

- Priorities:
- **Manage** medical problems
 - Airway, breathing, blood pressure, pain, DVT prophylaxis, bowels, bladder, skin protection, early mobilization, psychosocial, nutrition
 - **Monitor** for [autonomic dysreflexia](#)
🚨 **This is a medical emergency- act fast!**

Med/Surg Unit and Rehabilitation
Management of SCI patient

Med/Surg Unit management of the SCI
patient begins with the following tasks



- PT/OT
- Continue** therapies including:
- Early mobility
 - Self-care
 - FES therapy (if safe/cleared)
 - Equipment/positioning needs

- Rehabilitation Consultation
- **Guide:** bowel, bladder, skin, and tone management
 - **Assess** appropriateness and timing of transfer to inpatient rehab program

- Medical Management
- Optimize:**
- Bladder (cathing vs. voiding program)
 - Bowel program
 - Pain
 - Tone/spasms
 - Nutrition

Rehabilitation Services Management

Orthopedic and Rehabilitative Processes	
<div>Orthopedic</div> <ul style="list-style-type: none">• Assess for and prevent contractures• Monitor closely for development of heterotopic ossification• Complete patient/family education on range of motion and equipment to prevent contractures (if indicated)	<div>Rehab Process</div> <ul style="list-style-type: none">• Conduct a family meeting at admission to initiate discharge planning• Assess WeeFIM (functional scoring) on admission, weekly, and discharge• Repeat ISNCSCI at discharge and for clinical change• Establish SCI education champion and complete patient/family education (SCI Education Binder)

Physiologic Systems	
<div>Bladder</div> <ul style="list-style-type: none">• Obtain baseline renal US• Consult Urology as needed• Establish voiding/cathing program for bladder health and continence• Complete patient/family education and training on intermittent catheterization (if indicated) <div>Bowel</div> <ul style="list-style-type: none">• Establish bowel program to manage constipation and promote continence• Complete patient/family education and training on rectal medications and digital stimulation (if indicated) <div>Skin</div> <ul style="list-style-type: none">• Wean turning schedule as able in preparation for home• Complete patient/family education and training on skin checks and pressure reliefs (if indicated) <div>Pain</div> <ul style="list-style-type: none">• Adjust pain medication as able• Consult the medical pain service as needed	<div>Tone/Spasms</div> <ul style="list-style-type: none">• Assess and treat tone and spasms• Complete patient/family education on spasticity, range of motion, and strategies to manage/treat (if indicated) <div>Cardiovascular</div> <ul style="list-style-type: none">• Treat orthostatic hypotension• Assess for and educate on autonomic dysreflexia• Complete patient/family education on cardiovascular changes and management (if indicated) <div>Respiratory</div> <ul style="list-style-type: none">• Consult pulmonology as needed for home respiratory care plan• Involve respiratory therapy as needed• Complete patient/family education on respiratory changes and management (if indicated)

Therapies	
<div>PT/OT</div> <div>Continue therapies initiated on acute floor and assess for:</div> <ul style="list-style-type: none">• Additional bracing needs• Mobility and self-care equipment• Custom wheelchair	<div>Speech Therapy</div> <div>Evaluate need for (cervical and thoracic-level injuries):</div> <ul style="list-style-type: none">• Breath support• Respiratory muscle strengthening

Discharge Home

- In preparation of discharging the patient, complete the following as indicated:
- Discharge family meeting if indicated
 - Patient/family training prior to transfer to the Progressive Care Unit (PCU)
 - PCU to practice all cares/skills prior to discharge
 - Day pass to community (if able/indicated)

Abbreviations:

FES - Functional Electrical Stimulation

ISNCSCI - International Standards for Neurological Classification of Spinal Cord Injury