applicable  Unknown

**Maximum detrusor pressure** \_\_\_\_\_ cm H<sub>2</sub>O

Not applicable  Unknown

**Cystometric bladder capacity** \_\_\_\_\_ mL

Not applicable  Unknown

**Post void residual volume** \_\_\_\_\_ mL

Not applicable  Unknown