NURSING CARE PLAN TABLE FOR SPINAL CORD INJURY

Assessment	Nursing Diagnosis	Goal/Expected Outcome	Intervention/Planning	Rationale	Evaluation	Notes
Patient exhibits loss of motor function below the injury level.	**Impaired Physical Mobility**	Patient demonstrates improved mobility with adaptive devices within 7 days.	Collaborate with PT/OT; encourage active and passive exercises; use assistive devices.	Promotes independence and reduces risk of complications.	Patient shows increased ability to perform ADLs with assistance.	Adjust exercise program based on progress.
Patient confined to bed with decreased sensation in pressure areas.	**Risk for Pressure Ulcers**	No development of pressure ulcers during hospital stay.	Reposition every 2 hours; use pressure-relieving devices; perform regular skin assessments.	Reduces continuous pressure and enhances tissue perfusion.	Skin remains intact; no signs of redness or breakdown.	Document assessments every shift.
Patient has limited mobility and exhibits leg swelling.	**Risk for Deep Vein Thrombosis (DVT)**	Maintain adequate circulation; no signs of DVT.	Implement passive range-of-motion exercises; apply compression devices; monitor leg circumference.	Improves venous return and prevents clot formation.	No DVT signs; decreased edema.	Educate patient on signs of DVT.
Patient expresses feelings of anxiety and hopelessness regarding recovery.	**Ineffective Coping**	Patient verbalizes effective coping strategies and improved mood within 72 hours.	Provide counseling; facilitate support group participation; encourage open communication.	Enhances emotional well-being and promotes adaptation.	Patient reports reduced anxiety; active participation in sessions.	Schedule follow-up mental health sessions.
Patient with high-level injury	**Impaired Respiratory Function**	Improve oxygenation and maintain normal	Administer incentive spirometry; monitor oxygen saturation;	Supports lung expansion and prevents	Oxygen levels improve;	Document respiratory

exhibits shallow breathing.		respiratory rate within 48 hours.	encourage deep breathing exercises.	respiratory complications.	respiratory rate stabilizes.	assessments frequently.
Patient reports difficulty with bladder emptying.	**Impaired Urinary Elimination**	Achieve effective bladder management with minimal residual urine.	Monitor urinary output; implement intermittent catheterization; educate on bladder training techniques.	Prevents urinary retention and infections.	Patient shows improved bladder emptying; no UTIs reported.	Reinforce hygiene practices.
Patient experiences constipation and irregular bowel patterns.	**Impaired Bowel Elimination**	Normalize bowel patterns with regular, formed stools within 72 hours.	Encourage high-fiber diet; administer stool softeners or laxatives as prescribed; establish a bowel routine.	Improves gastrointestinal motility and prevents discomfort.	Bowel movements become regular; patient reports decreased discomfort.	Monitor bowel diary.
Patient demonstrates limited understanding of self-care post-injury.	**Deficient Knowledge**	Patient articulates key self-care strategies before discharge.	Provide detailed education sessions; use visual aids and written instructions; assess understanding.	Informed patients better manage their condition and reduce complications.	Patient accurately explains self-care protocols.	Provide take-home materials.
Patient shows signs of fluctuating blood pressure and fluid imbalance.	**Risk for Fluid Volume Imbalance**	Maintain stable hemodynamic status and normal fluid balance.	Monitor vital signs and I&O; adjust IV fluids as necessary; educate on signs of dehydration.	Prevents complications from dehydration or fluid overload.	Stable vital signs; balanced fluid intake/output.	Regular weight and lab assessments.
Patient reports chronic pain	**Chronic Pain**	Reduce pain to a tolerable level (≤3/10) within 48 hours.	Administer prescribed analgesics; use non-pharmacological methods (e.g.,	Effective pain management	Patient reports decreased pain;	Reassess pain frequently;

below the injury level.			heat, massage); reassess pain regularly.	improves quality of life.	improved comfort levels.	adjust plan if needed.
Patient using corticosteroids exhibits fragile skin.	**Impaired Skin Integrity**	Maintain skin integrity and prevent further breakdown.	Educate on skin care; apply emollients; monitor skin closely; reposition regularly.	Prevents skin breakdown and promotes healing.	No new skin lesions; improved skin condition documented.	Reinforce skin care practices; follow-up assessments.