A Standard Operating Procedure for Patients with known Spinal Cord Injury who are admitted to NNUH

For Use in:	Emergency Department, Critical Care Complex, Emergency Assessment Unit, Orthopaedic Wards, Medical Wards.
By:	All Multi-Disciplinary Team
For:	Known Spinal Cord Injury Patients
Division responsible for document:	Surgical, Medical, Critical & Emergency Care Division
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1. Abbreviations used within the document

SCI	Spinal Cord Injury
SCIC	Spinal Cord Injury Centre
SOP	Standard Operating Procedure
SRC	Self-Retaining Catheter
SPC	Supra Pubic Catheter
ADLs	Activities of Daily Living
Autonomic Dysreflexia	Autonomic Dysreflexia
BP	Blood Pressure
GTN Spray	Glyceryl Trinitrate

2. Quick Reference

- Patients with known Spinal Cord Injury (SCI) will be admitted and treated (includes discharge planning) based on the current medical/surgical diagnosis and will remain under the care of the treating team/parent team.
- The treating/parent team will contact and inform the Clinical Specialist-Spinal Care of the admission by calling DECT 4104 or 3792 between 8am and 4pm, anytime from Monday to Friday. On weekends, the team can contact DECT 3792.
- The carer/s of known SCI patients are welcome to attend to patients' needs and ADLs (e.g., doing bowel care, etc.) within their scope of practice, whilst the patient is admitted in the hospital.

3. Objectives

This SOP aims to provide guidance to the medical and nursing team and ensure safe care of known SCI patients during acute hospital admission.

4. Rationale

An increasing number of known SCI patients are admitted in acute hospitals due to one or more problems. Common causes of admissions among SCI patients include respiratory problems, bowel and bladder problems, pressure sores, etc.

Whatever the cause of the admission is, and however the current treatment is managed, the standard SCI care at home and in the community must continue whilst patients are admitted, in order to promote wellness, prevent complications, and avoid further compromise of other bodily systems.

5. Processes to be followed

Where known SCI patients are admitted and managed, the treating/parent team must initiate referral to Clinical Specialist-Spinal Care by calling DECT 4104 or Spinal Nurse Practitioner on DECT 3792 between 8am and 4pm, anytime from Monday to Friday

upon admission. On weekends between 8am and 4pm, can contact DECT 3792. Out of hours, please contact the on-call Trauma & Orthopaedic Ward Doctor bleep 0998.

For elective admissions, the referral to Clinical Specialist-Spinal Care/Spinal Nurse Practitioners must be done by the Pre-Operative Team.

The Clinical Specialist must assess, create and document the management plan for patients with diagnosed SCI within 72 hours and initiate SCI care in accordance with the patient's routine of SCI care prior to admission. There may be occasions when the Clinical Specialist would recommend additional care appropriately. In the event that the Clinical Specialist is not on duty, the Spinal Nurse Practitioner (DECT 3792) will be responsible for the assessment of the patient with diagnosed SCI, and the creation and documentation of the management plan. The treating/parent team should contact and facilitate this referral.

The carer/s of known SCI patients are welcome to attend to patients' needs and ADLs (e.g., doing bowel care, etc.) within their scope of practice, whilst the patient is admitted in the hospital.

In the event that an emergency bowel care at is needed due to a potential development of Autonomic Dysreflexia, the doctor of the treating/primary team should perform the digital removal of faeces or bowel care if the Clinical Specialist or Spinal Nurse Practitioner is not on duty.

The Clinical Specialist must update the Spinal Cord Injury Centre (SCIC) on the status of the known SCI patient upon admission, and then weekly or when necessary thereafter.

The Clinical Specialist must ensure that the essential SCI care are assessed thoroughly and must continue in the hospital setting:

5.1 Bladder Care

- Bladder care should continue during admission and must be patterned on how the patient manages it at home. During admission, the self-retaining catheter (SRC) or supra pubic catheter (SPC) should be cared for and regularly changed by a medical/nursing staff when necessary.
- Input and output monitoring and documentation should be commenced once the patient is admitted.

5.2 Bowel Care

- Bowel care should continue during admission and must be patterned on how the patient manages it at home. During admission, the micro enema to be used during bowel care should be the same as the micro enema used prior to admission. In the event that the hospital does not supply the laxatives, the doctor should prescribe an alternative.

- Stool monitoring and documentation should be commenced once the patient is admitted.

5.3 Skin Care

- Pressure area care should continue during admission. Three to four hourly turns should be done at night time, or as guided by each patient's usual turning regime prior to admission.
- Repositioning chart, monitoring and documentation should be commenced once the patient is admitted.

5.4 Mobility

- Patient's mobility and transfers should continue during admission, unless contraindicated by the treating/parent team. Therapy accessories, such as splints, wheelchairs, etc., should continue to be used during admission.
- Monitoring of pressure areas that are most vulnerable to developing pressure sores due to the use of accessories (e.g., fingertips, ankles) should continue.

For known SCI patients with concomitant Autonomic Dysreflexia (AD), keen observation and monitoring should continue, and hospital staff must report any signs of AD.

AD is a serious autonomic response to painful stimulus perceived below the level of the spinal cord lesion. AD is common particularly among patients with cervical cord injuries above the sympathetic outflow. However, it can occur to among patients with lesions at T6 and above after 6 weeks of injury. AD is a medical emergency. (Trust Docs: 12076).

The typical features of AD include:

- Sudden rise in BP (often with systolic readings over 200mmHg)
- Pounding headache
- Sweating or shivering
- Feelings of anxiety
- Chest tightness
- Blurred vision
- Nasal congestion
- Skin rash
- Colds with goose bumps

The identification and elimination of the cause of AD is the most important approach in its management. The drug of choice is GTN Spray. Ensure that AD prevention

strategies, such as proper bowel and bladder care, are in place, and that analgesics are given regularly when needed.

6. Clinical audit standards

To ensure that this document is compliant with the above standards, the following monitoring processes will be undertaken:

The SCI Team will audit the SCI care for patients with diagnosed SCI on a 3-yearly basis. The audit results will be sent to the Spine Clinical Lead, who will ensure that these are discussed at relevant governance meetings to allow the nursing and medical team to review the results and make recommendations for further action.

7. Summary of development and consultation process undertaken before registration and dissemination

The authors listed above drafted this document on behalf of the SCI Team, who has agreed the final content. During its development it has been circulated to the medical and surgical teams for comments, and the comments were agreed, the document was modified.