

AIM STATEMENT

Educate SCI patients and caregivers on the acute floor on bowel/bladder programs, wounds, functionality, and ensure they have SCI follow up at discharge.

INTRODUCTION

Spinal cord injury (SCI) patients require extensive care depending on their levels of injury. These new deficiencies make it difficult to perform vital activities of daily living. Many of these patients and caregivers never receive education to manage concerns related to bowel/bladder function, wounds, and functional mobility. Given some of these patients may not qualify for an inpatient rehabilitation stay, it is essential that all patients have proper SCI education and follow up post discharge.

MATERIALS & METHODS

Once a SCI patient's acute disease course stabilizes, the primary team will place a consultation for rehabilitation clinic nurse specialist. This can be in addition to consultation for inpatient rehabilitation, as patients would benefit from early SCI education. Since SCI patients are primarily on the surgical and neurological units, the unit's recurrent medical providers and nurse and case managers were informed of this consultation process to help ensure consultation is placed. Upon consultation, the rehab clinical nurse specialist will implement bowel/bladder, wound, and functional education while communicating with nursing staff and case management how best to augment these processes. An outpatient appointment will be made in the SCI rehabilitation clinic prior to discharge.

Early Initiation of Spinal Cord Injury Education

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AD is a medical emergency! home, call 911 or go to the

DISCUSSION

SCI patients and caregivers require specialized care and education involving bowel/bladder function, wounds, and functional mobility. It is important this education is done early in the patient's injury course to prevent urological complications, wound formation, and maximize safe functional mobility. Additionally, it is crucial for patients to have consistent follow up with an SCI specialist in order to monitor and continue treatment of injuries. There are additionally patients in the community setting who need further SCI education. These patients (7 in total) were able to meet with our SCI Nurse Specialist for further SCI education. We also further collaborated with neurosurgery for creation of follow up appointments for patients status post surgery for procedures including cervical myelopathy and scoliosis. For these patients, follow up appointments are made in PM&R clinic 6 weeks post-op for further SCI care to identify additional SCI needs that may arise, such as bowel, bladder, and spasticity management. This has the goal of improving transitions of care, continuation of care, increase patient satisfaction, and decrease patient readmission.

CONCLUSION

By initiating early SCI education and follow up, patients and caregivers can be properly educated on SCI needs in order to better understand their diagnosis and maximize their quality of life with their new injury.