Standards of Care:
Spinal Cord Injury: To Include
Acute Stage and Recovery Stage that Requires ICU Care

Objectives:
1. To provide and facilitate total physiologic support of patient during acute and chronic phase in order to enhance recovery.
2. To provide emotional support as well as ongoing education to family and patient in order to enhance recovery and adaptive coping mechanism.
3. Prevention of complications secondary to physiologic changes due to spinal cord trauma.
4. To prevent malnutrition.

Process Standards:
1. Complete assessment will be performed and documented every 4 hours.
2. Strict pulmonary hygiene is maintained with aggressive pulmonary toilet every 2-4 hours. Temperature elevations >101.5 are reported to MD unless otherwise ordered.
3. MD will be notified of significant changes in patient status including rising or lowering HR, BP, or RR from baseline. This will allow for assessment of airway, breathing and circulation.
4. Neurological assessment utilizing the Glasgow Coma Scale should be done every 1-2 hours until neurologic status is stable.
5. If spine is unstable this should be clearly documented on flow sheet and care plan at all times.
6. Type of traction with amount of weight is documented every shift with assessment of insertion site. Weights should hang freely and unobstructed. Pin site care q shift.
7. Strict bedrest with proper body alignment should be maintained at all times unless otherwise ordered by MD.
8. A physician’s order must be obtained prior to turning patients. Patients should be turned every 2 hours unless contraindicated.
a. Interventions to maintain skin integrity are started on admission to the ICU.
9. A physician’s order must be obtained prior to getting patient out of bed. Patients are properly supported in proper body alignment.
10. Cervical collars are removed ONLY by MD. RN to cleanse neck, change pads, and assess skin q shift while MD stabilizes C-spine.
11. Notify MD for urine OP < 30 cc or > 300 cc for 2 consecutive hours.
12. Gardener Wells long sites should be cleaned every shift with H₂O₂ and swabbed with betadine and left open.
13. Skin integrity should be assessed frequently and documented every 4 hours. WOCN should be consulted for any evidence of skin breakdown, or if patient is at high risk for skin breakdown.
14. Any transport of patient with an unstable spine or with cervical traction in place should be accompanied by physician.

Outcome Standards:
1. Patient is stable with all physiological parameters within acceptable limits and meets discharge criteria.
2. Neurological status is stable and tolerated prescribed activity level without a decline in function.
3. Verbalized understanding of condition and rehabilitation goals.

Reference: