



Spinal Cord Injury in Trauma Units

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RELATED INFORMATION	

PRESENTATION OF ISOLATED SPINAL CORD INJURY IN TRAUMA UNITS

Introduction

Evidence of a significant spinal cord deficit is an indication for triage by the Ambulance Crews to the nearest Major Trauma Centre. However, some patients with isolated Spinal Cord Injury may still present at the Trauma Units.

Local and National Policies indicate that patients with an isolated spinal cord injury should if possible be transferred directly to the Spinal Cord Injury Centre (SCIC) and not to the MTC. Clearly this will be of significant benefit to the patient in avoiding unnecessary transfers and will also avoid increasing pressure on MTC beds.

There are, however, a number of considerations when trying to define the appropriate pathway for particular groups of isolated spinal cord injury. In this document it is assumed that investigations have already been undertaken to be certain (as much as possible) that the spinal cord injury is indeed isolated; for example CT chest, abdomen, pelvis have been undertaken in a traumatic injury to exclude intra thoracic or intra abdominal injuries. The considerations are :-

- 1. Patient must have significant evidence of spinal cord injury.**

2. **Patients with spinal cord injury and a spinal column injury which might benefit from surgical intervention.** Imaging and complete clinical description including neurological examination (via and ASIA chart) will be sent by the trauma unit to the SCIC. This will be discussed with the Spinal Surgeon at the SCIC (01642 850850, Spinal Reg On Call). If they do not have the capacity to undertake spinal surgery and admit then the case must be discussed with the nearest MTC (JCUH: 01642 850850, RVI: 0191 633 6161, Spinal Reg On Call). If the Spinal Cord Injury Centre / Spinal surgeon agrees that surgical intervention would be in the patient's best interest then the patient will either:-
 - a. If the Spinal Cord Injury Centre has the capacity to undertake spinal surgery then the patient will be transferred to the Spinal Cord Injury Centre.
 - b. If the Spinal Cord Injury Centre does not have the capacity to undertake spinal surgery then the patient will be transferred to the nearest MTC.

3. **Patients with spinal cord injury in whom surgical intervention is not thought to be indicated**, after a review of imaging and clinical condition by the Spinal Cord Injury Centre / spinal surgeon. These patients will follow one of the following pathways :-
 - a. The patient is unquestionably going to benefit from rehabilitation. The patient should be transferred expeditiously to the SCIC.
 - b. The patient is unlikely to benefit from rehabilitation. These patients would be assessed more carefully by the Spinal Cord Injury Centre, including outreach visits by liaison staff or medical staff. In the absence of an indication for surgical intervention urgent transfer is less necessary.
 - c. No patient with isolated spinal cord injury in whom surgery is not indicated should be transferred from a trauma unit to the Major Trauma Centre. If it is felt that a patient would not benefit from Spinal Cord Injury Centre rehabilitation then arrangements should be made to discharge directly from the trauma unit to maintain access for family and friends.

It may be that the Spinal Cord Injury Centre is not able immediately to admit patients in whom admission is thought appropriate. However, this is not an indication to transfer the patient to the MTC unless it is indicated in the protocols above. Out reach from the Spinal Cord Injury Centre will be made to the Trauma Unit.