

Table 2. Information to be included in the referral form for brachial plexus palsy*

PATIENT INFORMATION

Name:
Address:
Postal Code:
Tel#:
Health Card #:

REFERRING PHYSICIAN INFORMATION

Name:
Address:
Postal Code:
Tel#: **Fax#:**
Email:

PATIENT DEMOGRAPHICS

Date of referral: _____ **Sex:** Male Female
Date of birth: _____

DELIVERY

Birth weight: _____
Delivery: Cephalic Breech Caesarean
Traction: Forceps Vacuum Episiotomy

STRONG RISK FACTORS

Shoulder dystocia: Present Absent
Clavicle fracture: Present Absent:
Humeral fracture: Present Absent:

CLINICAL

Side with deficit: Right Left
Complete paralysis: Present Absent:
(No active movement of shoulder, elbow, wrist, or fingers)
Horner's syndrome: Present Absent:
(Constricted pupil, weak and droopy eyelid)

ACTIVE MOVEMENT

Shoulder: Present Absent:
(Active elevation against gravity, can raise arm above head)
Elbow: Present Absent:
(Active flexion against gravity, can bring hand to mouth)
Wrist: Present Absent:
(Active wrist extension, can bend "wrist back" with grasp)
Fingers: Present Absent:
(Active fingers flexion, can "grasp", make fist, close fingers)

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| *Referral should indicate risk factors, severity of injury, and course of recovery. However, referral should never be delayed due to lack of information. | |

Source: Coroneos CJ, Voineskos SH, Christakis MK, Thoma A, Bain JR, Brouwers MC; Canadian OBPI Working Group. Obstetrical brachial plexus injury (OBPI): Canada's national clinical practice guideline. *BMJ Open* 2017;7(1):e014141. With permission.

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Source: The evaluation and management of neonatal brachial plexus palsy, Fetus and Newborn Committee, December, 2021. Available at www.cps.ca