Nursing Care of A Paraplegic Patient

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Introduction
Before the second world war ninety-five per cent. of the patients with spinal cord injuries died during the first year. Now the line of treatment has expanded in such a way that statistical studies in England and America show a mortality of five to fifteen per cent. during fifteen years of life after the spinal cord injuries. The paraplegic patient whose back is broken due to a fall needs comprehensive rehabilitating care. He has strong arms, an active mind and a burning desire to live as best a life as he can with what he has left. The following case study will prove this statement.

Paraplegia is the paralysis of the trunk and lower extremities. All the parts below the point of lesion in the spinal cord are affected.

Causes
The commonest cause of paraplegia is a fractured spine due to trauma. Other causes are congenital meningocele, transverse myelitis, Pott's disease, poliomyelitis, spinal cord tumours etc.

Case Study
On April 5, 1966 at about 7.30 a.m. a 23 year old male patient, Bagavan, was admitted to the Physical Medicine and Rehabilitation Ward of the C. M. C. Hospital with a history of paralysis of both lower limbs resulting from an injury he sustained one month previously.

Family History
Bagavan has one brother and a sister. His father and mother are alive. All of them possess good health.

Economic Status
He is from a well-to-do family. His father is a landlord earning about 10,000 rupees a year. They are living in their own house.

Social Status
He is a University Student and an intelligent man.

Past Illness
Before this accident he was hale and healthy. He told us that he had no childhood diseases like poliomyelitis etc.

Present Illness
He had given the history of an accidental gunshot wound to the right side of the chest. He was flown to a hospital in Bombay and treated there. He was discharged against medical advice and brought to C.M.C. Hospital for further treatment.

Symptoms
After the fourth day of his injury he developed:
(1) Paraplegia
(2) Incontinence of urine
(3) No control over bowels.

Physical findings on admission
He had loss of sensation from below the level of the umbilicus.
The abdomen was slightly distended and he had dribbling of urine. All clothes were found wet.
Both legs were oedematous.
His temperature on admission was 101°F. Pulse 110 per minute.
Respiration 24 per minute.
Blood Pressure 112/82.

His face was puffy.
Pressure sores were present over the sacrum, over both trochanters, and at the lateral side of the knees.

He was diagnosed as “traumatic paraplegia” and sent to “S” ward—the Physical Medicine and Rehabilitation Ward—very carefully on a stretcher.

Immediate Nursing Care
He was received in a fracture bed with extra sponge rubber pillows, sandbags etc. A nice warm bath was given.

Routine Nursing Care
As Bagavan was having bedsores he needed a high calorie diet with plenty of protein. He was given a 2500 calorie diet with 150 grams of protein per day. Plenty of oral fluids, more than 3000 cc per day were given.

As he was having high temperature on admission, ice cap and cold compresses were applied until the temperature came down to 99°F. Four-hourly mouth attention and back care were given. Changing of position was done every two hours.

Special Nursing Care.
The principle of treatment is prevention of contractures by correct positioning. He was put in the prone position and at the foot end of the bed a foot board was put to prevent foot drop. As he had incontinence of urine a Foley’s catheter was put in and continuous bladder drainage started. The catheter was changed once a week and the bladder drainage tube and bottle were changed daily.

Bowel washes were given once weekly and later as he improved he was taught to evacuate his bowel daily by digital evacuation, wearing gloves.

He was referred to the physiotherapy department for active exercises.

Laboratory Investigations
Examination of urine for sugar, albumen and specific gravity was done. Urine was also sent for culture and antibiotic sensitivity. Blood was taken for Haemoglobin, blood urea estimation and V.D.R.L.

Medication and Treatment
As there was the possibility of urinary infection, tablet Furadantin

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