SCI ICU WARD ROUND CHECK LIST		
AIRWAY	Can you extubate? Is trache needed? Stoma check for injury	
BREATHING	Progress ventilator weaning Avoid high PEEP if possible Keep flat Abdominal binder if sitting up Consider frequent, aggressive chest physiotherapy Consider bronchodilators Consider inhaled NAC or hypertonic saline if secretions thick	0000000
CIRCULATION	MAP > 85 for 7 days with IV vasopressors unless reason not to Severe persistent bradycardia consider isoprenaline/adrenaline If intermittent bradycardia consider Glycopyrrolate Consider other causes of shock	0000
DISABILITY	Ensure ISNCSCI completed In cervical SCI, look for and manage vertebral artery dissection Neuropathic pain? consider pregabalin, tapentadol, amitriptyline Is pain team consult required? Is muscle spasticity problematic? Is baclofen required?	00000 00000
GI TRACT	Daily bowel care regimen Avoid medications that exacerbated constipation e.g. opiates Prescribe PPI Get swallow assessment and commence oral diet	0000
URINARY TRACT	Initially IDC Early SPC in higher cervical SCI	
SKIN	Daily inspection Correct mattress? Protocol based frequent re-positioning	
PSYCH	Address questions / education / understanding Family update Screen for depression Consider early referral to spinal psychologist	
VTE	Enoxaparin 40 mg daily 48h after surgery Screening lower limb doppler USS	