

The Role of the Spinal Nurse Specialists

The Spinal Nurse Specialists provide life long follow up, care, support and advice to all patients who go home from the Spinal Unit who have suffered a spinal cord injury with some degree of spinal cord damage.

Within the first week of your admission, we tell your community district nurse by both telephone and letter about your spinal cord injury. By doing this it allows the complex discharge planning process to begin. It also builds a good working rapport with colleagues in the community who may be involved in your care once you go home.

We attend your inpatient goal planning meetings and discharge case conferences which on occasion due to location can be done by tele-medicine links.

We will invite your district nurse to all your goal planning meetings and if they are unable to attend update them by telephone afterwards.

Our aim is to link you, the patient, to the Spinal Unit multi-disciplinary team and community setting.

Upon discharge, if you have no spinal cord damage you will receive a follow up telephone call within two weeks of going home.

In addition we provide support, education and information to your family, carers and other professionals who may be involved in your care. This also includes working jointly with other hospitals, nursing homes and community professionals.

We help in the management of:

1. Bladder and bowel care.
2. Skin care and pressure sore management. This involves working jointly with the occupational therapy department who deal with patients' cushions, seating and general wheelchair assessments.

We offer post-discharge visits to all patients throughout Scotland, including the Islands, within four weeks of their initial discharge home. In doing so, we aim to promote a safe and smooth patient transfer from hospital to home or any other community placement.

You, your family or other health professionals can also request further visits from us. By offering this service it hopefully reduces the risk of long term complications and re-admission to hospital.

We run Outreach Clinics at:

- Aberdeen 5 times per year
- Arbroath 3 times per year
- Dumfries 2 times per year
- Borders 2 times per year
- Huntly Once per year
- Inverness 4 times per year
- Lothian monthly

By providing these clinics it allows you to attend a spinal injury review appointment locally with the benefits of reduced travel time and costs. When arranging the clinics we try and give patients a choice of appointment times that may fit into their daily routine and bowel routines etc.

If for any reason you are admitted or transferred to your local hospital for treatment we can also provide support, advice and training to local professionals. This includes us carrying out visits, and providing advice and guidance. We also supply information regarding your care by both telephone and information booklets. By doing this we aim to reduce the risk of you developing complications during your admission.

All patients when discharged are given direct access to ourselves both by telephone and email.

We do have a 24 hour telephone answer machine but this is for non-emergency calls. For any emergencies please contact your GP or when surgeries are closed contact NHS24 on 111.