

Southern Illinois Regional EMS System

II-36 SPINAL IMMOBILIZATION

The goal of spinal immobilization is to limit movement and prevent further harm.

Indication:

- Patients who sustain a mechanism of injury sufficient to produce spinal trauma who do not meet exclusion criteria
- Patients with complaint of pain in the spine or neurological deficit
- Once the patient is placed in spinal immobilization it should be continued until transfer of care to the receiving hospital

Suspect spinal injury in ALL patients with:

- Head or facial trauma
 - Injuries above the clavicles
- Patients with decreased or altered level of consciousness when events leading to the episode are unknown or altered mental status.
- Suspected deceleration injuries
- Motor Vehicle Collision
 - Ejection in high speed MVC
- Falls including:
 - Ground level fall.
 - 3x patient's height or 15 feet
- Axial load
- Diving accidents
- Sports injuries to head or neck
- Unconscious trauma patient
- Abnormal sensory/motor exam findings
- Physical findings suggesting neck or back injury
- Other distracting injuries or positive findings consistent with a spinal injury

Backboard Exclusion Criteria:

- Patients can be transported with a cervical collar but without the use of a long backboard if the following criteria are present:
 1. GCS of 15 (normal level of consciousness plus the ability to communicate well)
 2. No spine tenderness or anatomic abnormality of the spine
 3. No neurologic findings or complaints
 4. No distracting injury which prevents accurate assessment
 5. No intoxication from any substance

Procedural Options:

- Stable patient/scene: use vacuum mattress, short board, scoop stretcher.
- Stable patient /scene if seated or in vehicle: use KED (vest-type device).
- Unstable patient/scene: rapid extrication.
- Transport with cervical collar, but without long backboard:
 - When the Backboard Exclusion Criteria are met
 - When there is an extended transport time
 - When the patient is found to be ambulatory on scene
 - This eliminates the "standing take down" with a backboard
 - Assist the patient to a seated position on the stretcher

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Documentation:

- Neurological status prior to and after spinal immobilization
- If utilized, properly document the findings of the five Backboard Exclusion Criteria