

## Spinal cord thinking exercise

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	EVERY 2 HOURS		
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:** Please document your rationales here.

**MONITOR VS PER FACILITY STANDARDS:** can evaluate trends for patient status and continuity of progressive positive outcome based on intervention prn per evidence based practice

**ENCOURAGE COUGH AND DEEP BREATHING EXERCISES:** T10 injury can affect trunk. Usually abdominal, lower back muscles, and the legs. Have normal arm, hand and upper-body movement. Independent with most activities of daily living. Typically use a manual wheelchair. Pt is indicated to be breathing on his own. With new paraplegic affect, will encourage pt to cough, deep breath to avoid fluid build up related to lack of full ROM

**ADMINISTER ANALGESIC AS PRESCRIBED:** pt returned from ORIF procedure, managing pain is essential of post operative care.

**REPOSITION Q4:** I note Q2 reposition to prevent pressure ulcer and infection of the integumentary system

**APPY SEQUENTIAL COMPRESSION DEVICES:** pt injury indicates lack of movement in lower extremities, SCD can promote circulation in akinetic lower extremities. This will also prevent clotting and possible PE

**KEEP PT NPO UNTIL PT VOIDS AND REPORTS NO NAUSEA:** Pt has returned from surgery, therefore can be at risk for aspiration if allowed to consume oral intake at any time until proper evaluation or orientation is established. Swallow evaluation noted prior to allowing oral intake is noted

**ECHO:** post-surgical intervention, ECHO is non-essential since cardiac stability is evaluated prior to surgical intervention, if there is a present trend of cardiac markers indicating trends of cardiac deficit in perfusion, an ECHO may be considered dependent on evaluation post-surgical intervention

**CLERGY/FAMILY SUPPORT CONSULT:** Indicated related to holistic care for patient. New limits on ROM for a 17-year-old can be have great effects on his outlook on life. It is important to include his close support system to encourage positive communication and air out any concerns regularly as the new way of life is coming for this young person.

**COLLABORATE WITH RT:** this is contraindicated due to the fact pt has been evaluated and removed from mechanical intervention and is breathing on his own. If new trends indicate respiratory distress RT can come back to reevaluate

**DIET:** Swallow evaluation needed prior to allowing regular diet based on pt current status post-surgery

**INDWELLING CATHETERIZATION:** This is unnecessary as the catheter would have been placed prior to surgical intervention

**SENSORY PERCEPTION:** Monitoring sensory perception is indicated to determine intact sensory perception post-surgical

**PT CONSULT:** indicated to encourage pt to become as independent as allowable with injury and intervention