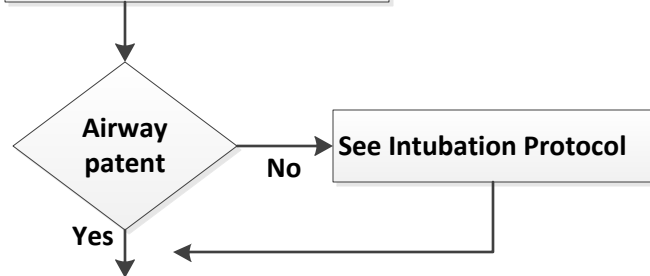


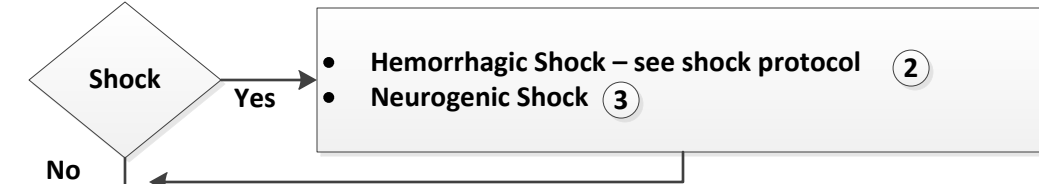
Spinal Cord Injury Suspected

- ABCs
- C-Spine Stabilization
- Oxygen
- IV NS TKO



Full spine immobilization

Secondary Survey ①



- Supportive care
- Keep Patient warm
- Monitor Respiratory Status
- Transport ASAP ④

- Neurogenic shock refers to the hemodynamic triad of hypotension, bradycardia and peripheral vasodilation resulting from severe autonomic dysfunction and the interruption of sympathetic nervous system control in acute spinal cord injury. Hypothermia is also characteristic .
- Spinal shock is the complete loss of all neurologic function, including reflexes and rectal tone, below a specific level that is associated with autonomic dysfunction. Initial increase in blood pressure due to release of catecholamines, followed by hypotension. Flaccid paralysis, including bowel and bladder, is observed and sometimes sustained priapism develops.

Document Trauma Band # and Criteria

1. Secondary Survey to include frequent neurological checks. Determine level of injury, dermatome involved.
2. The most common sources of occult hemorrhage are injuries to the chest, abdomen, retro-peritoneum and fractures of the pelvis or long bones.
3. Judicious fluid replacement to a maximum of 2 liters NS is the initial treatment. Neurogenic shock responds well to low dose **Dopamine at 5 to 10 mcg/kg/min or norepinephrine**. Goal MAP is > 85. The goal is to have higher MAPs than other forms of shock in order to increase spinal perfusion.
4. When giving report to the emergency department say “ This is a trauma system entry”, then state the reasons why.