

Guidelines on management and transfer of acute spinal cord injured patients

Queen Elizabeth National Spinal Injuries Unit, Queen Elizabeth University Hospital, Glasgow

We welcome referral of any acute trauma patient with spinal cord injury.
We can also advise on any other spinal injury patient and admit as necessary.
All patients must be assessed by local trauma team.

24 HOUR SERVICE
Telephone 0141 201 1100
Bleep: 17012

1. ASSESS

Acute assessment – resuscitate and stabilise patient.

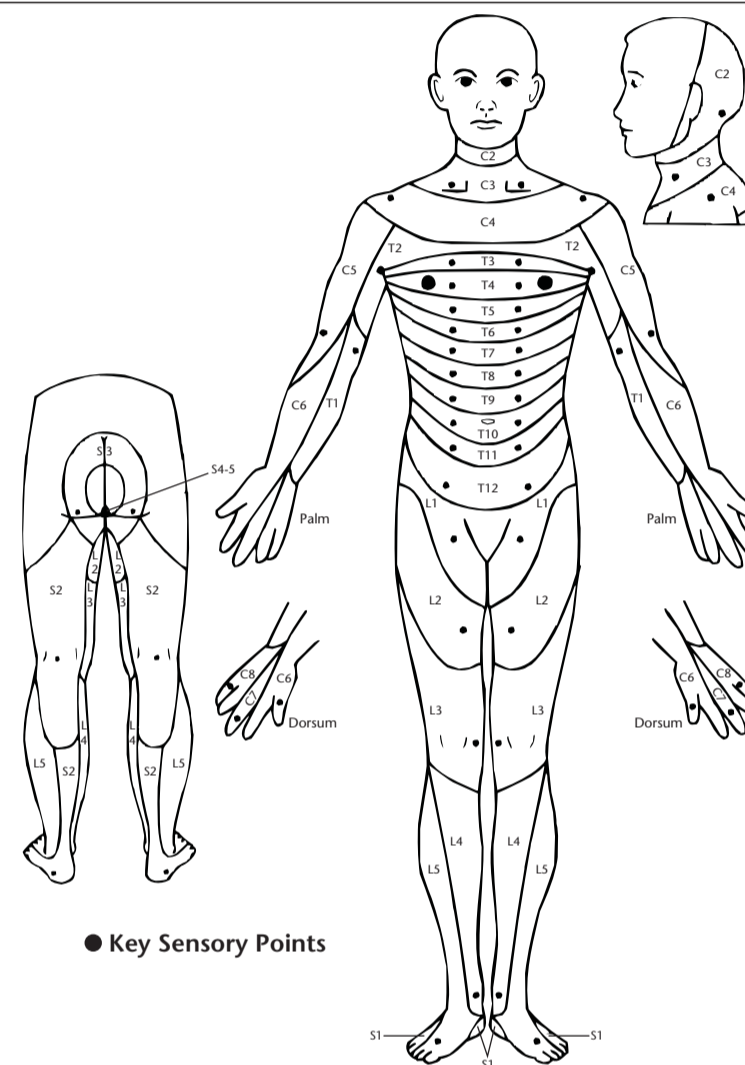
Assess for cord damage – use motor and sensory chart below. (Download the chart at www.spinalunit.scot.nhs.uk)

Neurological Assessment – Motor

	R	L	
C5	<input type="checkbox"/>	<input type="checkbox"/>	Elbow flexors
C6	<input type="checkbox"/>	<input type="checkbox"/>	Wrist extensors
C7	<input type="checkbox"/>	<input type="checkbox"/>	Elbow extensors
C8	<input type="checkbox"/>	<input type="checkbox"/>	Finger flexors (distal phalanx of middle finger)
T1	<input type="checkbox"/>	<input type="checkbox"/>	Finger abductors (little finger)
Upper Limb TOTAL (Maximum)	<input type="checkbox"/> (25)	+ <input type="checkbox"/> (25)	= <input type="checkbox"/> (50)
L2	<input type="checkbox"/>	<input type="checkbox"/>	Hip flexors
L3	<input type="checkbox"/>	<input type="checkbox"/>	Knee extensors
L4	<input type="checkbox"/>	<input type="checkbox"/>	Ankle dorsiflexors
L5	<input type="checkbox"/>	<input type="checkbox"/>	Long toe extensors
S1	<input type="checkbox"/>	<input type="checkbox"/>	Ankle plantar flexors
Lower Limb TOTAL (Maximum)	<input type="checkbox"/> (25)	+ <input type="checkbox"/> (25)	= <input type="checkbox"/> (50)

Voluntary anal contraction (Yes / No)

Neurological Assessment – Sensory



● Key Sensory Points

MIS 243404

2. REFER

Please have the information below available when contacting the Spinal Injuries Unit doctor on duty.

(Download the chart at www.spinalunit.scot.nhs.uk)

Queen Elizabeth Scottish National Spinal Injuries Unit Queen Elizabeth University Hospital, Glasgow		
Referral for Spinal Injury		
Date of referral:	Name:	Age:
Sex:	CHI number:	
Injury date and time:		
DETAILS OF INCIDENT:		
Alcohol or Drugs?:		
Hospital and Ward:	Telephone:	
Consultant:	Telephone:	
Referring doctor:	Page number:	
CLINICAL CONDITION:		
AIRWAY:	CIRCULATION: Pulse	
BREATHING: Spontaneous/Ventilated	BP	
O2 saturation	Fluid support	
Blood Gasses		
SPINAL INJURY DETAILS	OTHER INJURIES	
Spinal Fractures:	Head:	
Sensory Level:	Chest:	
Motor Level:	Abdomen:	
CT or MRI findings:	Limbs:	
	Pressure sores:	
TREATMENTS SO FAR		
PAST MEDICAL HISTORY		
MEDICATIONS		
CHECKLIST		
Spinal immobilisation	<input type="checkbox"/>	H2 blocker <input type="checkbox"/>
Respiratory care	<input type="checkbox"/>	LMW Heparin <input type="checkbox"/>
Pressure area care	<input type="checkbox"/>	Anti-embolism stockings <input type="checkbox"/>
Pegasus/Egerton/Turning Bed Tel 08457342000	<input type="checkbox"/>	C2H5OH withdrawal (sedative and thiamine) <input type="checkbox"/>
Urinary catheter if needed	<input type="checkbox"/>	Tetanus <input type="checkbox"/>
NG tube if needed	<input type="checkbox"/>	MRSA status/Swabs taken <input type="checkbox"/>

3. TRANSFER

The Spinal Unit Doctor will contact you on the evening before or the morning of transfer to review the following points to ensure safe transfer.

- a. Airway is clear and can be maintained during transfer. Recommend – Consider intubation if PCO2 > 6KPA or if respiratory failure likely to develop during a prolonged transfer.
 b. Supplemental oxygen is being administered and ventilation is adequate whether spontaneous or assisted.
 c. Circulation – Haemodynamically stable/secure IV access.
- Immobilisation of the spine is adequate and secure. Recommend – Vacuum mattress recommended for transfer in all cases.
 - Hard collar for actual or suspected cervical cord injury.
 - If spinal board - with appropriate padding.
- Medical (anaesthetist) and nursing escort as indicated
- Insert nasogastric tube if clinically indicated and leave on free drainage
- Indwelling urethral Foley catheter is in situ and draining freely.
- Skin is protected from injury.
- Level of SCI is documented.
- Letter and if possible case notes, together with all imaging and investigation results accompany the individual.

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