Priorities:

- Manage medical problems
 - Airway, breathing, blood pressure, pain, DVT prophylaxis, bowels, bladder, skin protection, early mobilization, psychosocial, nutrition
- Monitor for autonomic dysreflexia
 - This is a medical emergency- act fast!

Med/Surg Unit and Rehabilitation Management of SCI patient

Med/Surg Unit management of the SCI patient begins with the following tasks



QR code for mobile view

PT/OT

Continue therapies including:

- Early mobility
- Self-care
- FES therapy (if safe/cleared)
- · Equipment/positioning needs

Rehabilitation Consultation

- Guide: bowel, bladder, skin, and tone management
- **Assess** appropriateness and timing of transfer to inpatient rehab program

Medical Management *Optimize*:

- Bladder (cathing vs. voiding program)
- Bowel program
- Pain
- Tone/spasms
- Nutrition

Rehabilitation Services Management

Orthopedic and Rehabilitative Processes

Orthopedic

- Assess for and prevent contractures
- Monitor closely for development of heterotopic ossification
- **Complete** patient/family education on range of motion and equipment to prevent contractures (if indicated)

Rehab Process

- Conduct a family meeting at admission to initiate discharge planning
- Assess WeeFIM (functional scoring) on admission, weekly, and discharge
- **Repeat** ISNCSCI at discharge and for clinical change
- *Establish* SCI education champion and complete patient/family education (SCI Education Binder)

Physiologic Systems

Bladder

- Obtain baseline renal US
- Consult Urology as needed
- Establish voiding/cathing program for bladder health and continence
- *Complete* patient/family education and training on intermittent catheterization (if indicated)

Bowel

- Establish bowel program to manage constipation and promote continence
- **Complete** patient/family education and training on rectal medications and digital stimulation (if indicated)

Skin

- Wean turning schedule as able in preparation for home
- **Complete** patient/family education and training on skin checks and pressure reliefs (if indicated)

Pain

- Adjust pain medication as able
- **Consult** the medical pain service as needed

Tone/Spasms

- Assess and treat tone and spasms
- Complete patient/family education on spasticity, range of motion, and strategies to manage/treat (if indicated)

Cardiovascular

- Treat orthostatic hypotension
- Assess for and educate on autonomic dysreflexia
- Complete patient/family education on cardiovascular changes and management (if indicated)

Respiratory

- Consult pulmonology as needed for home respiratory care plan
- *Involve* respiratory therapy as needed
- **Complete** patient/family education on respiratory changes and management (if indicated)

Therapies

PT/O1

Continue therapies initiated on acute floor and assess for:

- Additional bracing needs
- Mobility and self-care equipment
- Custom wheelchair

Speech Therapy

Evaluate need for (cervical and thoracic-level injuries):

- Breath support
- Respiratory muscle strengthening

Abbreviations:

FES - Functional Electrical Stimulation **ICNCSCI** - International

Standards for Neurological Classification of Spinal Cord Injury Discharge Home

In preparation of discharging the patient, complete the following as indicated:

- Discharge family meeting if indicated
- Patient/family training prior to transfer to the Progressive Care Unit (PCU)
- PCU to practice all cares/skills prior to discharge
- Day pass to community (if able/indicated)

Contact: EvidenceBasedPractice @cmh.edu

Link to: synopsis and references

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