TREATMENT

1. Establish airway.
2. Immobilize spine.
3. Record sensory and motor levels.
4. Insert Foley catheter.
5. Determine weight and allergies.
6. Optional: Administer I.V. Methylprednisolone protocol (if this follows the trauma center’s protocol).
7. X-ray spine; consider CT of spine/head.
8. Order lab work (CBC, electrolytes, blood alcohol, drug screen, blood gases).
9. Prevent skin compromise by padding bony prominences and repositioning the patient every two hours.
10. Insert N/G tube.
11. Stabilize other fractures.
12. Refer to specialty hospital for spinal cord injury treatment.

SENSORY EVALUATION

MOTOR EVALUATION

C2, C3, C4 - Diaphragm
C5 - Elbow flexors
C6 - Wrist extensors
C7 - Elbow extensors
C8 - Finger flexors
T1 - Finger intrinsics
L2 - Hip flexors
L3 - Knee extensors
L4 - Ankle dorsiflexors
L5 - Long toe extensors
S1 - Ankle plantar flexors
S2, S3, S4 - Anal sphincter

MAKE A REFERRAL

Contact Shepherd Center’s admissions team to make a referral for patients with a spinal cord injury, brain injury, stroke or neuromuscular diagnosis.

Visit shepherd.org/admissions for more information or call our admissions department at 404-352-2020.

Source: International Standards for the Classification of Spinal Cord Injury; Diagram created by the American Spinal Injury Association (www.asia-spinalinjury.org)
### DYSREFLEXIA*

Dysreflexia is a life-threatening emergency that may affect people with spinal cord injury at T-6 or above.

**Signs and Symptoms:**
- Sudden headache
- Stuffy nose
- Blotchy skin
- Sweating
- Elevated B/P
- Flushing in the face/neck/shoulder
- Bradycardia
- Goose bumps

**Causes:** The most common noxious stimuli are:
- Bladder distention
- Pressure ulcers
- Constipation
- Ingrown toenails
- Pressure on the skin
- Urinary tract infection

**Treatments:**
- Sit up straight and loosen tight clothing.
- Catheterize or check for obstruction in bladder drainage system.
- Remove stool from rectum manually using Lidocaine ointment.
- Check skin for cause of pressure.
- If blood pressure is not lowered, consider administration of anti-hypertensive medication, such as Procardia 10 mg.
- Continue to monitor for noxious stimuli.

* If the patient is pregnant and labor is imminent, dysreflexia may develop and is life-threatening to the mother and fetus.

### URINARY TRACT INFECTION

In the patient with spinal cord injury, the indications for obtaining a culture and treating with antibiotics are:
- Fever above 101 degrees F
- Blood in urine (hematuria)
- Bladder program change (e.g., leaking or not draining)

### RESPIRATORY ISSUES

If the patient has an open airway and underwent rehabilitation at Shepherd Center, ask the patient if they have a copy of their most recent chest X-ray and vital capacity measurement available on flash drive. Use this X-ray as a baseline because the patient with spinal cord injury may not have a normal X-ray at baseline.

Also, ask the patient if he/she has a history of sleep apnea. If so, they may be sensitive to pain and sleep medications that could cause respiratory failure.