The Spinal Cord Injury Patient

One who has sustained a lesion of the spinal cord or cauda equina resulting in either paraplegia or quadriplegia. Paraplegia involves the loss of nerve control from the waist down. Quadriplegia involves loss of nerve control from the neck or shoulders down. Most patients are without control of the legs, lower torso, bowel and bladder control. Most quadriplegics are also without upper torso, arms and hands control, intrinsic hand articulation, and there may be respiratory control problems as well. The Intensive Rehab and Sustaining Care populations have a greater number of paraplegics while the Long-Term population has a majority of quadriplegics.

It can be assumed that each SCI patient will require a conveyance in order to compensate for lost mobility. Paraplegics can be expected to use standard wheelchairs while quadriplegics are more likely to use electric wheelchairs. Lack of mobility, coupled with the loss of sensation often leads to decubitus ulcer (pressure sore) which can temporarily confine a patient to a gurney.

Due to the nature of their injury and to the length of time required for rehabilitation, SCI patients tend to have relatively long hospital stays. After rehabilitation is accomplished, SCI patients often require readmissions for preventative and curative purposes, and there will always be at least an outpatient relationship between the SCI patient and the SCI Center.

The Spinal Cord Injury Center

A specialized medical facility designed to provide a full range of care for patients who have sustained a lesion of the spinal cord and/or cauda equina resulting in either paraplegia or quadriplegia. Each patient assigned to this unit is usually confined to a wheelchair or gurney and required special accommodations.

The purpose of the SCI Center is to concentrate these patients so that they may receive maximum benefit from a specially trained staff and a specially designed, mission-oriented facility.

Spinal Cord Injury Care can occur in three phases and SCI Center designs must provide for their differing needs.

INTENSIVE REHABILITATION.
Stabilization immediately after injury usually occurs at the nearest hospital, with transfer to an SCI Center as soon as possible. In an Intensive Rehab Unit, a multidisciplinary team effort focuses on bringing the patient to the highest function level possible. The goal is, after a stay of from four-to-eight months, to enable the patient to return to independent living.

SUSTAINING CARE.
Once back in the community, SCI patients may develop complications requiring hospitalization. It is the Sustaining Care Unit which enables that patient to regain his or her independence.

LONG-TERM CARE.
Those patients who cannot live outside of the SCI environment because of socio-economic reasons or lack of community and/or family support systems are cared for in the Long-Term SCI Unit. It is common for these patients to stay until the end of their lives, and thus this is an elderly population.

Patients are grouped into Nursing Units according to the level of SCI care required. Intensive Rehab and Sustaining Care patients have similar design needs and can be combined. Long-Term SCI Care should be physically separate because of the different requirements for that level of care. A SCI Center may be comprised of Nursing Unit(s) of one or more of the above three types, and again, if Long Term is included in the combination, a separation must exist in either space or time.