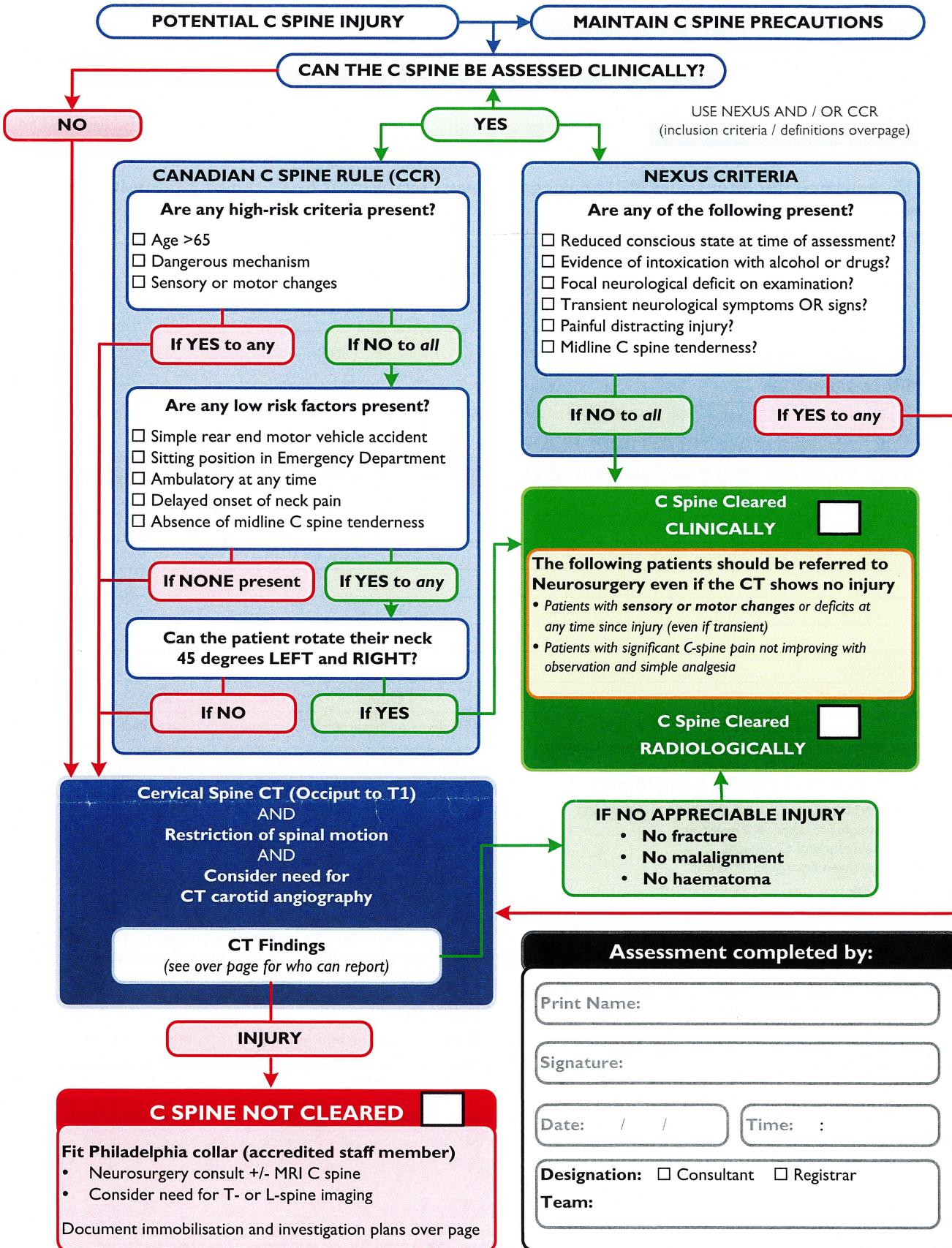


ADULT CERIVCAL SPINE ASSESSMENT PATHWAY EMERGENCY

FACILITY: _____

PT ID									
SURNAME.....					D.O.B.				
OTHER NAMES.....									
ADDRESS									

(Tick as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Patient (print name): _____	D.O.B.: / /	PT ID						
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IMMOBILISATION PLAN		(TO BE COMPLETED BY ADMITTING TEAM / NEUROSURGERY)						
<input type="checkbox"/> Complete spinal precautions <ul style="list-style-type: none"> • Patient must lie flat with collar until review Bed may be tilted but not broken • Strict log rolling and head holding must be utilised • The obtunded patient maybe immobilised using sandbags 		<input type="checkbox"/> Specified spinal precautions (tick all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Patient can sit to 30 degrees with collar on <input type="checkbox"/> Patient may side lie with appropriately fitted collar and wedge <input type="checkbox"/> Patient can sit in chair / bed with collar on <input type="checkbox"/> Other (specify): _____ 						
		OR						
INVESTIGATION PLAN		(TO BE COMPLETED BY ADMITTING TEAM / NEUROSURGERY)						
<input type="checkbox"/> MRI required: Indication: <input type="checkbox"/> Abnormal CT <input type="checkbox"/> Motor deficit <input type="checkbox"/> Sensory deficit <input type="checkbox"/> Pain <input type="checkbox"/> Decreased ROM <input type="checkbox"/> Other (specify): _____								
<input type="checkbox"/> MRI requested (for after-hours MRI bookings – request forms must be signed by a Consultant within the next business day): Requesting Registrar (print name): _____ Specialty: _____ Approving Consultant (print name): _____ Specialty: _____ Approval given: _____ Date: / / Time: :								
<input type="checkbox"/> MRI completed: <ul style="list-style-type: none"> <input type="checkbox"/> Normal → <input type="checkbox"/> C spine cleared → <input type="checkbox"/> Remove collar (document on Page 1) <input type="checkbox"/> Abnormal → See TREATMENT PLAN 								
TREATMENT PLAN (Neurosurgical plan within 24 hours for all patients with uncleared C spine)								
Authorised by:		Designation:						
Signature:		Date: / /			Time: :			
WHO CAN CLEAR CLINICALLY? <ul style="list-style-type: none"> • Emergency Medicine Consultant / approved Registrar • Surgical Consultant / approved Registrar • Intensive Care Consultant / approved Registrar WHO CAN CLEAR RADIOLOGICALLY? <ul style="list-style-type: none"> • Radiologist / approved Registrar • Neurosurgical Consultant • Approved Emergency Physician DEFINITIONS NEXUS inclusion criteria: (1) Blunt trauma to cervical spine NEXUS exclusion criteria: (1) penetrating trauma (2) injury ≥ 48 hours ago (3) insufficient information to apply criteria CCR inclusion criteria: (1) age ≥ 16 (2) acute trauma to head or neck AND haemodynamically stable (3) alert / GCS 15 (4) injury ≤ 48 hours (5) neck pain OR (injury above clavicles AND not ambulatory AND dangerous mechanism) CCR exclusion criteria: (1) trivial injuries (2) penetrating trauma (3) acute paralysis (4) known vertebral disease (5) representation (6) pregnancy Reduction in conscious state if any of the following is present: 1. Glasgow Coma Score ≤ 14 2. Disorientation to person, place, time or events 3. Inability to remember three objects at five minutes		4. Delayed or inappropriate response to external stimuli 5. Any focal deficit on motor or sensory examination Intoxication (if any of the following are present): <ol style="list-style-type: none"> 1. A recent history of intoxication or intoxicating ingestion by patient or Observer 2. Slurred speech, ataxia, altered thought patterns or other cerebellar findings consistent with intoxication 3. Pathology tests positive for drugs that affect alertness or have a blood alcohol level of >0.5 mg/dl Posterior midline tenderness: if the patient complains of pain on palpation of the midline neck from the nuchal ridge to the prominence of the first thoracic vertebra, or if there is pain with direct palpation of any cervical spinal process Focal neurological deficit: is any focal neurologic finding on motor or sensory examination Painful distracting injuries: include any condition thought by clinicians to be producing pain sufficient enough to distract the patient from a neck injury Dangerous mechanism: includes fall from 0.9 metres, axial load to head, high speed motor vehicle accident (>100 miles per hour, rollover or ejection), motorised recreational vehicle collision or bicycle collision Simple rear-end motor vehicle accident: includes pushed into oncoming traffic, hit by a bus/large truck, rollover, hit by high-speed vehicle						
Abbreviation key: +/- plus or minus > greater than \geq greater than or equal to \leq less than or equal to C spine Cervical spine CCR Canadian Cervical Spine Rule CT Computed tomography GCS Glasgow Coma Scale mg/dl milligrams per decilitre MRI Magnetic resonance imaging ROM Range of movement								