

Cord Compression Pathway

Date & time: ____/____/____

Cord compression pathway activation factors:

All the following must be present to initiate this pathway:

- ☐ Tissue diagnosis of malignancy* ☐ Pain or Motor/sensory deficit within 48 hours of presentation

Date/Time ordered	<h2>Cord compression pathway orders</h2>	Date/Time processed
	<p><u>Actions to be Taken</u></p> <p><input type="checkbox"/> Contact doctor on call for the most responsible department for the patient</p> <p><input type="checkbox"/> Shift patient to day care unit if not already admitted</p> <p><u>Medications:</u></p> <p><input type="checkbox"/> Dexamethasone 10mg PO OD then Dexamethasone 8mg PO BID</p> <p><input type="checkbox"/> Losec 40mg OD PO</p> <p><u>Investigations:</u></p> <p><input type="checkbox"/> Urgent renal function test</p> <p><input type="checkbox"/> Urgent whole spine MRI (done within 2-4 hours)</p> <p><input type="checkbox"/> Cord compression proven on MRI whole spine and SINS calculated</p> <p><input type="checkbox"/> CT spine 3 vertebral levels above and below affected area if suggested by MRI</p> <p><u>Consultations:</u></p> <p><input type="checkbox"/> Phone and written consultation of radiation Oncology (time from consult to patient assessment by radiation oncology should not exceed 1 hour)</p> <p><input type="checkbox"/> Phone and written consultation of neurosurgery (time from consult to patient assessment by neurosurgeon should not exceed 4 hours)</p> <p>Name:.....Phone no:.....</p> <p><u>Other orders:</u></p> <p>-----</p> <p>-----</p> <p>-----</p> <p><u>Patient disposition:</u></p> <p><input type="checkbox"/> Admit/Transfer patient to Radiation Oncology if the patient is getting urgent radiation. <u>Urgent radiation treatment should be administered within 24-48 hours from onset of symptoms for patients if surgery is not indicated.</u></p> <p><input type="checkbox"/> Transfer to the most responsible team after the completion of urgent radiotherapy treatment</p> <ul style="list-style-type: none"> • Date of Completion of radiotherapy: _____ • Date of transfer (must be the same day): _____ • Most responsible team: _____ 	
	<p><u>*For Chemosensitive disease :</u></p> <p>For chemosensitive disease (SCLC, Lymphoma/Leukemia) please attest that this patient is not eligible for urgent chemotherapy</p> <p>Δ Withhold steroids if hematologic malignancy or non-malignancy suspected</p>	

Signature: _____ Date & Time: _____