

PROTOCOL FOR: Spinal Cord Compression: Care of the Patient

**SUPPORTIVE DATA:** Tumor invasion or vertebral collapse may compress the spinal cord, resulting in edema, diminished blood supply to the cord and mechanical distortion of nerve tissue. (Early recognition and intervention are imperative in order to maintain functional level).

Oncologic emergencies display symptoms that progress along a continuum and the goal is to identify and intervene early before a true emergent situation develops.

**DESIRED PATIENT**

**OUTCOMES:** Patients are assessed for signs and symptoms of oncologic emergencies.

Interventions are implemented promptly before a true emergent situation develops.

**CLINICAL ASSESSMENT**

**AND CARE:**

**Assess Risk Factors:** Patients at risk are those with:

- a. Diagnosis of cancer with the natural history of bone metastasis (breast, lung, colon) or metastasis to spinal cord (lymphoma, multiple myeloma).
- b. Primary cancers of the spinal cord.

**Assess for signs and symptoms of Spinal Cord Compression, including:**

**Early signs:**

- Pain - most important early distinguished sign. All new reports of back pain should be investigated
- Motor weakness
- Loss of sensation to light touch
- Sexual impotence

**Late signs:**

- Loss of sensation to deep pressure
- Incontinence of urine/stool retention
- Paralysis
- Muscle atrophy

**Notify physician for:**

- Pain - most important early distinguished sign. All new reports of back pain should be investigated
- Motor weakness
- Loss of sensation to light touch
- Loss of sensation to deep pressure
- Incontinence of urine/stool retention
- Paralysis

**MANAGEMENT includes:**

- a. Radiation Therapy
- b. Surgery
- c. Pharmacologic agents (steroids, chemotherapy, analgesics, stool softner)
- d. Assess pain every 4 hours or more frequently as needed

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APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 6/01

REVISION DATES: 3/02