

SPARG Discharge Summary Form

Physiotherapy Treatment for Lower Limb Amputees (May 2011)

Hospital _____

SPARG ID:

CHI Number:

Full Name _____ DOB _____

Address _____

Tel. No _____

Next of Kin Name _____ Tel. No _____

Address _____

GP Name _____ Tel. No _____

Address _____

	Date of transfer or readmission	Hospital Type (√)			Institute Code					
		Amp*	Trans	LFC						
I										
II										
III										
IV										
V										

Amp* refers to Amputating Hospital: **please enter again if patient re-admitted for further surgery**

Trans refers to transfer hospital, in-patient or out-patient (not between wards of same hospital)

LFC refers to Limb Fitting Centre - fill in for all patients who are fitted with a prosthesis

- **PLEASE NOTE: to comply with data protection legislation, this front page MUST be detached from the form prior to submission to SPARG.**
- You may wish to keep a copy of this form, including the front page, for future use as a complete patient record
- Please return this form (on discharge) to your SPARG representative: -

Attach address label here

Guidance Notes

SPARG ID

This MUST consist of 10 digits, the first 4 are the year of amputation, the next 3 are the hospital SPARG code and the last three are a local identifying number (usually consecutive from 001 for each year). You should maintain a separate record of each SPARG ID you generate and link this to a local patient identifier such as patient name or hospital unit number, for your own records.

1. Hospitals Attended

- Enter **details of each hospital** that the patient attends for amputation surgery and any subsequent rehabilitation treatment. Please include *Limb Fitting Centre* (LFC).
- For all but the first (amputating) hospital, provide the **date of transfer**.
Interim Discharge: If the patient is discharged home and is readmitted for prosthetic care/rehabilitation/revision or re-amputation surgery/other care prior to final discharge, continue to use the **same SPARG form**. Please ensure you add this information to the front cover, section 1 and page 12, section 8.3 and enter appropriate dates. The hospital should be identified as an amputating hospital if admitted for further amputation surgery and *transfer* if admitted for other reasons.
- If the patient is readmitted for further stump surgery (revision or re-amputation) or amputation of contralateral limb, following final discharge from physiotherapy (and completion of SPARG form) this would be classed as a new amputation and a **new SPARG form** should be completed. However, if no rehabilitation is required following revision surgery do not issue a new SPARG form.

2. Present Amputation Surgery

Only enter both left and right amputation details if amputation surgery for both limbs was carried out in the same period of rehabilitation, i.e. both amputations rehabilitated at the same time.

Please use separate SPARG Form if the amputee undergoes further amputation surgery (revision or re-amputation of same side or amputation of contralateral limb) following final discharge from first episode of care and completion of first SPARG form (please see guidance note 1.)

2.1 Aetiology of Present Amputation

If there are several factors contributing to the patient's need for an amputation, select here the *main* or *root* cause of the amputation, and include the other factors as co-morbidities on page 9.

- **PAD – Peripheral Arterial Disease** this terminology replaces the previously used "Peripheral Vascular Disease".
- If present, **diabetes** should always be selected as the main cause of amputation. The amputation may be the result of PAD and/or neuropathy and/or renal failure.
- **Blood borne infection** includes meningitis
- **Orthopaedic** includes osteomyelitis, failed union of fracture, failed joint replacement and acquired deformity.
- **Renal Failure** – only where diabetes is not present
- **Other** for any aetiology not listed.

2.2 Level of Amputation

DO NOT fill in a form for amputations carried out distal to ankle disarticulation level