

Collar Care



<https://www.aspenmp.com/vista-multipost-collar.html>

**For patients requiring cervical spinal stabilisation with use of the
ASPEN VISTA COLLAR**

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***Critical Care Guidelines
FOR CRITICAL CARE USE ONLY***

Patients will initially come to ICU from ED wearing a hard plastic collar. This is used to facilitate early hospital transfer providing initial stabilisation and it should never be used for more than 4 hours, by which time a firm diagnosis should be made regarding clearance of the cervical spine (1). For clarification of 'spinal clearance', the term 'cleared' in the management of the trauma patient with an actual or potential spinal injury means that the spine has been deemed 'free of injury' by the medical staff after clinical and/or radiological assessment (4).

If the cervical spine has **NOT** been cleared *or* it is evident that there is an injury, action must be taken to fit an appropriate collar with suitable padding (1). The Aspen Collar is what is most commonly used. The Aspen Vista collars support stable spinal fractures from C1 to C7, whereas the Miami-J collars support the spine from C2 – C5(4).

Breakdown of skin integrity can occur within the first 48hrs of cervical collar placement and the use of a cervical collar for more than 5 days is associated with a 38% to 55% risk of pressure ulcer development (1).

Collar care should be conducted every **4 hours** to relieve pressure and to inspect for early signs of skin break down. The areas of concerns for skin integrity are chin, mandible, ears, occiput, shoulders, laryngeal prominence and sternum (2).

Collar Care Steps (3):

1. Correct Fitting

- Ensure the Aspen Collar is correctly fitted by a trained nurse
- Assess every shift if the: chin is cupped, ears are clear, adams apple is clear, front piece is resting on sternum, front piece is lined up with back piece, velcro straps are evenly placed, collar is centred and neck is in neutral alignment
- Use dial to tighten or loosen as necessary – use one finger to run along from under ear to the jaw line. The finger should not be able to run along past jaw line
- Aspen Vista Application video:
<https://www.youtube.com/watch?v=jgxv4L9CZbq>

2. Skin Care

- Remove the front of collar with the assistance of two staff every 4 hours to relieve pressure
- Skin should be washed and dried, and pressure points examined especially at the back of neck and occiput (this can be assessed whilst logrolling the patient), it is required to visualise skin through the hair
- Male patients will need a daily shave and beards trimmed to prevent irritation and pressure areas to their chin
- Hair must be washed with the head held in neutral to slight extension. It should also be combed and checked for knots or matting. Hair can be clipped short to prevent pressure areas
- Under any circumstance talc, aftershave or perfume should not be used. A barrier spray such as Cavilon ® can be used to protect reddened or delicate skin
- Any evidence of skin deterioration must be documented, and the Nurse in Charge made aware

3. Change of pads

- The Aspen collar comes with removable pads. An extra set of pads should be obtained in order to rotate as required. These can be washed in warm soapy water then left to air dry (it takes about 8 hours to fully dry)
- A single gauze swab can be used and replaced as necessary under chin for absorption purposes (oral secretions, blood). Swabs should not be used for padding purposes as this may cause friction and damage skin

4. Pillow Use

- Pillow use is rare, although if the patient is stable and is for conservative management, one may be considered
- If a patient is unstable or awaiting surgery for repair of the fracture, then NO pillow should be used
- If the patient has had cervical surgery and it is the surgeon's recommendation to have a collar post operatively, a pillow is allowed as the neck is stable and the collar is in place during the healing process

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- Documentation should be updated in the patient's medical record that the patient can have a pillow in place

5. Log Rolling

- The patient must be log rolled every 4-6 hours to facilitate collar and patient pressure care. This must be undertaken with a minimum of 5 to 6 members of staff depending of patient's body weight
- To inspect the back of the head a competent nurse or doctor must formally lead the log roll. With the collar still in place, the patient is rolled, and the collar is unfastened to inspect and clean the area. The neck is manually immobilised until the collar is re-secured
- The occiput area must be well inspected and felt for signs of bogginess, redness or other signs of pressure damage. Hair should be brushed, removing knots and elastics or hair clips

6. Documentation in Nursing Care Plan⁽⁴⁾

- Skin care and pad replacement
- Skin integrity under collar and action taken

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References:

- 1- Abram, S. Bulstrode, C, Routine Spinal immobilization in trauma patients: What are the advantages and disadvantages? *The Surgeon*, 2010. 8 (4): p 218-222
- 2- Walker, J., Pressure ulcers in cervical spine immobilisation: a retrospective analysis. *Journal of Wound Care*, 2012. 21 (7): p 323-326
- 3- Liersch, K., Gumm, K., Judson, M., Walsh, D. McDonald & Advisory Committee on Trauma. Management of the patient with spinal precautions. The Royal Melbourne Hospital. Trauma Service. Version 5.0. (2015)
- 4- <https://www.christie.nhs.uk/media/5705/guidelines-for-assessment-and-management-of-patients-requiring-spinal-braces-or-hard-cervical-collars.pdf>