

Evidence table: Management of the child with an acute spinal cord injury

Reference	Evidence level (I-VII)	Key findings, outcomes or recommendations
Brown, A & Carmuciano,K. (2003). Introduction to skin management in SCI. Education handout. Victorian Spinal Cord Service	VII	 Skin anatomy & pathophysiology in SCI; complications for skin including contributory causes and preventative nursing care
Brown, A & Carmuciano,K. (2003). Introduction to the neurogenic bowel. Education handout. Victorian Spinal Cord Service	VII	 Bowel anatomy, bowel function post SCI, bowel management, complications of neurogenic bowels including signs& symptoms and management
Brown, A & Carmuciano,K. (2003). Introduction to autonomic dysryflexia. Education handout. Victorian Spinal Cord Service	VII	 Defines autonomic dysreflexia, reviews autonomic nervous system and impact of SCI on it. Causes, recognition & treatment of autonomic dysreflexia
Brown, A & Carmuciano,K. (2006). Postural hypotension. Education handout. Victorian Spinal Cord Service	VII	 Postural hypotension in SCI patient: why it happens & how to prevent it
Consortium for Spinal Cord Medicine.(2008) Early Acute Management in Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals J spinal Cord Med 2008; 31(4): 408-479. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2582434/	VII	 Guideline written by consortium for spinal cord medicine with 12 step process Provides recommendations for care from scene of accident through emergency & critical care & rehabilitation(includes levels of evidence/grade of recommendation/consensus of opinion) Respiratory care, nutrition, bowel, bladder, skin care.
Hickey, J. (2009). The clinical practice of neurological and neurosurgical Nursing. Sixth Edition. Wolter Kluwer/Lippincott Williams & Wilkins. Philadelphia	VII	 Book chapter on spinal cord injuries- adult focus Covers pathophysiology, acute management, collaborative management approach, surgical & non surgical treatment, in depth nursing care & interventions
Fries, J. (2005). Critical rehabilitation of the patient with spinal cord injury. <i>Critical Care Nurse Quarterly</i> .	VII	Overview of best practice nursing care that should be performed in intensive care to prevent complications and

28(2):179-187.		promote positive long term outcomes
Jones, T; Ugalde, V; Franks, P; Zhou, H; White, R. (2005). Venous Thromboembolism After Spinal Cord Injury: Incidence, Time Course, and Associated Risk Factors in 16,240 Adults and Children. Archives of Physical Medicine and Rehabilitation. 86(12)Dec:2240- 2247.	IV	 Retrospective cohort analysis of all SCI in California between 1991-2001 Overall incidence of VTE was 5.4% within 91 days across all ages; children <13yrs 1.1% and children 14- 19yrs 4.4% incidence
The Queensland spinal cord injuries service (2006) Management of autonomic dysreflexia: Information for health professionals.	VII	 Symptoms & causes of autonomic dysreflexia (condition causing severe emergency), treatment of autonomic dysreflexia
The Queensland spinal cord injuries service (2006) Bowel management following spinal cord injury: Information for health professionals	VII	 Goals of bowel management, bowel management routine in acute (spinal shock) and long term phase and based on level of injury
The Queensland spinal cord injuries service (2005) Bladder management following spinal cord injury: Information for health professionals	VII	 Types of bladder impairment, goals of management, methods of management, symptoms & management of UTI
The Queensland spinal cord injuries service (2002) Management of pressure areas following spinal cord injury: Information for health professionals	VII	Risks for pressure areas, staging & management of pressure areas
Vogel, L; Hickey, K; Klaas,S; and Anderson,C. (2004). Unique issues in pediatric spinal cord injury. Orthopaedic Nursing. 23(5):300-308	VII	 Overview of paediatric specific issues in SCI Focus on family centred care, bowel, bladder, skin care, autonomic dysreflexia & sexuality & other developmental issues

The Hierarchy of Evidence

The Hierarchy of evidence is based on summaries from the National Health and Medical Research Council (2009), the Oxford Centre for Evidence-based Medicine Levels of Evidence (2011) and Melynyk and Fineout-Overholt (2011).

- **I** Evidence obtained from a systematic review of all relevant randomised control trials.
- II Evidence obtained from at least one well designed randomised control trial.
- III Evidence obtained from well-designed controlled trials without randomisation.
- IV Evidence obtained from well designed cohort studies, case control studies, interrupted time series with a control group, historically controlled studies, interrupted time series without a control group or with case- series
- **V** Evidence obtained from systematic reviews of descriptive and qualitative studies
- **VI** Evidence obtained from single descriptive and qualitative studies
- VII Expert opinion from clinicians, authorities and/or reports of expert committees or based on physiology
- Melynyk, B. & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice (2nd ed.).* Philadelphia: Wolters Kluwer, Lippincott Williams & Wilkins.
- National Health and Medical Research Council (2009). *NHMRC levels of evidence and grades for recommendations for developers of guidelines* (2009). Australian Government: NHMRC. http://www.nhmrc.gov.au/ files http://www.nhmrc.gov.au/ files nhmrc/file/guidelines/evidence statement form.pdf
- OCEBM Levels of Evidence Working Group Oxford (2011). *The Oxford 2011 Levels of Evidence*. Oxford Centre for Evidence-Based Medicine. <u>http://www.cebm.net/index.aspx?o=1025</u>