

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		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: Please document your rationales here.

Vital signs are part of facility standards for all patients, but it is also a key to identifying further complications. TCDB assists in clearing the lungs, helps with breathing, and prevents pneumonia. Analgesics are important to control current pain, as well as preventing chronic pain. SCDs will prevent DVTs, because of paraplegia the patient is not able to move his legs on his own. Patients should be turned every 2 hours. Outside the hospital, the cost of medications will be more expensive in the long term than SCDs. There is no need to keep the patient NPO until he voids or does not have nausea, keeping him NPO would be based on his sedation status after surgery. There is no need for an echocardiogram, as he is not showing cardiac symptoms. We would want to bladder train the patient, we can do this by clamping an indwelling catheter, but it is not best practice. Collaboration with physical therapy early on to establish independence is important in order to maintain muscle tone and establish independence in ADLs.