

## 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.

It is important to monitor and manage potential complications for individuals with a spinal cord injury, such as respiratory issues, skin problems, and blood clots. Regular repositioning, every 1-2 hours, is essential. Keeping the teen from drinking and eating is mainly determined on the effects of sedation after surgery, rather than their ability to urinate or experiencing nausea. Early establishment of bowel and bladder routines is crucial to avoid more invasive interventions.