

Pediatric Spinal Cord Injury Acute Management

Imaging with positive spinal cord injury and/or focal neurological deficit

Art line and core temp monitoring
CVL if need for Vasopressors

Goals of Management:

- Additional imaging per Spine Team recommendations
- Strict spinal precautions per Spine Team recommendations
- Q1H neurovascular checks
- Maintain MAP goals based on age x 5 days
- Vasopressors to maintain MAP goals as needed
- Core temp $37 \pm 0.5^{\circ}\text{C}$
- Normocapnia
- Glucose control 80-180
- Early initiation of nutrition unless contraindicated
- Bowel and bladder management

Consults

- Spine Service
- PT, OT, Speech Therapy
- Physical Medicine and Rehab
- Case Management
- Wound Nurse
- Child Life

MAP Goals

- <3 years: 60
- 3-12 years: 70
- 13-16 years: 75
- >16 years: 80

Neuro Checks

- Q1H x 5 days then per Spine Team
- Includes sensation and movement
- Nursing to mark initial level of sensation and any changes with the date

Activity/Precautions

- Removal of spine board upon arrival
- Strict log rolling with c-spine maintained (HOB flat) until cleared otherwise by Spine Service
- C-collar clearance per Spine Service
- Turn/reposition per Spine Service recommendations
- Order Dolphin Mattress when appropriate
- SCD sleeves in place Q2H
- Podis Boots (on 2hr off 2hr)
- Maintain the heels off of the bed at all times

Bowel and Bladder Management

- Indwelling foley catheter x 24-48 hours
- Convert to in and out catheterization Q4H or per PM&R recommendations
- Bladder scanning for residual per PM&R recommendations
- Bowel regimen per PICU protocol