



Office of the Ombudsman for Mental Health and Developmental Disabilities



Spinal Cord Injury Alert

This Medical Alert is based on the work of the Medical Review Subcommittee and should be posted prominently. The Office of the Ombudsman for Mental Health and Developmental Disabilities works to improve the services provided to people with disabilities by communicating important information found in the Medical Review Subcommittee's reviews of deaths and serious injuries. Thank you for promptly reporting deaths and serious injuries. You are helping us to meet our mission.

The spinal cord contains the nerves that carry messages between your brain and body. The cord passes through your neck and back. A spinal cord injury is very serious because it can cause loss of movement (paralysis) below the site of the injury.

Considerations *When someone has a spinal injury, additional movement may cause further damage to the nerves in the cord and can sometimes mean the difference between life and death.*

If you think someone could possibly have a spinal injury, do not move the injured person even a little bit, unless it is absolutely necessary (for example, if you need to get someone out of a burning car).

A seemingly minor injury might actually be a spinal injury if the victim: appears frail or is older than 65 years of age, is not fully alert, or appears to be intoxicated.

If you are not sure if a person has a spinal injury, assume that he or she does have one.

Causes

- Direct trauma to the face, neck, head, chest, or back (for example, a car accident, a bullet or stab wound)
- Fall from a height
- Diving accident
- Electric shock
- Extreme twisting of the middle of the body
- Landing on the head during a sports injury

Symptoms

- Paralysis (loss of movement) of arms or legs
- Lack of alertness (unconsciousness)
- Head held in unusual position
- Stiff neck, headache, or neck pain
- Numbness or tingling that spreads down an arm or leg
- Weakness
- Difficulty walking
- No bladder or bowel control
- Shock (pale, clammy skin; bluish lips and fingernails; acting dazed or semiconscious)

First Aid

The main goal is to keep the person immobile and safe until medical help arrives.

1. You or someone else should call 911.
2. Hold the person's head and neck in the position in which they were found. DO NOT attempt to reposition the neck. Do not allow the neck to bend or twist.
3. Do not allow the person to get up and walk unassisted.

IF THE PERSON IS UNRESPONSIVE

1. Check the person's breathing and circulation. If necessary, begin rescue breathing and CPR.
2. DO NOT tilt the head back when attempting to open the airway. Instead, place your fingers on the jaw on each side of the head. Lift the jaw forward.

IF YOU NEED TO ROLL THE PERSON

Do not roll the person over unless the person is vomiting or choking on blood, or you need to check for breathing.

1. Two people are needed.
2. One person should be located at the person's head; the other at the person's side.
3. Keep the person's head, neck, and back in line with each other while you roll him or her onto one side.

DO NOT

- DO NOT bend, twist, or lift the person's head or body.
- DO NOT attempt to move the person before medical help arrives unless it is absolutely necessary.
- DO NOT remove a helmet if a spinal injury is suspected.

When to Contact a Medical Professional

Call your local emergency number (such as 911) if there has been any injury that affects the neck or spinal cord. Keep the person absolutely still. Unless there is urgent danger, keep the person in the position where found.

Prevention

- Act to prevent falls [For further information see the Minnesota Falls Prevention website at <http://www.mnfallsprevention.org/>]
- Keep your bathroom fall free
 - Use a non-slip mat in the tub or shower.
 - Use a bath bench or shower stool (instead of a rolling shower chair).
- Wear seat belts.
- Avoid drinking alcohol and driving.
- Avoid diving into pools, lakes, rivers, and other bodies of water, particularly if you cannot determine the depth of the water or if the water is not clear.
- Avoid motorcycles and all-terrain vehicles.

Reference:

From Medline Plus - Spinal injury - <http://www.nlm.nih.gov/medlineplus/ency/article/000029.htm>

Could this happen to your client?

The Medical Review Subcommittee reviewed the circumstances surrounding the unexpected death of a client receiving services for developmental disabilities. The 28-year-old woman, with profound mental retardation, seizure disorder, scoliosis with Harrington rod placement, and cerebral palsy, died in September 2008 on her ninth day of hospitalization for surgery and treatment of an injury that occurred after a fall at the group home in which she had lived since January 2008. Her death was reported to the medical examiner, and an autopsy was performed. Her manner of death was an accident, and her immediate cause of death was attributed to complications of spinal cord compression and vertebral fracture [C4 and C5 fractures] secondary to a fall at her group home.

At approximately 8:40 AM on the day of her injury, it was determined that the client had been sitting in her rolling shower chair when she fell backwards hitting her head and neck against the bathroom wall. The residential staff person attending the client admitted that s/he “panicked and stood the client up immediately.” The residential staff person then continued with the client’s cares, which included wheeling her into her bedroom, transferring her onto her bed, dressing her, attempting to get her to stand, transferring her back into a wheelchair, and wheeling her into the kitchen. The client did not arrive at the emergency room until 9:58 AM. Upon arrival, she was found to be in a state of “flaccid paralysis.”

DHS-Licensing issued a correction order to the residential facility for the violation it found during its investigation: “Violation: For one consumer ..., the license holder did not ensure that consumer’s health service needs were met as required.... Corrective Action Ordered: Beginning immediately, and on a continuing basis, you must ensure that consumer health needs are met as required under this subdivision....”

The client sustained a second fall from an x-ray table in the hospital, which after investigation by the Minnesota Department of Health was found not to have resulted in additional injuries. [Per the Office of Health Facilities Complaints (OHFC) investigation, the hospital changed its patient hand-off procedure in the Department of Radiology to “optimize patient safety.” The OHFC investigation further determined that “the subsequent medical care rendered to the patient was provided in a timely fashion.... The hospital’s corrective action was sufficiently documented and was designed to reduce the risk of further occurrences of technicians ... error and similar errors.”]

Bottom Line: When in doubt about a head/neck injury – do not move the client and call 911 for assistance.

Office of the Ombudsman for Mental Health and Developmental Disabilities

Suite 420, Metro Square Building, St. Paul, Minnesota 55101-2117

651-757-1800 or Toll Free 1-800-657-3506 TTY/voice – Minnesota Relay Service 711 Website: www.ombudmhdd.state.mn.us

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