

**Kitsap County EMS Spinal Motion Restriction**

**Quality Assurance Form**

I. Date of patient encounter: \_\_\_\_\_ Time: \_\_\_\_\_

II. Hospital Destination: \_\_\_\_\_ EMS Incident # \_\_\_\_\_

III. EMS Agency: \_\_\_\_\_

**IV. Type of Incident (circle one):**

Water/Diving    Motor Vehicle Crash    Ped/Bicycle vs Vehicle

Penetrating Trauma    Blunt Trauma to Neck (other than Motor Vehicle Crash)

Fall from Standing Height    Fall from Height Greater than 5 Feet

Other \_\_\_\_\_

**V. Spine Protocol Action:**

Patient Immobilized (see Questions VI and VII.)

Patient Not Immobilized

**VI. Indications for Immobilization (circle all that apply):**

Patient Unreliable (Intoxicated, Altered LOC, Acute Stress, language barrier)

Distracting Injury

Abnormal Sensory/Motor Exam

Spine Pain/Tenderness (indicate at least one mark in each column):

	<b>A</b>	<b>B</b>
Cervical		Anterior
Thoracic		Lateral
Lumbar		Posterior

None documented

**VII. Method of immobilization (circle all that apply)**

Rigid cervical collar    hard backboard    scoop stretcher

Other: \_\_\_\_\_