**SKILL: C Spine Clearance**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |
| --- | --- | --- | --- |
| No | PERFORMANCE | Competent | Omitted |
|  | Takes, or verbalizes, body substance isolation precautions |  |  |
|  | Introduces self to the patient |  |  |
|  | Asks the patient for a summary of what has happened, listens appropriately without interruptions |  |  |
|  | Explains each step in lay terms and puts the patient at ease |  |  |
|  | Gives clear and stepwise instructions on the process of C Spine clearance so that all concerned know how to proceed |  |  |
|  | Offers analgesia if pain is established |  |  |
|  | Establishes risk factors ie:  ≥65 years old  Dangerous mechanism  Fall from ≥ 3 feet or 5 stairs  High speed (roll over, ejection, ≥ 100kph)  Motorized recreational vehicle (ATV, snowmobile)  Bicycle collision  Axial load (diving)  Paresthesias in extremities |  |  |
|  | Meets the 5 low risk criteria:  No midline C-spine tenderness  No evidence of intoxication  No loss of consciousness or alertness  No focal neurological deficit  No distracting injusries |  |  |
|  | Able to rotate neck actively to the left and right by 45º |  |  |

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_