

Deep Venous Thrombosis (DVT), Pulmonary embolus (PE) and pneumonia

When you are unwell and are spending a longer time in bed, you are at risk of developing blood clots in your veins (DVT). You may have a more swollen leg and a fever or there may be no signs at all. This can be life threatening if the clots dislodge and travel to the lungs, causing a pulmonary embolus (PE). Lying down for a longer period than usual, having had an operation and an anaesthetic can also make you vulnerable to developing chest infections (pneumonia).

On admission, ask if you are being put on an injection of a blood thinner (Clexane or Heparin) which is safe and effective in preventing DVTs if started early. Your risk of bleeding will need to be individually assessed before it is prescribed by your doctor. Ask to see a physiotherapist for advice regarding inspiratory exercises and if you require assistance to clear your secretions. Report any early feelings of shortness of breath.

Problems with Blood Pressure and Temperature Regulation

You may already be susceptible to problems with regulating your blood pressure (e.g. feeling dizzy when getting up) or temperature (not being able to shiver or sweat).

In hospital, ask to have your temperature monitored regularly. When getting up from bed, ask to have this done gradually so that your blood pressure doesn't suddenly fall when you are mobilised.

Planning for Discharge

After a hospital admission, you may not have fully returned to your normal function. As such, you may require additional assistance temporarily or permanently, depending on what your expected recovery is. Ask to be actively involved in discharge planning and think through how this illness might impact on your function and what complications might arise. Ask how recovery of any lost function can be maximised.

Issues to discuss with your team include:

Personal care changes – your care agency or carers will need to be contacted to see if they can meet with the increased level of care. Certain government services can provide temporary care but more permanent measures may be more difficult to organise and have long waiting lists. It is hence important for planning to begin early.

Therapy requirements – you may need nursing, physio or occupational therapy involvement after discharge. Some rehabilitation at home packages may be appropriate if the need for this is temporary.

Specialised requirements – you may have had a breathing or feeding tube inserted which requires training of carers and more time, which you should ask your team to assist with.

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

Your hospital team may need 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

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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 the healthcare facility at which you present to or are taken to may be unfamiliar with the management of some of these complications. This guide aims to help you with advocating and directing 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.

WHAT AM I LIKELY TO BE ADMITTED TO HOSPITAL FOR?

In general, you may be admitted to hospital because:

1. You have developed an illness that needs emergent attention or an illness that has been gradually getting worse despite treatment in the community by your GP. For example, autonomic dysreflexia, urinary tract infection (UTI), pneumonia, pressure areas, a fall that has resulted in injury, heart attack or stroke.

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

NB: You may be too ill to attend to the following suggestions and familiarising your carers/family with this brochure is advisable. You can also obtain a Care Plan from our service that you can personalise and details your needs for your health professionals.

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 from a painful stimuli below the level of your injury, that may have been the cause of your admission, for example a UTI or fall.

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, your risk of developing skin breakdown increases even further. This can be heightened if you are not on a mattress or using equipment that is appropriate for you. Once it develops, skin breakdown can require a long time of bed rest to heal, which can impact significantly on return to your community roles. Your joints can also stiffen if placed in one position for a prolonged period of time. This can affect your joint range of motion, which can impact on your function and skin.

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

- Pressure relieving mattress, equipment and a padded shower commode seat
- Regular and frequent positional changes and skin checks
- Appropriate transfers (e.g. hoist slings)

- A program to maintain function, strength and range of motion while on bed-rest.

If you develop skin breakdown, you should not have any further pressure placed over the area. It may be appropriate for the hospital team to contact the plastics team within the hospital if available, or the spinal units for further advice on management.

Problems with Bladder Management

If you are self-catheterising, you may find it difficult to continue because you are feeling too unwell, or if you have been prescribed a high fluid intake which makes it impractical for you to catheterise very frequently. You may need a temporary indwelling catheter inserted. Be mindful 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

Admission to hospital may result in a change to your diet and bowel routine. This can lead to constipation, bowel accidents and AD, which can prolong your stay in hospital.

As much as possible, ask the hospital team if you can maintain the routine that you are usually on, take the medications at the correct time, and choose a diet that is closest to your normal diet. You can ask to see a dietician in hospital if you are having problems with consuming enough fibre.