

Spinal Care

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Guideline Model Process)

Aliases

None noted

Patient Care Goals

1. Select patients for whom spinal motion restriction (SMR) is indicated
2. Minimize secondary injury to spine in patients who have, or may have, an unstable spinal injury
3. Minimize patient morbidity from the unnecessary use of immobilization devices

Patient Presentation

Inclusion criteria

Traumatic mechanism of injury

Exclusion criteria

None noted

Patient Management

Assessment

1. Assess the scene to determine the mechanism of injury
 - a. Mechanism alone should not determine if a patient requires spinal motion restriction – however, mechanisms that have been associated with a higher risk of injury are:
 - i. Motor vehicle crashes (including automobiles, all-terrain vehicles, and snowmobiles)
 - ii. Axial loading injuries to the spine
 - iii. Falls greater than 10 feet
2. Assess the patient in the position found for findings associated with spine injury:
 - a. Mental status
 - b. Neurologic deficits
 - c. Spinal pain or tenderness
 - d. Any evidence of intoxication
 - e. Other severe injuries, particularly associated torso injuries

Treatment and Interventions

1. Place patient in cervical collar and initiate spinal motion restriction in adults if there are any of the following:
 - a. Patient complains of midline neck or spine pain
 - b. Any midline neck or spinal tenderness with palpation
 - c. Any abnormal mental status (including extreme agitation)
 - d. Focal or neurologic deficit
 - e. Any evidence of alcohol or drug intoxication
 - f. Another severe or painful distracting injury
 - g. Torticollis in children