Reflective Paper

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Author Note

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The patient is in the early twenties, and came to the hospital after suffering from incessant pain in the back and right leg, along with paresthesia related to lumbopelvic spinal abnormalities. The patient suffered from greater pain in the bilateral right side of the back and was X-rayed upon admission. It showed evidence of retrolisthesis at L4-5, which worsened with extension and then reduced with flexion. The AP x-ray further showed signs of Bortolotti-type deformity on the right side, with an additional abnormality of the right- the sided transverse process of L5 articulating with the sacral ala. Furthermore, the SI joint that appears frankly degenerative and sclerotic.

While it is the job of the general physician to treat the illness of the patent, it is the responsibility of the nurse to provide patient-centered care on the illness as well as the needs of the patient in accordance with the Quality and Safety Education for Nurses (QSEN) Core Competencies. The very first thing the nurses have to look out for, on evidence-based practices, is to immobilize the entire spine in case of a known or unknown spinal cord injury. Furthermore, using a neck collar would also help with the matter. Also, ensure that spine alignment is maintained while turning the patient. Here using a log roll would be a better option (Hagen, 2015).

Post-surgery, it is better for the patient to use a brace that has been exclusively made by the orthotics to maintain the alignment of the spine. Additionally, you should also know how to open such devices to perform chest compressions in case of cardiac arrest while maintaining spinal immobilization throughout the process of resuscitation. Finally, a detailed documentation plan should be formulated to ensure that the patient’s spine remains immobile throughout the process (Hagen, 2015).

Vital signs and autonomic control tends to take a hit following a spinal cord injury. Since arbitration in autonomic control can cause instability of heart rate, blood pressure, temperature, etc. Thus, for the first two weeks, due diligence should be paid to a patient’s autonomic control. Respiratory failures are also common, especially in the early stages of SCI post-surgery. Thus, it is important that the respiratory status of the individual is regularly assessed. These assessments should be made on the basis of the patient’s ability to cough and auscultate the chest, If breathing difficulty continues, choose to intubate and ventilate the patient (Ahuja et al., 2017).

As a graduated BSN, I would be mindful of taking care of the patient while ensuring that requirements are made. Effective rehabilitation strategy is key is a patient recovery in such a situation. I would recommend that the patient be given the required physiotherapy as well as occupational therapy following the surgery. While the procedures followed by the healthcare practice was excellent in terms of post-op care (Ahuja, Martin, & Fehlings, 2016). However, they were severely lacking in terms of patient recovery and rehabilitation. Thus, if I were to make any recommendation, I would suggest that the healthcare practice not only come up with the right recovery and rehabilitation plan for the patient but also give her access to the required services and clinicians that can fulfill those needs. Additionally, they should also make a point of checking up on the patient at regular intervals to ensure that they are following through with the plan and are committed towards a successful recovery. This, in my opinion, would not only reflect positively in terms of the care provided by the hospital but also ensure that the patient does not find anything lacking in the care she is provided and recovers in a safe and efficient manner.

# References

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