

PRESENTATION OF ISOLATED SPINAL CORD INJURY IN ADULTS

Introduction

Patients involved in major trauma with an associated spinal cord injury should be triaged and transferred to the nearest Major Trauma Centre. However, some patients with isolated Spinal Cord Injury may still present at the Trauma Units.

There are a number of considerations that define the appropriate pathway for particular groups of patients with 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 Trauma Pan CT to exclude other injuries.

The considerations are :-

1. Patient with evidence of spinal cord injury.

Imaging and a thorough clinical description including neurological examination, via an ASIA chart, should be completed.

2. Patients with spinal cord injury and a spinal column injury which may benefit from surgical intervention.

If the patients imaging and clinical correlation dictates a requirement for spinal surgery, then the patient should be transferred to the nearest hospital that offers acute spinal surgery and can fix a spinal column injury.

3. Patients with spinal cord injury in whom surgical intervention is not indicated.

After a review of imaging and clinical condition by the Spinal Cord Injury Centre, these patients will require a full rehab assessment.

A full assessment of rehabilitation needs should be carried out by the local clinical team including impact of injury on physical, psychological and psycho-social functioning with consideration of functional impairments caused by loss of motor function, sensation including risk of pressure sores, effect of SCI on bowel and bladder function. Also consider the individual impacts on the person's life including family and social circumstances and employment and usual hobbies and interests. A rehabilitation prescription, including specific goals and aims should be completed.

The patient will then likely follow one of the following pathways :-

- a. The patient should be referred within 24 hours to the SCIC via the National Spinal Cord Injury Database, to establish a partnership of care. A telephone assessment will be undertaken by the SCIC Consultant followed by an outreach visit by liaison staff if required. <https://nww.mdsas.nhs.uk/spinal/login.aspx>
- b. If unclear whether the patient will benefit from transfer for rehabilitation or if further information is required, ongoing review will take place. Progress with rehabilitation goals should be recorded by the clinical team, proactive bowel bladder and pressure management protocols should be followed with ongoing liaison with the SCI outreach team as needed.

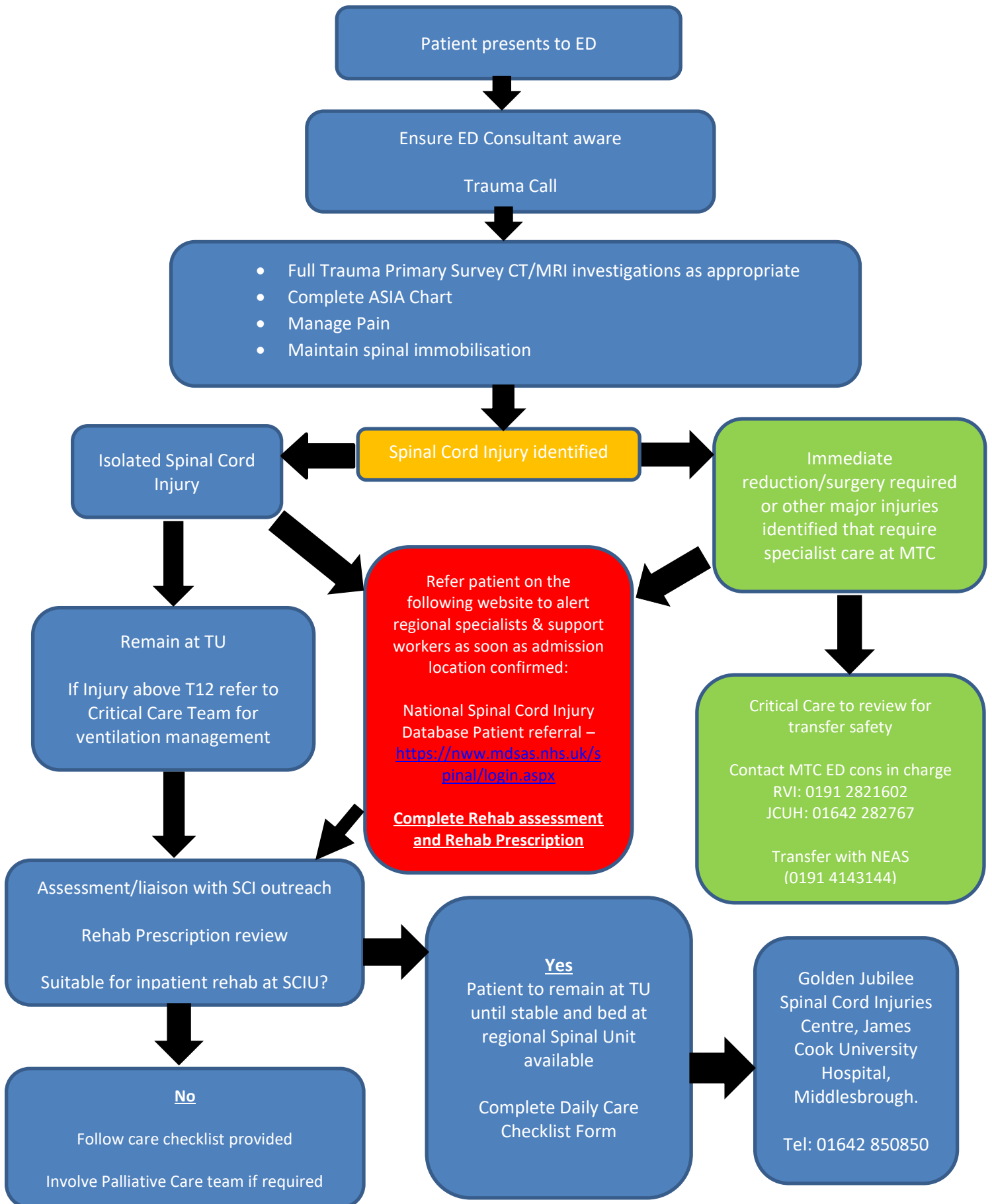
The patient with an isolated spinal cord injury, where surgery is not indicated, should **not** be transferred from a Trauma Unit to the Major Trauma Centre without liaison with the SCIU team. If it is decided, after a SCI team assessment, that a patient would not benefit from Spinal Cord Injury Centre rehabilitation, then local rehabilitation should continue and progress with rehabilitation goals and be recorded by the clinical team, with ongoing liaison with the SCI outreach team as needed. Arrangements should be made to discharge directly from the trauma unit. If deemed appropriate by the SCI Consultant outpatient review may be offered following discharge.

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. Outreach from the Spinal Cord Injury Centre will be made to the Trauma Unit.

Further information/contacts

Spinal Reg on call at JCUH - 01642 850 850
Spinal Reg on call at RVI - 0191 633 6161
NEAS Ambulance Transfer – 0191 414 3144

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RELATED INFORMATION	



Patient presents to ED

Ensure ED Consultant aware

Trauma Call

- Full Trauma Primary Survey CT/MRI investigations as appropriate
- Complete ASIA Chart
- Manage Pain
- Maintain spinal immobilisation

Isolated Spinal Cord Injury

Spinal Cord Injury identified

Immediate reduction/surgery required or other major injuries identified that require specialist care at MTC

Refer patient on the following website to alert regional specialists & support workers as soon as admission location confirmed:

National Spinal Cord Injury Database Patient referral – <https://www.mdsas.nhs.uk/spinal/login.aspx>

Complete Rehab assessment and Rehab Prescription

Critical Care to review for transfer safety

Contact MTC ED cons in charge
RVI: 0191 2821602
JCUH: 01642 282767

Transfer with NEAS
(0191 4143144)

Remain at TU

If Injury above T12 refer to Critical Care Team for ventilation management

Assessment/liaison with SCI outreach

Rehab Prescription review

Suitable for inpatient rehab at SCIU?

No

Follow care checklist provided

Involve Palliative Care team if required

Yes

Patient to remain at TU until stable and bed at regional Spinal Unit available

Complete Daily Care Checklist Form

Golden Jubilee Spinal Cord Injuries Centre, James Cook University Hospital, Middlesbrough.

Tel: 01642 850850