DIVISION OF TRAUMA & SURGICAL CRITICAL CARE

Lower Spinal Cord Injury Management Protocol

(for SCI without neurogenic shock, T6 and below)

Neuro

- Spinal immobilization and log roll orders
- Additional imaging as needed
- Brace per spine recommendations
- Multimodal Pain management

Gastrointestinal

- Bowel regimen:
- Trauma bowel Regimen:
 - o (Senna +MiraLAX) AND
 - bisacodyl suppository, qday
- Nursing order: Administer bowel regimen as ordered; notify provider if no daily BM

Musculoskeletal/Integument

- Begin PROM on admission if stable
- PT/OT orders after stabilization
- Early mobility
 - OOBTC when cleared by Spine
 - Frequent position changes
- Podis Boots to prevent foot drop

Genitourinary

- Discontinue Foley per CL 30-15.05 Indwelling Urinary Catheters: Insertion, Maintenance, and Discontinuation
- If patient unable to void, initiate scheduled I/O catheterization q6h; if UOP>500ml, increase frequency

Psych/Dispo

- Consider psych consult to evaluate patient as depression/anxiety are common after SCI
- Communicate early with Case Management to determine disposition options
- Consider PM&R consult

Upper Spinal Cord Injury Management Protocol

(In addition to Lower SCI Management Protocol interventions:)

Cardiovascular

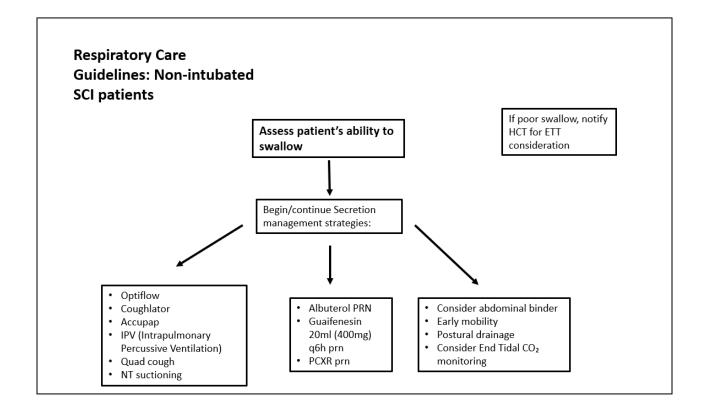
- Avoid hypotension
- Vasopressors for MAP goals as indicated, norepinephrine first line agent
- If persistent vasopressor requirement: Consider midodrine 5mg q8h, and titrate up to 40mg/day
- If bradycardic, consider pseudoephedrine and/or glycopyrrolate as alternatives

Consider for Intubation:

- Patients unable to swallow
- Patients with increasing 02 requirement
- Patients with atelectasis, or plugging on cxr
- Paradoxical respiratory pattern
- Persistent need for frequent suctioning of airway
- Peek Expiratory Flow <5L
- Inability to manage secretions

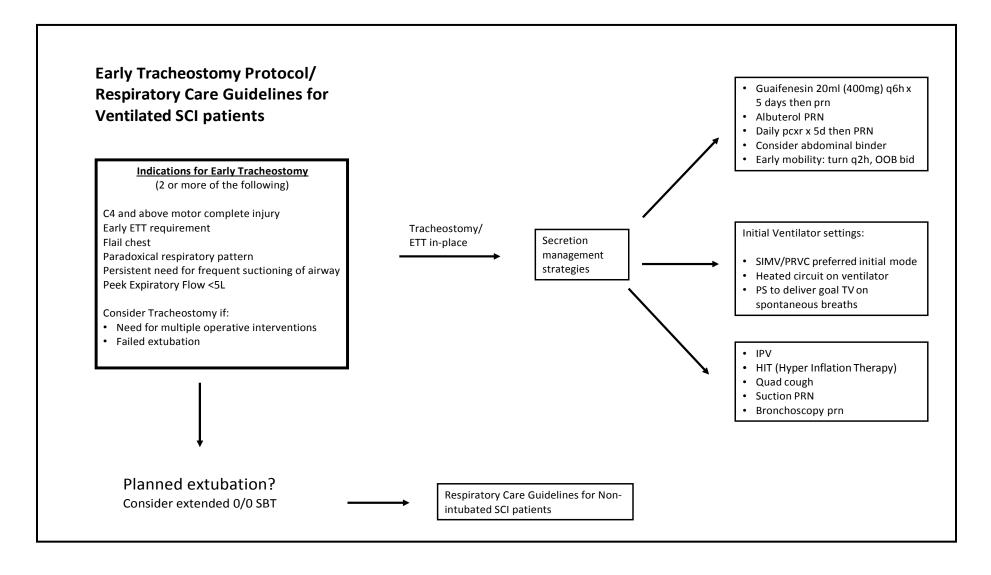
Respiratory

- Respiratory Care Guidelines: Non-intubated SCI patients
- Early Tracheostomy Protocol/ Respiratory Care Guidelines for Intubated SCI patients
- Respiratory Care Guidelines for Ventilatory weaning of SCI patients



MEDICAL CENTER

DIVISION OF TRAUMA & SURGICAL CRITICAL CARE



Respiratory Care Guidelines for Weaning Ventilated SCI Patients

Meets crite ria for wea ning?

- Hemodynamics stable
- · Secretions under control
- I nit iat i ng breaths on cu rre nt mode

no

Continue secretion management and reassess readiness for wean i ng daily

yes

Co nt in ue secretion management strategies

CPAP/PS primary weaning mode

- Cons ide r VS if patient una ble to maintain IV on CPAP/PS
- Begin with brief periods of CPAP/PS (minutes) and progress to longe r pe riods
- When tolerating> 24 hrs on spontaneous mode, consider Trach collar trials
- Begin with short (minutes) TC t ria ls, slowly i nc rease as tolerated

Do not decannulate quad riplegi c patients with tracheostomy who have successfully weaned from the ve nt ilato r during acute hos pit al phase.

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