EVALUATION**
(motor and sensory)
C2, C3, C4 - Diaphragm
C5 - Elbow flexors
C6 - Wrist extensors
C7 - Elbow extensors
C8 - Finger flexors
L2 - Hip flexors
L3 - Knee flexors
L4 - Ankle dorsiflexors
L5 - Long toe extensors
S1 - Ankle plantar flexors
S2, S3, S4 - Anal sphincter

TREATMENT
1. Establish airway
2. Immobilize spine
3. Record sensory and motor levels
4. Insert Foley catheter
5. Determine weight and allergies
6. I.V. Methylprednisolone protocol. Within 3 hours of injury: 30mg/kg of body weight for the first hour; 5.4 mg/kg/hr of body weight for the next 23 hours. Within 3 to 8 hours following injury: 30mg/kg of body weight for the first hour; 5.4 mg/kg/hr of body weight for the next 47 hours.
7. X-ray spine; consider CT of spine/head
8. Lab work (CBC, Electrolytes, Blood alcohol, Drug screen, Blood gases)
9. Insert N/G tube
10. Stabilize other fractures
11. Refer to specialty hospital for spinal cord injury treatment

QUESTIONS?
To make an outpatient appointment or to get more information on Shepherd Center’s Services, call Shepherd Center at 404-352-2020, Monday - Friday, 8:30 am - 4:30 pm
To make a referral for inpatient admission, please call 1-800-SHEPHERD (743-7437) or 404-350-7345. Faxes can be sent to 404-603-4504.
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RESPONSE TO DYSREFLEXIA **
A post-acute life threatening emergency affecting people with spinal cord injury T-6 or above
Symptoms:
- Headache
- Blotchy Skin
- Stuffy Nose
- Sweating
- Elevated B/P
- Face/Neck/Shoulder: Goose Bumps
- Bradycardia
- Pressure sores
- Ingrown toenails
- Urinary tract infection

Causes:
Most common noxious stimuli:
- Bladder distention
- Pressure sores
- Constipation
- Ingrown toenails
- Pressure on the skin
- Urinary tract infection

Treatments:
- Sit up straight & loosen tight clothing
- Catheterize
- Remove stool from rectum manually using Lidocaine ointment
- Check skin for cause of pressure
- If B/P is still not lowered, administer Procardia 10 mg bite and swallow (may repeat in 15-20 minutes if necessary.)
- Continue to monitor for noxious stimuli

If the patient is pregnant and labor is imminent, dysreflexia may develop and is life threatening to mother and fetus.
Rancho Los Amigos Levels

Level 1 - (No Response)
Unresponsive to touch, pain, auditory or verbal stimuli.

Level 2 - (Generalized)
Inconsistent, non-purposeful responses and/or reactions to painful stimuli.

Level 3 - (Localized Response)
Inconsistent reaction directly related to type of stimulus presented (i.e. touch, pain, auditory or verbal).

Level 4 - (Confused, Agitated)
Disoriented and unaware of present events with frequent inappropriate behavior (i.e. may yell, hit or bite); attention span is short and ability to process information in significantly impaired.

Level 5 - (Confused, Inappropriate, Non-agitated)
Non-purposeful, random or fragmented responses when asked to do tasks that may be difficult; patient appears alert and responds to simple commands; performs previously learned tasks, but is unable to learn new ones.

Level 6 - (Confused, Appropriate)
Behavior is goal-directed; responses are appropriate to the situation with incorrect responses because of memory difficulties.

Level 7 - (Automatic, Appropriate)
Correct routine responses that are robot-like; appears oriented to setting, but insight, judgment and problem solving are poor.

Level 8 - (Purposeful, Appropriate)
Correct responses, carryover of new learning; poor tolerance for stress; some abstract reasoning difficulties. Insight, judgment and problem solving require Minimum assist to supervision.

Level 9 - (Purposeful, Appropriate)
Able to shift attention and use memory aids. Insight, judgment, problem solving and self-monitoring require stand-by assistance.

Level 10 - (Purposeful, Appropriate)
Independently uses strategies if needed for memory, attention, judgment, problem solving and self-monitoring. Aware of strengths and weaknesses.