

# Hospital Management Plan for young people and adults with Spina Bifida



## DEFINITION:

Spina Bifida, which is derived from the Latin term meaning 'split spine', is a form of neural tube defect that occurs when there is incomplete development of the spinal cord, the bones forming the spinal column (vertebrae) and often the overlying skin.

## FUNCTIONAL DEFICITS:

Spina Bifida frequently results in paralysis or paresis of the lower limbs, neurogenic bladder and bowel and some cognitive compromise. The disability issues include impaired walking, incontinence of bladder and bowel and learning issues particularly related to executive functioning. There is a range of disability from very mild to severe depending on the level of the lesion and the neurological complications.

## SYMPTOMS

### PERSISTENT HEADACHES

Presents with:

- Nausea and vomiting
- Decreased level of consciousness
- Blurred vision

Shunt dysfunction – needs a neurosurgical review

### PERSISTENT HEADACHES

Presents with:

- Fever
- Cloudy urine
- Increase incontinence

Urinary Tract Infection (UTI)

**NOTE:** *Organisms in the urine are common in patients doing clean intermittent self catheterisations (CISC). No treatment is indicated unless there are systemic symptoms.*

#### IF PATIENT HAS A CLINICAL UTI WHY HAS THIS OCCURRED?

- Routine – i.e. has run out of clean catheters as cannot afford to buy any
- Poor CISC technique
- Renal stones
- Upper tract deterioration

### ABDOMINAL PAIN

Faecal loading

UTI, renal calculi

Shunt dysfunction

Other including; oesophageal reflux, gall stones, appendicitis and bladder rupture (if bladder augmentation)

### SKIN BREAKDOWN

Pressure areas

Lymphoedema

Cellulitis

Burns

**NOTE:** *Most pressure areas are a result of poor pressure care. Ensure that the adult is referred to an Occupational Therapist for follow up and review of their pressure care equipment.*

### LOWER LIMB SWELLING

Fracture

Lymphoedema

Cellulitis

Deep Vein Thrombosis (DVT)

Other including; chilblains, eczema and poor circulation

### OTHER CONSIDERATIONS

When treating the acute medical problem other aspects of care need to be considered.

#### DOES THE PATIENT NEED ASSISTANCE WITH MOBILITY?

- walking frame / crutches / wheelchair
- assistance with transfers
- consider referring to rehabilitation team for further assessment

#### DOES THE PATIENT NEED PRESSURE AREA CARE?

- air mattress (ideal for inpatients as they help with protection against pressure areas on sacrum, legs and heels)
- as an inpatient, consider all chairs that the client is sitting on (wheelchair cushions can be used as pressure relief on other chairs)

#### DOES THE PATIENT NEED DVT PROPHYLAXIS?

#### DOES THE PATIENT NEED ASSISTANCE WITH CONTINENCE CARE?

- clean intermittent catheterisation
- enema/bowel washout

**NOTE:** *If an inpatient is confined to a hospital bed or has intravenous drip and/or fluids running, they may also need help with personal care.*

#### WHAT MEDICATION DOES THE PATIENT TAKE?

### DISCHARGE PLANNING

When considering discharge planning ensure that:

- Adults are assessed to determine how they will cope once discharged from hospital. **Attention should be given to their mobility and personal/domestic care needs.**
- **All adults should have their discharge summary sent to their GP and any relevant specialist.**
- The Spina Bifida Adult Resource Team (SBART) is contacted to provide support to the adult in the community and ensure they are followed up to prevent further hospital admissions.

CONSIDERATIONS FOR TREATMENT