GUIDELINE INTENT

To refer **all** infants identified with obstetrical brachial plexus injury (OBPI) to specialized multidisciplinary centres in Canada in order to optimize care.

RECOMMENDATIONS

1. Physically examine newborns for OBPI if upper extremity movement is asymmetric or delivery was complicated by shoulder dystocia, humeral fracture or clavicular fracture.
A primary care physician with experience in newborn assessment should perform a focused physical examination on newborns with an identified deficit or risk factor.

2. Refer all newborns with OBPI to a multidisciplinary centre by 1 month of age.
A proportion of newborns will completely recover within days of birth and do not necessitate referral to a multidisciplinary centre. Newborns with complete recovery as assessed by primary care providers experienced in the assessment of musculoskeletal and neurological deficits do not necessitate referral.

3. With referral, provide complete pregnancy and birth history, and physical exam findings (including Horner's syndrome) at birth.
Clinical records should indicate risk factors, severity of injury, and course of recovery. While clinical records are important, they are not necessary; do not delay referral to a multidisciplinary centre to obtain records.

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REFERRAL FORM

Referral should indicate risk factors, severity of injury, and course of recovery. While this clinical information is important, it is not necessary; do not delay referral to a multidisciplinary centre to obtain records.

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 ☐

Humerus 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)