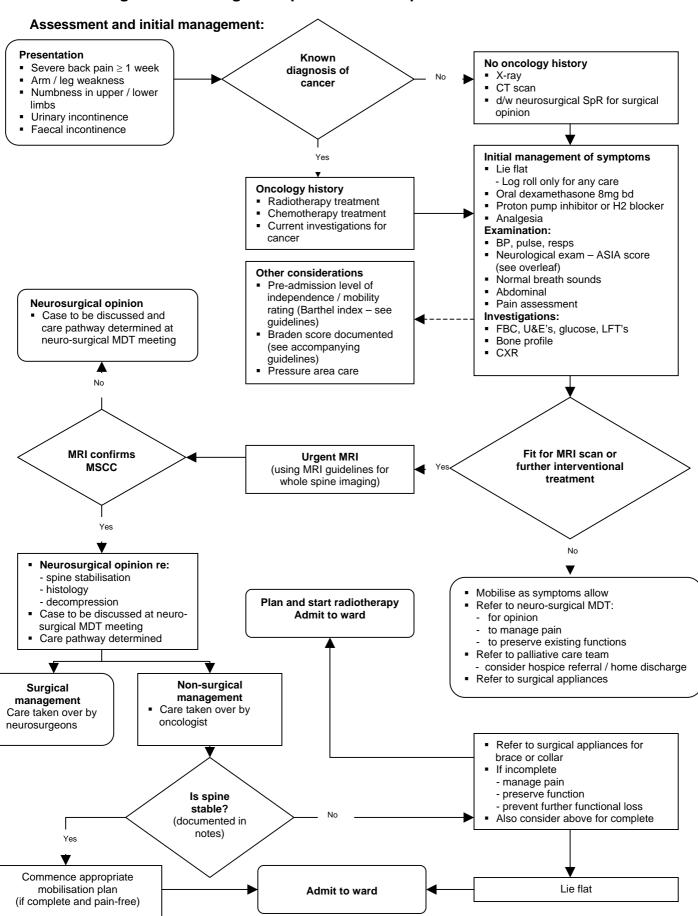
Barking, Havering and Redbridge Hospitals Miss

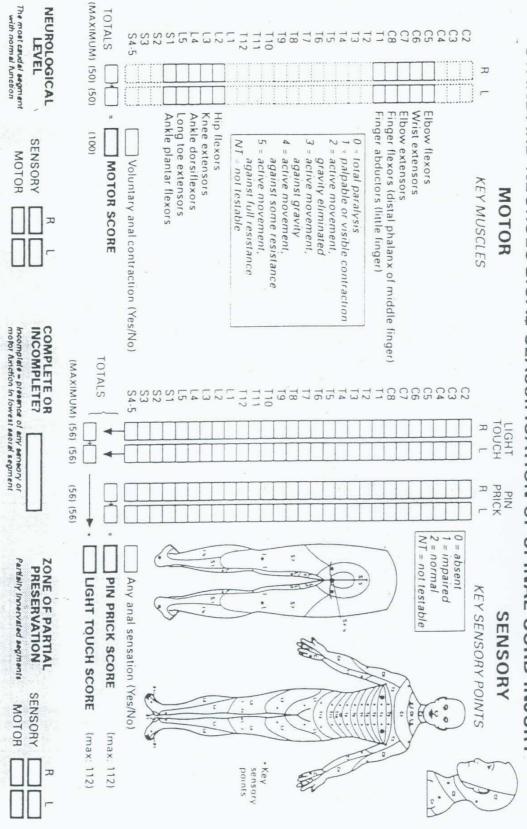


NHS Trust

Acute Management of Malignant Spinal Cord Compression



STANDARD NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY PIZ



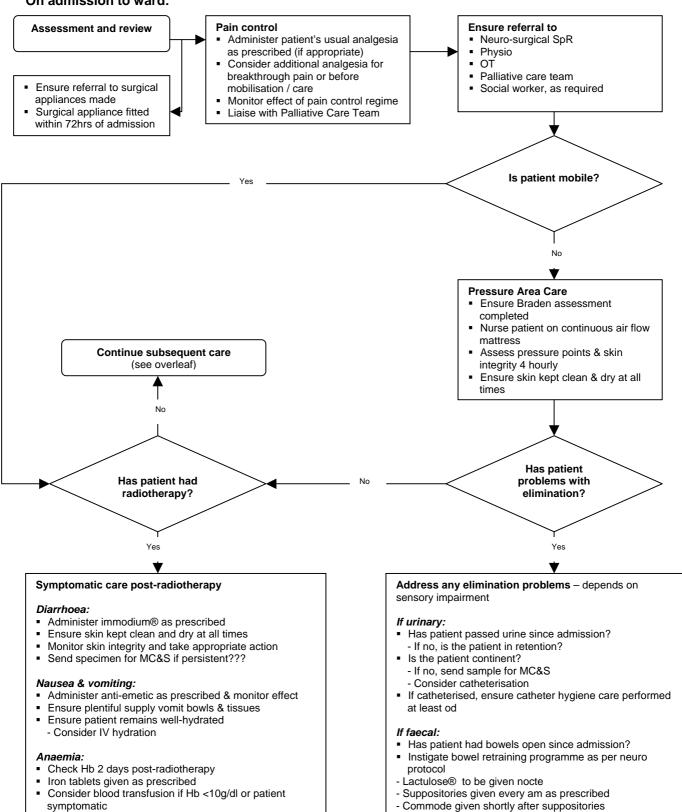
Barking, Havering and Redbridge Hospitals Miss



NHS Trust

Acute Management of Malignant Spinal Cord Compression

On admission to ward:



Continue subsequent care (see overleaf)

Subsequent care:

- Review on a daily basis
- May happen concurrently

Pain control

- Reviewed daily
- · Liaison with palliative care teams

Assistance with ADL's

Hygiene:

- Assist where appropriate
- Catheter care as appropriate

Nutritional needs:

- Encourage high fibre diet and plenty of fluids
- Liaise with dietician as appropriate

Elimination needs:

- See overleaf

Spiritual needs:

- Refer to chaplain as requested

Psychological needs:

- Refer to psychotherapist if requested

Sleeping:

- Ensure patient gets plenty of rest

Discharge planning

To commence on admission

Palliative care team:

- Ensure patient and family / carer educated re: pain control regime
- Refer to community palliative care teams as appropriate
- Refer to hospice as indicated

OT.

- Assessment of functional ability +/- recommendations for equipment care package or further therapy required
- Assessment of home environment with input from existing carers.
- Home visit only if appropriate. (i.e. inadequate information re: home situation)

Physio:

- Assessment of mobility +/- recommendations for mobility aids or further therapy
- Input needed as required.

Ward staff:

- Refer to rehab / convalescence as appropriate
- Ensure social services in place as required
- GP letter written
- DN referral completed
- TTA's explained to patient and family / carer
- Transport arrangements checked and booked 24hrs in advance

Steroid regime:

- When neurologically stable or radiotherapy completed commence steroid reduction plan (see accompanying guidelines)
- Reduction rate will depend on total duration of steroid treatment
- If neurological function deteriorates with reduction return to previous dose and when stable attempt reduction at slower rate

Mobilisation plan

To be determined by physio and OT

Freely mobile / independent transfers +/- aids:

No brace indicated

Mobile with brace:/ assisted transfers +/- aids:

- Log roll to apply brace
- Check pressure points around brace
- Brace can be removed when patient in bed

Immobile / nil transfers or mobility:

- Bedrest
- Log roll for all care
- Nurse patient on continuous air flow mattress
- Ensure regular pressure areas care given