

Spinal Motion Restriction (204)

Adults	Pediatrics (13 years and under)
Public Safety First Aid Procedures: Only	Public Safety First Aid Procedures: Only
<ul style="list-style-type: none"> • Support ABC's • Request Fire/EMS • Encourage patient to remain still if in a safe area/environment 	<ul style="list-style-type: none"> • Support ABC's • Request Fire/EMS • Encourage patient to remain still if in a safe area/environment
BLS Procedures: EMT's and Paramedics start here	BLS Procedures: EMT's and Paramedics start here
<ul style="list-style-type: none"> • If patient found in setting of significant trauma, perform spinal assessment. Does patient have any of the following? • Posterior midline vertebral pain, tenderness, or deformity • Numbness or weakness in any extremity post trauma • Painful distracting injury • GCS<15 • Intoxication • AGE <3 or >65 • Severe head or facial trauma • Language barrier without reliable translator • If yes Perform spinal motion restriction. • Apply Cervical Collar • If patient is ambulatory and can safely self-extricate, assist to gurney • If extrication needed: Use backboard or rigid extrication device to move patient to gurney. Remove backboard or rigid extrication device once patient is on gurney • Secure patient with seatbelts or straps in supine position or position of comfort if supine position not tolerated • If isolated penetrating trauma, do not apply Cervical Collar, encourage patient to minimize cervical motion. 	<ul style="list-style-type: none"> • If patient found in setting of significant trauma, perform spinal assessment. Does patient have any of the following? • Posterior midline vertebral pain, tenderness, or deformity • Numbness or weakness in any extremity post trauma • Painful distracting injury • GCS<15 • Intoxication • AGE <3 • Severe head or facial trauma • Language barrier without reliable translator • If yes Perform spinal motion restriction. • Apply Cervical Collar • If patient is ambulatory and can safely self-extricate, assist to gurney • If extrication needed: Use backboard or rigid extrication device to move patient to gurney. Remove backboard or rigid extrication device once patient is on gurney • Secure patient with seatbelts or straps in supine position or position of comfort if supine position not tolerated. • If isolated penetrating trauma, do not apply Cervical Collar, encourage patient to minimize cervical motion.
ALS Prior to Base Hospital Contact:	ALS Prior to Base Hospital Contact:
Base Hospital Contact Required	Base Hospital Contact Required

204 SPINAL MOTION RESTRICTION

Spinal Motion Restriction (204)

1. Implement spinal motion restriction in the following circumstances in the setting of significant trauma:
 - A. Posterior midline spinal pain or tenderness with a history of or suspicion of trauma.
 - B. Numbness or weakness in any extremity after trauma.
 - C. Unreliable exam including:
 - 1) Injuries distracting patient from distinguishing spinal pain (e.g., pelvic fracture, multi-system trauma, crush injury to hands or feet, long bone fracture proximal to the knee/elbow, or to the humerus/femur, severe head or facial trauma, etc.)
 - 2) Penetrating trauma does not require spinal motion restriction unless injury is suspected
 - 3) Altered Mental Status GCS <15
 - 4) Intoxication
 - 5) Language barrier, unless reliable translation is available
 - 6) Age less than 3 or greater than 65
2. Examples of significant trauma include but are not limited to MVC>40 MPH, MVC rollover and/or ejection, fall > 3 feet or 5 stairs, axial loading, recreational vehicle crash (motorcycles, ATVs, etc.), car vs pedestrian or bicycle, vehicle intrusion > 12 inches to occupant side > 18 inches to any site.
3. Patients who require spinal motion restriction are determined by the above criteria, **not mechanism of injury alone.**
4. Victims of isolated penetrating trauma should not have a Cervical Collar applied.
5. Complete spinal motion restriction includes cervical collar (C-Collar) and gurney straps or seatbelts only. Head blocks may be used to prevent rotation.
6. Backboard or rigid extrication device shall not be used for spinal motion restriction. No patient shall be transported on backboard or rigid extrication device unless removing patient from device interferes with critical treatments or interventions. Vacuum splint is acceptable.
7. If neurologically intact patient can safely self-extricate assist the patient to the gurney after C-Collar has been applied. If ambulatory instruct patient to sit on the gurney. Do not use standing takedown on ambulatory patients.
8. Providers should use a slide board or flat to facilitate movement between gurney and other surfaces such as ambulance bench seat or hospital bed.