

Case Study Spinal Cord Injury KEY

Discussion Questions

1. Based on the assessment data, what are the nursing priorities for M.P. at this time?
Answer: The nursing priorities for M.P. are bowel evacuation and the low-grade temperature. The lack of a bowel movement could result in autonomic dysreflexia (AD) and the low-grade temperature could signal an infection or atelectasis.
Rationale: The nurse needs to consider all possible issues that may impact the body's ability to cope with external and internal stimuli. The body has a decreased awareness to the environment. Also, clients with SCIs are at risk for infections or bowel obstruction due to lack of movement.
2. What actions do you need to take based on these priorities?
Answer: You need assess for any other manifestations of AD, including headache, piloerection, flushing, and blurry vision. If other manifestations were present, you would treat him for AD. Otherwise, assess him for acute constipation, checking abdominal girth, bowel sounds, and performing a digital rectal exam if needed. Prepare to perform digital stimulation or administer a suppository or enema if indicated. Evaluate his I&O and diet intake for adequacy of fiber and fluid intake. Assess M.P. for other manifestations of infection, particularly urinary and pulmonary. Obtain chest radiography and a urine specimen for analysis and culture and sensitivity. Auscultate lung sounds and measure pulse oximetry.
Rationale: AD is a result of the body's inability to compensate due to the sympathetic nervous systems failure to communicate between the rest of the body and below the injured area. The body's reaction will cause significant changes primarily in the cardiovascular system.
3. What is the rationale for the lower extremity elastic compression stockings and abdominal binder?
Answer: The loss of sympathetic nervous system tone in the peripheral vessels results in the potential for orthostatic hypotension. The lack of muscle tone impedes venous return, resulting in sluggish blood flow and predisposing him to deep vein thrombosis (DVT). The wraps and binder promote venous return, decreasing the risk for DVT and orthostatic hypotension.
Rationale: The primary goal of the nurse is to prevent issues caused by the SCI.
4. What are M. P.'s priority nursing diagnoses while in rehabilitation?
Answer: Priority nursing diagnoses for M.P. at this time include Impaired tissue integrity, Impaired physical mobility, Constipation, Impaired urinary elimination, Difficulty coping, Disturbed body image, Impaired sexual functioning, and Impaired urinary system function.
Rationale: A diagnosis of spinal cord injury is a life-altering diagnosis. Psychosocial care and education should be given to the client and their loved ones because all will experience significant changes to how the client will live.
5. Because of the complexity of M.P.'s care, you are coordinating care among many members of the health care team. Who might be participating in M.P.'s rehabilitation?
Answer: Team members include rehabilitation nurses, physicians, physical therapists, occupational therapists, speech therapists, vocational counselors, psychologists, therapeutic recreation specialists, prosthetists, orthotists, and dietitians.
Rationale: An interprofessional approach will ensure the best possible outcome for the client.
6. List three potential adverse conditions to continue to monitor M.P. for throughout his stay.
Answer: Potential adverse conditions that need to be monitored for are autonomic dysreflexia, pneumonia, neurogenic bowel and bladder, urinary tract infection, pressure ulcer development, and stress ulcers.
Rationale: The client's inability to move may create life-long issues. Being proactive about these issues will help the client to have a possible better overall outcome.
7. Rehabilitation care includes initiating a bowel retraining program. Outline the components of a program for M.P.
Answer: Components of a bowel retraining program would include:
 - Dietary measures taken to prevent constipation.
 - Fiber intake of 20 to 30 grams/day
 - 2 to 3 quarts of fluid per day should be consumed unless contraindicated

- Limit caffeinated beverages such as coffee, tea, and cola
- Avoid foods that produce gas (e.g., beans) or upper gastrointestinal upset (spicy foods)
- A regular schedule for bowel evacuation should be established. A good time is 30 minutes after the first meal of the day.
- Ensure privacy and place in as normal position as possible.
- Use a suppository or manual stimulation as need to stimulate a bowel movement.
- Stool softeners should be used as needed to regulate stool consistency.
- Perform passive and active range-of-motion exercises.

Rationale: A client with a spinal cord injury is at an increased risk for bladder and bowel issues. Implementing a program can help stop complications from arising.

8. List three physical rehabilitation goals that M.P. can achieve.

Answer: Because of the level of his injury, obtainable goals for M.P. include:

- Ability to manipulate a manual wheelchair. An electric wheelchair may be needed for uneven surfaces and long distances.
- Ability to transfer independently from bed to chair and chair to car.
- Use of devices such as “easy stand” to promote standing as part of the wheelchair regimen.
- Ability to drive a car adapted with hand controls. Assistance may be required to load the wheelchair into a car.
- Ability to feed self independently during mealtimes.

Rationale: The goal is to help the client live as independently as possible and support the client with resources and education.