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Spinal Cord Injury

Patient name: _____ Admission: _____

NRS
DATE INITIAL**I. The client/caregiver can define spinal cord injury.**

- A. It is an injury to the spinal cord causing loss of function.
1. Paraplegia—paralyzed from the waist down—C7 to T12/L1.
 2. Quadriplegia—paralyzed from the neck down—injury above cervical 7.
- B. It frequently results from accidents.
- C. Causes and risk factors for spinal cord injury are as follows:
- Motor vehicle accidents
 - Diving or sports accidents
 - Industrial accidents
 - Falls
 - Assaults (including gun shot wounds)
 - Degenerative changes or diseases of the spinal cord

II. The client/caregiver can list measures to prevent skin breakdown.

- A. Assess skin daily using a mirror if needed to inspect carefully.
- B. Avoid sharp objects, crumbs or wrinkles in the bed or chair.
- C. Use preventive devices such as an egg-crate mattress, and gel pads.
- D. Keep skin clean and dry.
- E. Frequent repositioning. Change position every 15 to 30 minutes when in chair and every 2 hours when in bed.
- F. Protect skin from burns.
1. Check bath water temperature carefully.
 2. Avoid the use of hot-water bottles.

III. The client/caregiver can list measures to maintain maximum independence.

- A. Assistive devices to help with personal care
- B. Use of ramps and wheelchairs
- C. Use of vehicles with hand controls
- D. Adaptation of home environment to make wheelchair accessible
- E. Lifeline device

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DATE INITIAL**IV. The client/caregiver can list measures to promote regular bowel movements.**

- A. Stool softeners and suppositories
- B. Regular evacuation at the same time each day
- C. Adequate intake of fluids, fruit, and fiber
- D. Massage abdomen from right side to left side for stimulation
- E. Signs of rectal fullness, including goose bumps, rising of hair on arms and legs, perspiration, and sense of fullness
- F. Upright position or bend forward for defecation

V. The client/caregiver can list measures to maintain muscle integrity and prevent contractures.

- A. Range of motion
- B. Exercises as instructed
- C. Splints/braces
- D. High-top sneakers to prevent foot drop

VI. The client/caregiver can list measures for adequate urinary elimination.

- A. Do Crede maneuver (application of pressure on the bladder).
- B. Have adequate fluid intake.
- C. Report signs and symptoms of infections early:
1. UTI—cloudy urine
 2. Fever and chills
- D. Avoid catheter use if possible.
- E. Practice bladder retraining.
- F. Drink cranberry juice.

VII. The client/caregiver can list nutritional measures to manage spinal cord injuries.

- A. Use high-calorie, high-protein, high-fiber diet.
- B. Avoid foods that are gas producing.
- C. Drink plenty of fluids, up to 2 liters per day.

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- D. Use cranberry juice and/or vitamin C to decrease urine pH.
- E. Avoid alcohol and caffeine-containing foods and drinks.
- F. Limit milk and dairy products to reduce risk of renal calculi.
- G. Use adaptive or assistive utensils to promote independence in eating.

VIII. The client/caregiver can recognize possible complications.

- A. Contractures
- B. Pressure ulcers
- C. Urinary calculi and urinary tract infections
- D. Pneumonia
- E. Autonomic dysreflexion (may occur if lesion is above T6 level)—severe headache, profuse sweating, nasal congestion, and slow heart rate
- F. Sexual dysfunction
- G. Paralytic ileus
- H. Respiratory failure
- I. Sepsis
- J. Muscle spasms

RESOURCES

National Spinal Cord Injury Association
www.spinalcord.org

Christopher and Dana Reeve Foundation and Resource Center
www.christopherreeve.org

National Rehabilitation Information Center
www.naric.com

National Institute on Disability and Rehabilitation Research
www.ed.gov/about/offices/list/osers/nidrr

Clearinghouse on Disability Information
www.ed.gov/about/offices/list/osers

Counseling (psychologist, psychiatrist, and clergy)

REFERENCES

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