Foundations of Practice and Beyond

Wednesday

Stream F
Session 7 1100
Session 8 1300

Mary Muir and Paul Harrison

Moving and Handling patients with actual or suspected spinal cord injuries (SCI)

Biography

Mary Muir

Mary has 33 years experience of working in a variety of health care settings as a nurse, clinical manager and specialist advisor. Mary then transferred into the commercial sector and worked as clinical specialist, national manager for specialist therapy and recently has been promoted to clinical development manager responsible for the clinical excellence agenda for Huntleigh UK. She is naturally ambitious, enthusiastic, motivated and confident person who has a desire for continual professional growth and development. Using a consultative approach, dedication and excellent communication skills Mary is committed to exceeding established objectives through focus, innovation and adaptability.

Mary enjoyed a long tenure as the National Back Exchange conference coordinator and executive representative until 2007. As a Back Care Advisor she developed, established and facilitated the implementation of a Trust wide minimal handling strategy, bariatric policy and a competency based educational programme to promote a proactive approach to the management of risk within manual handling. Within this role she also published Adult and Paediatric Patient Care Information Leaflets and Intensive Care Unit Spinal Care Protocols in the Use of Slide Sheets in the Risk Assessments at Work: Practical examples in the NHS (1997).

Her current position as Clinical Development Manager allows her to work in partnership with key opinion leaders in clinical practice to drive the clinical excellence agenda forward tailored to meet the individual needs of patients and staff. Mary has presented at international, national and regional conferences on topics associated with back care, management of bariatric patients, critical care, spinal injuries and falls prevention programmes.

Paul Harrison

Paul Harrison has worked as a nurse within the speciality of Spinal Cord Injuries since 1987 and has been employed as Clinical Development Officer since 1991 at the Princess Royal Spinal Injuries Centre.

His areas of expertise include the pre-transfer management of acute SCI patients, managing the *Lifetime Care of Individuals with Spinal Cord Injuries* course at Sheffield and co-ordinating the *SCI-Link* scheme which trains and supports SCI Link-Workers in NHS Hospital Trusts. He is a committee member and Website Manager of the Multidisciplinary Association of Spinal Cord Injury Professionals.

Paul has published several books relating to the management of SCI outside of specialist SCI Centres in collaboration with the Spinal Injuries Association. He was a member of the NPSA working group that produced the statement on the provision of manual evacuation for people with SCI and also advised within the Department of Health's National Service Framework for People with Long-Term Conditions. Most recently he led the MASCIP Working Party that produced the MASCIP Pictorial Guidelines for Moving and Handling Acute Spinal Cord Injury Patients.

Abstract

The integrated care pathway for acute spinal cord injury (SCI) patients involves numerous transfers between surfaces, wards and departments or even between different hospitals before eventual admission to a specialist care facility.

Wherever there is a reasonable suspicion of acute SCI, the aim is to maintain full spinal protection and alignment during any moving and handling activity (ACS, 2008). Careful handling, positioning and turning on every occasion, can prevent or significantly reduce patient pain and discomfort. It will also reduce the potential for skin damage and secondary spinal cord trauma (Harrison 2007). Regular turning of acute SCI patients during the bedrest stage can also reduce the incidence of sepsis and venous thromboembolism. (Hawkins et al, 1999),

Up to six members of staff may be required to work together in order to undertake routine spinal protection, turning and transfer procedures and they must have supreme confidence in their ability to work as a team. This can provide challenges within teams consisting of members of different disciplines. All moving and handling must be coordinated by a nominated team leader and undertaken with a quiet confidence in the team's ability. Gaining the attention, confidence and co-operation of the conscious patient before attempting any manoeuvre will enhance the team's efforts to maintain spinal protection and alignment throughout the procedure.

This practical interactive workshop, based on national consensus guidelines, is provided as a resource for moving and handling advisors to support the promotion of best practice and practical solutions in the management of spinal cord injury patients in both specialised units and district general hospitals clinical settings.

American College of Surgeons' Committee on Trauma (ACS).(2008) Advanced Trauma Life Support Manual for Physicians (8th edition). American College of Surgeons Press, Chicago.

Harrison P (ed) (2007) Managing Spinal Cord Injury: The First 48 Hours. Spinal Injuries Association. Milton Keynes.

Hawkins S, Stone K, Plummer L. (1999) An holistic approach to turning patients. Nursing Standard.; 14: (3) 52 – 56

Further reading

Ash D (2002) An exploration of the occurrence of pressure ulcers in a British spinal injuries unit. *Journal of Clinical Nursing*, 11: 470-478. (identifies incidence of PU in acute SCI pts on admission to SCI Centre)

British Orthopaedic Association (BOA) (2006) *The Initial Care and Transfer of Patients with Spinal Cord Injuries. London:* BOA (Need for careful handling and positioning to prevent secondary injury etc)

British Trauma Society (BTS)(2003) Guidelines for the initial management of spinal injury – BTS *Injury.* 34: 405-425. (as per BOA, precautions and use of protective eqpt)

Consortium for Spinal Cord Medicine (2008) *Early Acute Management in Adults with Spinal Cord Injury.* Washington DC: Paralysed Veterans of America, (US version of UKs First 48 Hours shows consistent approach in US – this is written by a scientific committee which makes clear that there is no level 1 or level 2 evidence in support of M&H practices but nevertheless a very strong clinical consensus supports the recommendations).

Fisher JD, Brown SN, Cooke MW (Eds) (2006) *UK Ambulance Service Clinical practice Guidelines*. Joint Royal Colleges Ambulance Liaison Committee and the Ambulance Services Association: London. (standards for paramedics in UK)
Moreau APM, Willcox N, Brown MF (2003) Immobilisation of spinal fractures in patients with ankylosing spondylitis: two case reports. *Injury* 34: 372-373. (why thoughtful use of protective devices essential in older adult)
National Institute for Clinical Excellence (NICE) (2007) *Head injury: triage, assessment, investigation and early management of head injury in infants, children and adults*. NICE: London. (defines essential imaging pathway for SCI patients and need for imaging).