COMMENTARY

Early Acute Management in Adults With Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Providers. Who Should Read It?

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This issue features the newest Clinical Practice Guideline by the Consortium for Spinal Cord Medicine. The tenth in this series published by Paralyzed Veterans of America (PVA), "Early Acute Management in Adults with Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Providers," focuses on caring for patients during the first crucial 72 hours after spinal cord injury (SCI). During this time, the diagnosis of SCI is being established in an individual who may have multiple serious and possibly life-threatening injuries. While the priority is to render emergency care to save the person's life, the basic principles of care of acute SCI must be observed if major complications are to be avoided. Actions taken during this short window of opportunity may determine the success of both short- and long-term outcomes. Because even small errors in care can lead to rehabilitation-halting or even fatal complications, recommendations in this guideline reflect both "best practice" clinical experience and established research evidence.

The Consortium for Spinal Cord Medicine was established to develop and promote evidence-based guidelines aimed at improving the standard of care and enhancing the health of people with SCI. The consortium received administrative and financial support from Paralyzed Veterans of America. The guidelines published by the Consortium over the last several years have been well accepted by the SCI care team and have influenced the management of secondary complications such as neurogenic bladder, pressure ulcers, and respiratory insufficiency, and the importance of preserving upper limb function (1–4). We encourage the readers of *JSCM* and their colleagues at the front line of trauma management in the Emergency and Intensive Care Units to utilize this new guideline to further ensure optimal care for people with traumatic SCI.

The expert panel that developed this guideline comprised nominees from the Consortium's constituent organizations including for the first time the Society for Critical Care Medicine. Each panel member is a clinician with expertise in

the various aspects of treating the patient with SCI, particularly in the acute setting. The recommendations contained in this guideline were drawn from graded citations reflecting a rapidly evolving body of literature from such diverse areas as critical care, physical therapy, anesthesiology, and various psychosocial disciplines. Because the literature in some of these areas is unfortunately sparse, the guideline includes extensive suggestions for future research, which will hopefully inspire new and innovative SCI research.

The guideline is organized by topics, which are arranged across the continuum of care from organization of a regional health care system, through early diagnostic evaluation, to definitive patient management (such as anesthetic management) and early rehabilitation. The recommendations include suggestions for treatment of less common related entities such as hysterical paralysis and decompression sickness and offers approaches for psychosocial care of both patients and families in the early hours after injury.

This comprehensive guideline should be read by all professionals who care for people with SCI. In the interest of broad and rapid dissemination, the guideline can also be downloaded at no cost from PVA's web site (www.pva.org); printed copies are available for the cost of shipping only. Because *JSCM* participates in PubMed Central, full-text of this guideline will be available online. On behalf of the Consortium, we request your help to ensure that this critical information reaches the surgeons, emergency physicians, traumatologists, intensivists and their trainees with whom you work. Optimal acute care of traumatic spinal injury is essential to the achieving the outcomes we all desire for our patients.

REFERENCES

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