Overview of Nursing Spinal Cord Injured Patients

At the end of this overview you will be able to:
1. summarise the concept of the nursing process in Spinal Cord Injury (SCI) patients
2. identify the goals of SCI nursing
3. explain some of the nursing interventions necessary when caring for a patient with SCI
4. define the various roles of the nurse in SCI care

AIMS AND OBJECTIVES
- Introduce the student to the concept of the nursing process.
- Identify the goals of SCI nursing.
- Explain some of the nursing interventions necessary when caring for a patient with SCI.
- Discuss the varied roles of the nurse.

GOALS FOR SCI NURSING
- Prevent further spinal damage in the newly injured – maintain function
- Promote healing/recovery in the acute phase
- Prevent complications or recognise their onset early
- Contribute to effective rehabilitation – maximise function
- Promote physical & psychological wellbeing in the long term management of spinal cord injured individuals
- Provide knowledge to patients, their families and carers
- Coordinate, facilitate and reinforce the care given by the multidisciplinary team

NURSING PROCESS
It uses a systematic, holistic, problem solving approach in partnership with the patient and their family:
- Assess the patient’s needs
- Plan the patient care – set goals
- Implement planned care
- Evaluate planned care
Screen: 7

The following are some areas in which the nurse needs to use his/her skills in assessing the patients needs, planning what care is required, implementing the care and then evaluating the care given.

Screen: 8

**RESPIRATORY CARE**

- Impaired respiratory function can lead to:
  - Atelectasis (complete or partial collapse of alveoli resulting in inadequate gas exchange)
  - Pneumonia
  - Consolidation
- Management
  - Observations
  - 2-3 hourly position changes
  - Assisted coughing
  - Delivery of prescribed oxygen/ nebulisers etc

Screen: 9

**BLADDER CARE**

- Bladder dysfunction
  - Urinary incontinence / oliguria / retention of urine
  - Urinary tract infections / kidney damage
  - Urethral trauma
- Management
  - Monitor urinary output – to be above 30mls per hour
  - Ensure adequate drainage –
    - Indwelling or intermittent catheters
    - Scrupulous catheter hygiene
    - Sheath drainage
  - Maintain adequate hydration
  - Observe for urinary tract infection (raised temperature, cloudy, offensive urine)

Screen: 10

**CARE OF THE GASTRO-INTESTINAL TRACT**

- Gut dysfunction
  - Paralytic ileus
  - Gastroparesis
  - Dysphagia
  - Neurogenic bowel dysfunction
    - Incontinence
    - Constipation
    - Stress ulcers

Screen: 11

**CARE OF THE GASTRO-INTESTINAL TRACT**

- Management
  - Observations
  - Attention to diet and fluids
  - Administration of prescribed gastro-intestinal protectors
  - Naso gastric tube and anti emetics
  - Swallowing assessment
  - Bowel management programme

Screen: 12

**SKIN CARE**

- Risk of pressure ulcer development
  - Paralysis
  - Loss of sensation
  - External pressure
  - Impaired blood flow and oedema
SKIN CARE
- Management
  - Regular pressure relief
    - Position change at least 3 hourly, preferably 2 hourly during the acute phase and individualised subsequently, careful examination of skin, removal of pressure from any red area that may occur
    - Positioning to avoid/minimise pressure, shear and friction
  - Manage incontinence
  - Promote nutrition and hydration
  - Use of pressure relieving mattresses / cushions if available
  - Good skin hygiene
  - Elevation and support of oedematous limbs using pillows
  - Gentle and careful manual handling / short fingernails

CARDIOVASCULAR SYSTEM
- Complications
  - Spinal shock
  - Unstable Blood Pressure (BP)
  - Ventricular arrhythmias
  - Deep vein thrombosis and pulmonary embolism
- Management
  - Systolic BP to be maintained between 90-100mm/hg
  - Heart rate to be maintained between 60-100bpm in sinus rhythm
  - Anti coagulation and anti embolus stockings
  - Passive movements
  - Regular observation of calf for swelling, heat and redness (measurement if necessary)

THE NURSE HAS MANY ROLES

EDUCATOR
- Teaching the patient and their family
  - One to one
  - Group sessions
  - Practical skills
  - Theory
- Teaching other healthcare workers
  - Inexperienced and junior staff
  - Carers
  - Visiting professionals
  - Mentorship to new staff

ADVOCATE
- Definition – A person who puts a case on someone else’s behalf (Oxford Dictionary)
- Speak up for patients / help them express their views
- Ensure needs of the patient are always put first
- Seek out best options for the patient

THERAPIST
- Transfer of skills from the therapy department to the ward
- Passive movements of the joints
- Practicing personal care skills
- Chest physiotherapy
- Transfer skills
- Dressing practice
- Feeding practice
- Splinting
Screen: 19

FACILITATOR AND SUPPORTER

- Support rehabilitation
  - Enable goals to be met
  - Assist patient in learning new skills / tasks
  - Facilitate patients' understanding of the rehabilitation process
- Support families in coming to terms with injury and change of life options
- Support other staff in developing new knowledge and skills
- Support other staff in challenging situations

Screen: 20

THE NURSE IS A “SUPER LINK”

Patient

Team

Family/carer

Community

Screen: 21

NURSES SHOULD

- Take responsibility for assessing and improving their own knowledge, attitude and skills.
- Maintain awareness of current developments in the health care field.
- Join forces with disabled people fighting to live independently in the community.
- Keep the promise of independence and integration for people with SCI.