

Why do I need this guide?

People with spinal cord injury (SCI) have specific needs and are at higher risk of some complications. SCI is a relatively uncommon condition, and staff at the healthcare facility where you are admitted may be unfamiliar with the management of some of these complications.

This guide aims to help you or your family / carer advocate and direct your care whilst you are in hospital to prevent and address some of these complications. Most health professionals will have the expertise to manage these issues if alerted to your needs.

It is important for you to share the following information with your family/carers so that they are able to advocate for you in the event that you are too unwell on admission to hospital to communicate your needs to hospital staff.

What am I likely to be admitted to hospital for?

In general, you may be admitted to hospital because:

You have an illness or complication that cannot be adequately treated at home. For example, autonomic dysreflexia, urinary tract infection (UTI), pneumonia, pressure areas, a fall that has resulted in injury, heart attack or stroke.

Your specialist has planned an admission around a procedure. For example shoulder or hand surgery, bladder or kidney surgery, sleep study, colonoscopy, Caesarean section.

What complications can develop and what should I do to prevent them?

Autonomic Dysreflexia (AD)

AD is a condition which causes a sudden rise in blood pressure which can lead to bleeding in the brain, fitting and even death. It can be triggered by a painful stimulus below the level of your injury that may have caused your admission eg a UTI or bowel problem.

It is important that your treating team is aware of your risk of AD.

You should obtain an AD Medical Emergency Treatment Card that alerts your health providers to the identification and treatment of this condition.

Skin Breakdown and Joint Problems

When you are unwell you are at high risk of developing skin breakdown, which may take a long period of bed rest to heal. Inappropriate equipment and mattresses may contribute to skin breakdown.

If skin breakdown occurs, make sure that you remove pressure from the area until it heals. If you are worried, ask the hospital team to contact the plastics team or spinal unit for further advice on management.

Joint stiffness due to prolonged bed rest can impact on your function and skin.

When you are in hospital or planning an admission, you should ask the hospital team for (or consider bringing in):

- a pressure relieving mattress;

- equipment such as a padded shower commode seat and hoist sling;
- positional changes every 2-3 hours and skin checks twice daily;
- appropriate transfers;
- stretching and positioning program to prevent joint stiffness.

Problems with Bladder Management

Self-catheterising may be difficult to continue because you are too unwell, or if you have been prescribed a high fluid intake. You may need a temporary indwelling catheter inserted. Remember that your leg bag needs to be emptied when it becomes full.

The aim is to ensure that you continue to maintain good hygiene to prevent the development of any urinary tract infections and catheter blockages.

Problems with Bowel Management

A hospital admission may result in a change to your diet and bowel routine which can lead to constipation, bowel accidents and AD.

Ask the hospital team whether you can:

- maintain your usual routine;
- take your medications at the correct time;
- have a diet that is closest to your normal diet;
- see a dietician if you are having problems consuming enough fibre.

Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE) and Pneumonia

You are at risk of developing blood clots in your veins – *deep venous thrombosis (DVT)* when you are unwell and on bed rest. Common signs of DVT include leg swelling, and redness, pain and fever. This can be life threatening if untreated as clots can dislodge and travel to the lungs, causing a *pulmonary embolus (PE)*.

Lying down for longer periods than usual, or having had an operation and an anaesthetic, can also make you vulnerable to developing chest infections (*pneumonia*). Ask to see a physiotherapist for inspiratory exercises and assistance to clear your secretions if you need it.

On admission, you may be put on an injection of a small dose of blood thinner (Clexane or Heparin) which is effective in preventing *DVTs* if started early. Your individual risk of bleeding needs to be assessed before it is prescribed by your doctor. Report any early feelings of shortness of breath early.

Problems with regulation of Blood Pressure and Temperature

Temperature: If you have problems regulating your temperature (not being able to shiver or sweat), ask to have your temperature checked regularly.

Blood Pressure: If your blood pressure drops (e.g. you feel dizzy when getting up) when first mobilising, limit your sitting time, gradually increasing it as tolerated.

PLANNING FOR DISCHARGE

After a hospital admission, you may not have fully returned to your normal function. You may need additional care. Think how this illness has impacted on your function and ability to go home and ask to be actively involved in discharge planning. Ask how recovery of any lost function can be maximised.

Issues to discuss with your team include:

Personal care changes – contact your care agency or carers to see if they can provide increased levels of care. Certain government services can provide temporary care as more permanent measures may be more difficult to organise and have long waiting lists. Early planning is important.

Therapy requirements – you may need nursing, physiotherapy or occupational therapy on discharge. Short-term rehabilitation programs provided at home may be available.

Specialised requirements – changes in your care such as insertion of breathing or feeding tubes require specialised training of carers, which you should ask your team to organise.

Equipment – may need modification or re-prescription if a problem has been noticed.

Encourage your hospital team to contact specialised services or the spinal units at Prince of Wales Hospital or Royal North Shore Hospital for advice.



*What to do when
you are
hospitalised*

**A Guide for People with
Spinal Cord injury**