

Spinal Cord Injuries - Non-Cancerous - Summary Clinical Guideline

Reference no.: CG-T/2014/005

Spinal Cord Injury Management – Key Points

(full guidelines available on Trust intranet)

- The guidelines refer to management of any spinal cord neurology, eg spinal abscess, spinal haematoma, tumour, not just traumatic injury
- Use Spinal Care Plans and individualise on admission and evaluate daily / during each shift as appropriate (trust care pathway being developed)
- If appropriate, medical staff will refer to Sheffield Spinal Cord Injuries Centre within 4 hours of a diagnosis of SCI being made via registration on the database, also completing ASIA chart. Nursing staff can contact Osborn One at SCIC, for advice day or night (#6369 x 5609)
- Patients should be NBM, even if not for theatre. Risk of vomiting / aspiration in cervical lesions, high incidence of paralytic ileus in lower thoracic / lumbar fractures / cord injuries. Start clear fluids and build up as tolerated, as per care plan. Gastric protection required as high incidence of gastric ulcers. MUST / dietician referral as trust policy
- TED stockings need re-measuring every 72 hrs, due to early muscle wastage. Alternating foot drop splints (if necessary) 2 hourly with AV boot, complies with both maximum time splint should be in situ and maximum time AV boot can be left off.
- Pressure area care must be 2 hourly, reducing to 4 hourly after approximately 2 weeks. Ensure position changed, maximum 10 degrees laterally and 20 degrees head up (check management plan in notes first)
- Limb positioning – paralysed lower limbs are very heavy and need support when lifted, support leg under knee and ankle, reduces risk of hyperextension injury to the knee and also protects staff
- Bowel management – refer to one of spinal link nurses asap -Monday- Friday (ward 203 out of hours). Management needs to start within 1 or 2 days. Senna should be prescribed after 48 hours but not lactulose. (Management of Constipation in Adults Guideline available on Flo makes reference to SCI bowel management guidelines).
- Depending on the level of lesion, normal observations for the SCI patient can be very different to other patients, systolic blood pressure may be only 80 and pulse 50, this needs to be considered when the medical staff are determining NEWS2 parameters and fluid administration (see guidelines on fluid management)