Care of the potentially paralysed & paralysed patient: **nursing aspects**

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So where did we go wrong?

- Failure to recognise the symptoms
- Failure to act on the symptoms
- Failure to inform the patient

- ✓ Role of the nurse in education of other professionals.....recognition of signs and understanding of the pathway of care.
- ✓ Communicating symptoms & risks
- ✓ Linking into the MSCC co-ordinator
- ✓ Fear of getting it wrong

So where did we go wrong?

- Care of the threatened spine

- ✓ Nurses need to be familiar with the care of the patients with a threatened spine
  - ✓ Nursed flat with neutral spine alignment
  - ✓ Log rolling
  - ✓ Management of the patients ADL's
  - ✓ Use of Dexamethasone

So where did we go wrong?

- Supportive care
  - Thromboprophylaxis treatment

✓ Anti embolism stockings

✓ Low molecular weight heparin

So where did we go wrong?

- Supportive care
  - Management of pressure ulcers…….or better still prevention of!

✓ Risk assessment using recognised tool

✓ Pressure relief every 2-3 hours

✓ Promptly provide pressure relieving devices

✓ Refer to NICE guidelines

(The use of pressure relieving devices for the prevention of pressure ulcers. Clinical guideline 7 & The management of pressure ulcers in primary & secondary care. Clinical guideline 29)

So where did we go wrong?

- Supportive care
  - Bladder & bowel continence management

- ✓ Assess bladder & bowel function on initial presentation & start a plan of care
- ✓ Monitor at least daily for changes in bladder & bowel function (incontinent of urine on admission)
- ✓ Manage urinary incontinence initially with urinary catheter
- ✓ Take account of patient preferences
- ✓ Oral or rectal laxatives/constipating agents
- ✓ Diet modification

So where did we go wrong?

- Access to specialist rehabilitation and support

- ✓ Nurses often facilitate access to the multi-disciplinary team
- ✓ Discharge planning should start on admission
  - ✓ Patient
  - ✓ Family
  - ✓ Community team
  - ✓ Specialist palliative care (if required)
- ✓ Nurses should offer relevant training & support prior to discharge home (medication, catheter care, nutritional support, transfer skills in partnership with AHP's)
- ✓ Excellent communication between secondary & primary care to facilitate timely discharge & smooth transition of care
- ✓ Key worker?

After being admitted to hospital Arthur introduced me to his sons. His words will always remain with me……

"this is Chris……..she is the person who gets things done around here"

So what will you do?