

Adult Spinal Cord Injury Guideline

Purpose: To assist with the management of patients who have sustained acute spinal cord injuries. The patient plan of care should continuously be revised/individualized based on each patient's needs and response.

Scope: Adult trauma patients who have suffered a spinal cord injury.

	Pre-Stabilization < 48 hours	Post Stabilization/Non-Operative Management
HOB/Mobility	<ul style="list-style-type: none"> • C-collar • HOB flat: further orders per Neurosurgery • Log roll Q2 hours 	<ul style="list-style-type: none"> • C-collar/Brace per Neurosurgery • HOB 30 degrees • Log roll Q2 hours • OOB post op day 1 • May use abdominal binder and/or thigh high TEDs
Respiratory	<ul style="list-style-type: none"> • Aggressive pulmonary toilet • IS & acapella Q2 hours 	<ul style="list-style-type: none"> • Consider trach if unable to be extubated • Aggressive pulmonary toilet • IS & acapella Q2 hours • Assisted cough/vest therapy prn if SCI T1 or above
Hemodynamic Parameters per Nursing	<ul style="list-style-type: none"> • Assess for bradycardia & hypotension • Assess for tachycardia & hypertension r/t autonomic hyperreflexia • Keep MAP>85 unless otherwise specified by NSR 	<ul style="list-style-type: none"> • Assess for bradycardia & hypotension • Assess for tachycardia & hypertension r/t autonomic hyperreflexia • Keep MAP>85 unless otherwise specified by NSR
Nutrition	<ul style="list-style-type: none"> • NPO • If intubated: Place OG/NG and start TF if OR >24 hours • NOT Intubated: Assess need for MWFT or consider diet after dysphagia screen/speech evaluation if OR >24 hours 	<ul style="list-style-type: none"> • Dietician referral • If intubated: resume feedings • Begin PO after dysphagia screen completed/cleared by Speech Therapy

Elimination	<ul style="list-style-type: none"> • Foley catheter 	<ul style="list-style-type: none"> • Implement SCI bowel protocol (see references) • Initiate bladder training protocol (see references)
	Pre-Stabilization < 48 hours	Post Stabilization/Non-Operative Management
Skin, Bed/Surface Type to Consider	<ul style="list-style-type: none"> • Multipodous boots • Initiate high risk skin protocol • C-collar care 	<ul style="list-style-type: none"> • Multipodous boots • Initiate high risk skin protocol • C-collar care • Consider specialty bed
Therapies	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Consult PT/OT/ST • LE and/or UE splints • Assess the need for assistive devices (sip & puff call light, etc.) • ASIA assessment when applicable • Develop a schedule with patient and family, post in room • Consult WOCN for skin evaluation
DVT Prophylaxis	<ul style="list-style-type: none"> • SCDs/TEDs • Venous duplex Q48 hours until Lovenox/Heparin is initiated 	<ul style="list-style-type: none"> • SCDs/TEDs • Lovenox/Heparin 48 hours post-op • Continue venous duplex Q48 hours if no chemical prophylaxis
Psychosocial, Education & Discharge Planning Needs	<ul style="list-style-type: none"> • Consult social work/case mgmt. • Establish means of communication for basic needs/feelings • Palliative care consult if applicable • SCI handout to patient and/or family 	<ul style="list-style-type: none"> • Early d/c planning/rehab referral • Assess the need for psych evaluation for early medication mgmt. • Palliative care consult if applicable • Consider multi-disciplinary team meeting with family to discuss plan of care

References:

<http://intranet.stmarys.org/documents/EHR/Urinary%20Retention%20Protocol.pdf>

<http://intranet.stmarys.org/documents/Care%20Manager/8720-456BowelProtocol.pdf>

<http://intranet.stmarys.org/documents/Care%20Manager/SKIN%20Protocol%20Orders.pdf>

[https://dovenet.stvincent.org/sites/NSI/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/NSI/Spine/TNICU%20STANDARDS%20OF%20SPINAL%20CORD%20ASSESSMENTS/SCI%20Grid%20Standards%204-2012%20\(2\).docx&action=default&DefaultItemOpen=1](https://dovenet.stvincent.org/sites/NSI/_layouts/15/WopiFrame.aspx?sourcedoc=/sites/NSI/Spine/TNICU%20STANDARDS%20OF%20SPINAL%20CORD%20ASSESSMENTS/SCI%20Grid%20Standards%204-2012%20(2).docx&action=default&DefaultItemOpen=1)

REVIEW/REVISION HISTORY

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