

# Back to Basics



## A guide to the basic care of a Spinal Cord Injury Patient (Outside of specialised SCI Centres)



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### Introduction

Spinal ANPs in the National Rehabilitation have noted an exponential increase in calls from patients, families and healthcare professionals re accessing spinal cord injury / dysfunction (SCI/D) specific care in acute or long-stay hospitals. Areas include autonomic dysreflexia (AD), neurogenic bladder or bowel and skin care.

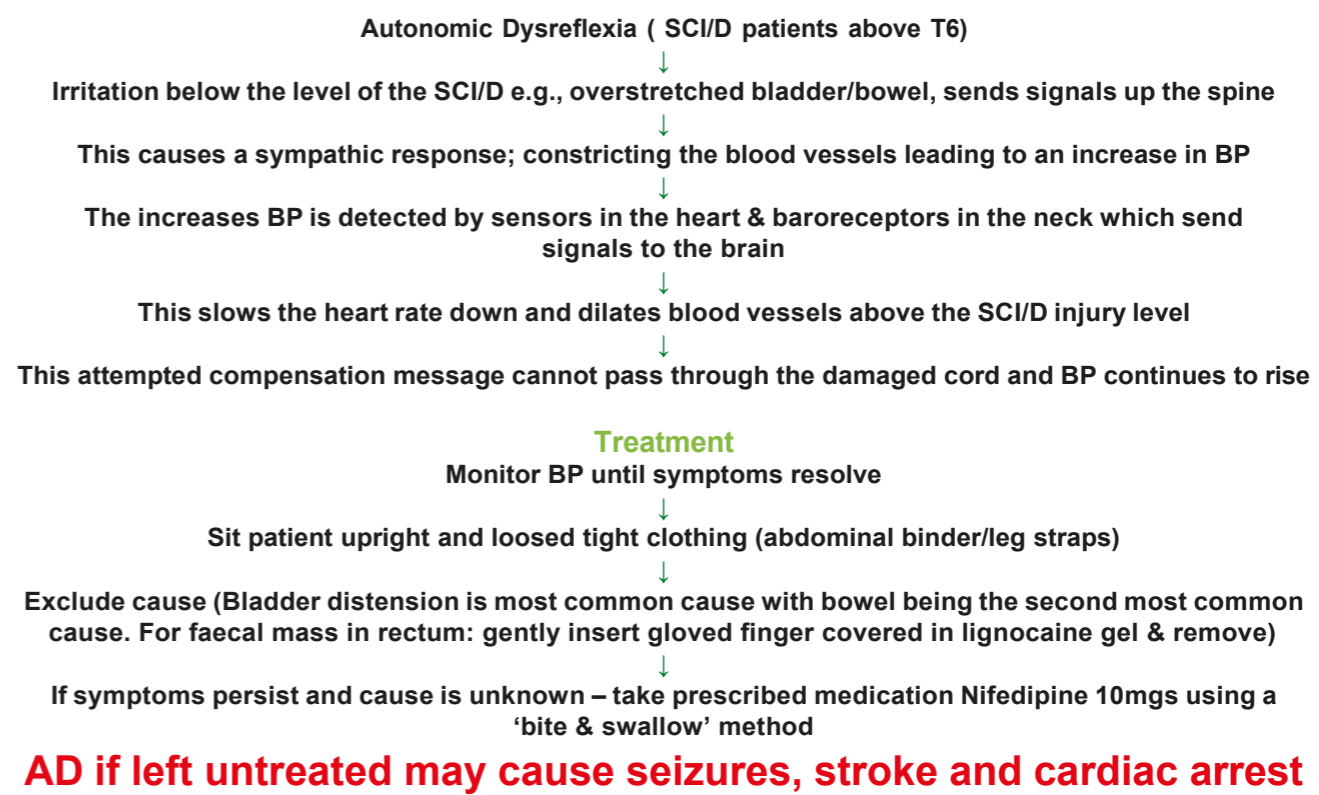
Because SCI/D is relatively rare in the general population, many healthcare professionals may not have experience managing individuals with these disorders, leading to significant secondary complications. These complications are wide ranging and can be a major cause of morbidity in the SCI/D population.

#### Complications that frequently occur in an SCI/D patient

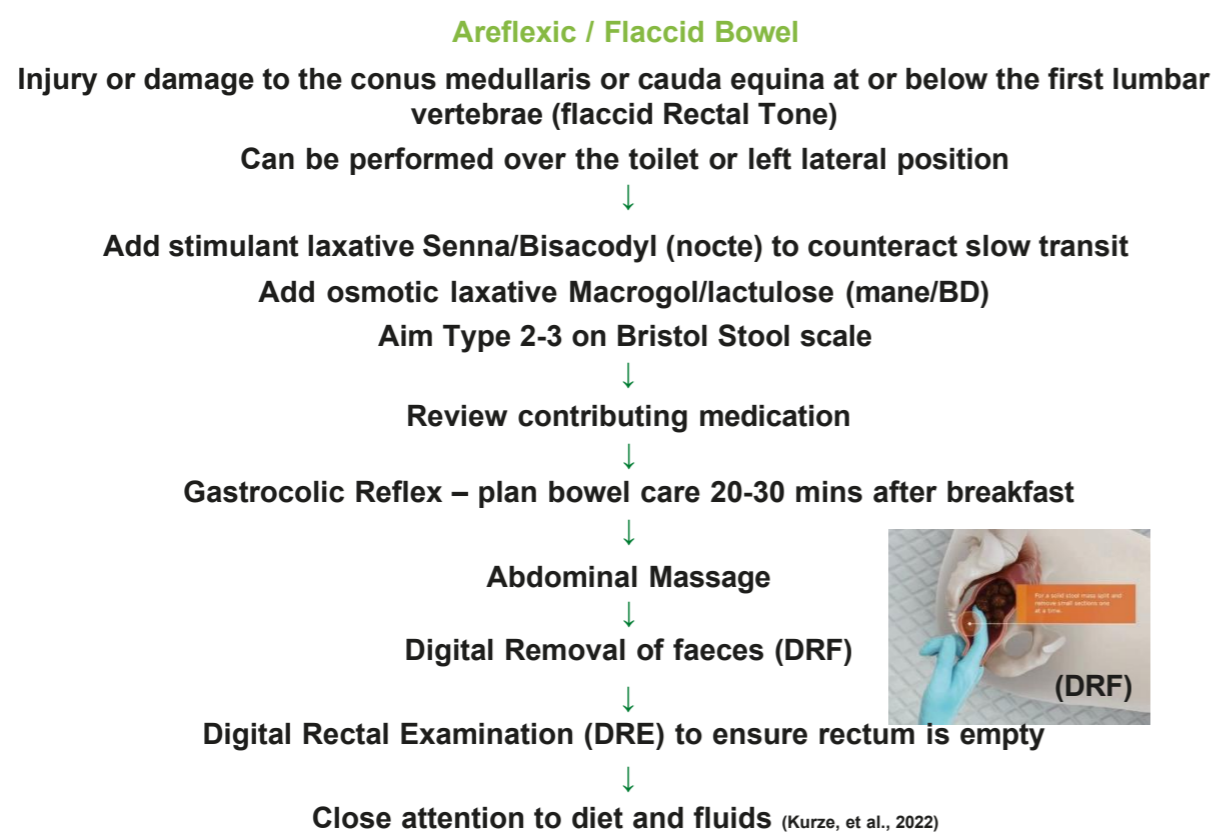
- Autonomic Dysreflexia (AD) in lesions above T6
- Respiratory difficulties; failure / infection / inability to clear secretions
- Pressure injuries / sores
- Deep vein thrombosis
- Neurogenic bowel complications – constipation (causing AD in lesions > T6) & incontinence (causing pressure injuries/sores)
- Neurogenic bladder complications – retention (causing AD in lesions > T6) infection, incontinence

### Autonomic Dysreflexia

AD is a medical emergency which occurs in individuals with a spinal cord injury or dysfunction at the neurological level of T6 or above. It is characterised by the acute elevation of arterial blood pressure and bradycardia/tachycardia. Other symptoms include pounding frontal headache, sweating, blotchy skin above the SCI/D level, anxiety, nasal congestion, blurred vision and goosebumps below the level of the SCI/D. (Allen & Leslie, 2022)



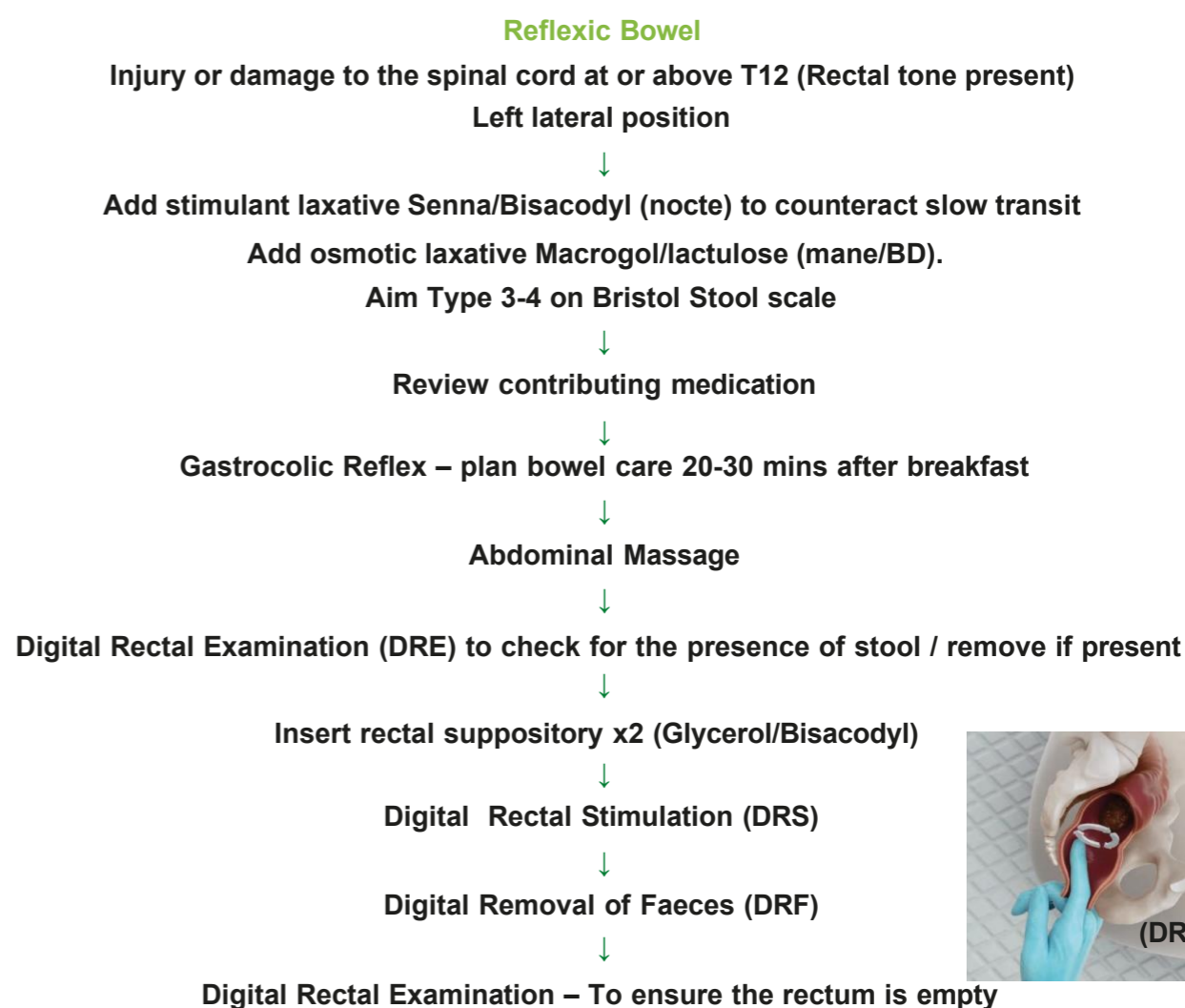
### Neurogenic Bowel Pathway



**NB – Always gain patient consent**

Link to educational video demonstrating the procedure in management of neurogenic bowel care

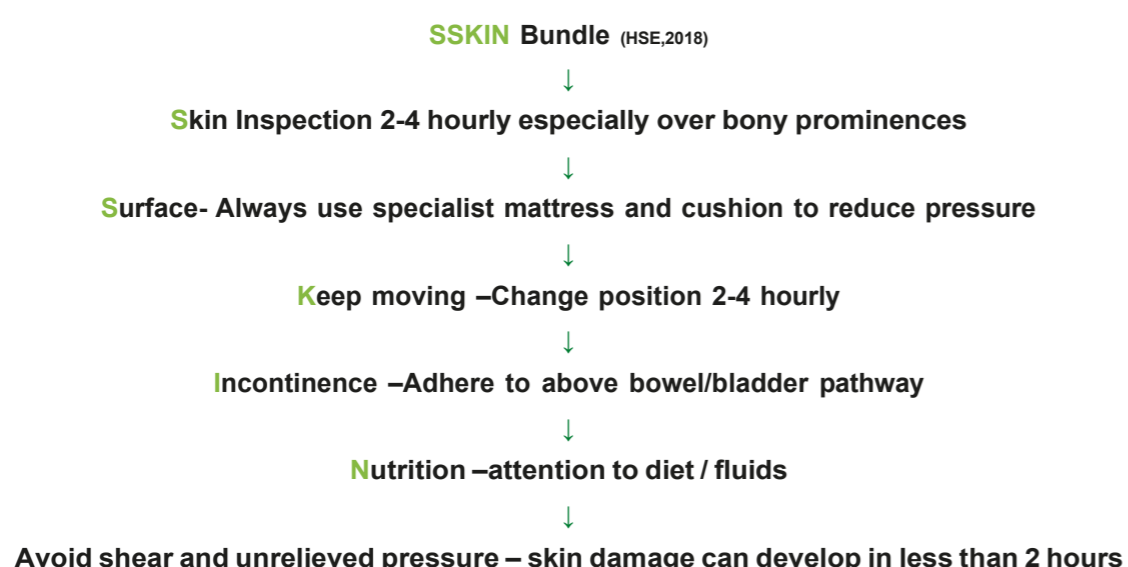
<https://www.nrh.ie/healthcare-professionals/healthcare-professional-disciplines-nrh/>



**NB – Always gain patient consent**

### Skin

A patient with SCI/D may not feel pain where a pressure injury is forming, which means the injury can escalate within hours before anything is noticed. They may not be able to self examine skin or adjust their position, to pressure relieve independently. Early prevention is crucial. (The Ministry of health Quality & Safety Commission, New Zealand, 2021).



### Neurogenic Bladder

Neurogenic bladder – leave catheter insitu unless the patient is competent to self catheterise .

**Most established SCI/D patients are expert in their own care which means it is important to consult with them on managing their care.**

#### Enquiries

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#### References

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- HSE, 2018. Pressure Ulcers to Zero -SSKIN care bundle. [Online] Available at: <https://www.hse.ie/eng/about/who/nqpsd/patient-safety-programme/sskin-care-bundle-example.pdf>
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- The Ministry of Health Quality & Safety Commission Zealand, 2021. Pressure Injury in Spinal Cord Injury: Consensus Statement, s.l.: s.n.