Spinal cord thinking exercise key

The nurse is developing a plan of care for a 17-year-old who was admitted to the hospital following a complete severing of the spinal cord at T10 resulting in paraplegia and necessitating mechanical ventilation for 24 hours: the patient is now off the ventilator and breathing on his own. He was admitted to the neurosurgical unit after open reduction and internal fixation (ORIF) to stabilize his spine.

Use an X to indicate whether the nursing actions below are *Anticipated* (appropriate or likely Necessary), *Contraindicated* (could be harmful), or *Non-Essential* (make no difference or are not necessary) for the patient's postoperative care at this time.

Nursing Action	Anticipated	Contraindicated	Non-Essential
Monitor vital signs per facility standards	x		
Encourage coughing and deep breathing exercises	x		
Administer analgesic as prescribed	x		
Reposition the patient every 4 hours		x	
Apply sequential compression devices	x		
Keep NPO until the patient voids and reports no nausea		x	
Obtain an order for echocardiogram			x
Consult clergy or social worker for family support	x		
Collaborate with respiratory therapy to maintain oxygenation as needed	x		
Complete a dietary assessment			x
Obtain an order for an indwelling urinary catheter		x	
Monitor the patient's level of sensory perception every 4 hours	x		
Collaborate with physical therapy to promote independence	x		

Rationales: Monitoring for secondary injury or complications such as respiratory distress, pneumonia, shin breakdown, and the effects of immobility is part of nursing care for the client with a spinal cord injury. Interventions include encouraging deep breathing, providing DVT prophylaxis such as sequential compression devices, monitoring vital signs, assessing sensory perception for improvement or worsening, and collaborating with inter professional services to provide support and promote patient

independence. Managing acute pain is important to prevent chromic pain later. Although repositioning is also part of routine care, this must be done more frequently than every 4 hours. Rather, repositioning should be done every 1 – 2 hours. Determining whether to keep the adolescent NPO is primarily based on the sedation status postoperatively and not on the ability to void or the presence of nausea. Non-essential actions for this patient include dietary assessment (which is more important later in the treatment) and obtaining an echocardiogram without any cardiac symptom. Bowel and bladder routines are important to establish as soon as possible to avoid more invasive interventions such as use of an indwelling urinary catheter.