

Orderset Options for New Spinal Cord Injuries

Bladder training (choose one of the following, either /or)

If foley has been in > 3 weeks:

1. Clamp foley x 24-48 hours
2. Bladder scan at 2 hours, 3 hours and 4 hours.
3. Unclamp when > 400 mo or at 4 hours
4. If > 900 ml in 4 hours, do not clamp and leave to gravity drainage

If foley has been in < 3 weeks

5. DC foley
6. Trial void at 3 and 4 hours
 - a. Bladder scan after each void
 - i. If residual > 400 ml straight cath
 - ii. If residual > 900 ml replace foley
7. If no UO with void trial, at 3-4 hours bladder scan
 - a. If > 400 ml straight cath
 - b. If > 900 ml replace foley
8. Plan for void or cath every 3-4 hours if UO significant
9. Plan for void or cath every 4-5 hours if not
10. Transition from nurse cath to patient cath when:
 - a. Pt seems mentally ready
 - b. Pt can physically manage catheters and procedure

Bowel training (choose one of the following, either/or)

Nursing instruction: Bowel cares for Upper motor neuron injury:

11. Primary goal is regular BM with no accidents
12. Daily suppository with digital stimulation
13. Do bowel cares after a meal, often preferred after supper
14. Use gravity on commode as much as possible vs bedpan
15. Assess stools frequently to keep softer, not hard, and document this carefully

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- a. Utilize fluids, fiber, or laxatives to keep stools appropriate consistency. Call APP if questions.
16. Watch for signs of impaction and abdominal distention if any concerns discuss with APP

Nursing instruction: Bowel cares for Lower motor neuron injury:

- b. Pt will have no sphincter tone or control of bowels
- c. Stool bulkage essential to include fiber and assure adequate hydration

Autonomic Instability: (Found in T6 injuries and above) Observe for possible: sharp increase in HR, RR, or BP, diaphoresis and/or anxiety.

- i. Call APP/MD immediately
- ii. FIND TRIGGER and sit patient UPRIGHT. Document and communicate with treatment team when trigger is found.
 1. Pain,
 - a. Assess for ANY noxious stimuli (laying on something, sheets twisted)
 - b. Loosen clothing, blankets
 2. Pain with wounds
 - a. Treat with pain medications even if injury is below level of sensation
 3. Evaluate if the patient needs bowel movement
 - a. Digital check, manual evacuation
 4. Evaluate if pt needs to urinate
 - a. Check catheter patency
 - b. Bladder scan or I&O cath
 5. Compression of body part in position or wrapped in something
 - a. Loosen clothing, blankets

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Other Resp/nursing orders:

-----Incentive spirometry

---- Cough deep breath exercise

if weak cough Quad cough as needed

---- Fetter valve/Acapela

----Rooke boots

iii. Check foot placement often

iv. Wear at all times except 30 min rest q 8 hours.

----- Range of motion to be done q shift by nursing staff

Consults:

Physical therapy

Occupational therapy