



## Spinal Injury Admission

### Initial Management

#### To be completed within the first 4 hours of admission

- Do not put the patient on an air mattress
- Complete a FULL spinal Assessment – see video below for guidance
  - <https://www.youtube.com/watch?v=kRAdWRmR9rY>
- Ensure Miami J Collar Fitted (if unsure how to do this please watch the video on collars)
  - <https://www.youtube.com/watch?v=7LGTaB3CCU8>
- Keep Atropine and Glycopyrolate at bedside – easily accessible
- Measure patient's Vital Capacity (if unsure how to do liaise with physios)
- Analgesia needs to be prescribed and given
- Ensure Laxatives prescribed ( BD Senna & Sodium Docusate with daily suppositories at 6am)
- Insert arterial line, central line and NGT
- Catheterise patient
- VTE prophylaxis
- Log Roll Patient ( Please see video for how to log roll)
  - <https://www.youtube.com/watch?v=C04my6p6Q80>
    - Check skin integrity
    - Do PR and assess Anal tone ( if unsure speak with neuro surgeon )

### Within 24 Hours

- A surgical plan needs to be documented
- Physio assessment completed
- Spinal Clearance documentation completed
- ASIA Assessment completed (to be completed by Physios and neurosurgeons)
- Trauma Secondary Survey completed
- Occupational Therapy referral
- Physios to refer patient to Spinal Injury Unit
- SLT referral must be completed



