

Spinal Motion Restriction

Clinical Indication:

- To determine whether it is appropriate for the **Certified Provider** to apply spinal motion restrictions in the prehospital setting.

The following constitutes a positive spinal assessment and any ONE positive finding indicates the need for spinal motion restriction:

1. Midline bony spinal tenderness or palpable deformity on exam
2. Any neurologic complaint (numbness, weakness).
3. High energy mechanism of injury plus any of the following:
 - a. Altered mental status
 - b. Drug/alcohol intoxication
 - c. Inability to communicate (includes language barrier)
 - d. Presence of a painful distracting injury
 - e. Age <3

Procedure:

1. Place the patient in the appropriately sized C-collar
2. If the patient is **ambulatory** on scene, or if the patient can **safely** self-extricate:
 - a. Assist the patient to the EMS stretcher
 - b. Transport the patient in a supine position or in a position of comfort if supine position not tolerated
3. If the patient is **not ambulatory** or if extrication is required:
 - a. Use a rigid extrication device (e.g. backboard) as needed to move the patient to the EMS stretcher
 - b. Remove the rigid extrication device once patient is on the EMS stretcher if possible
4. The head may be supported with head blocks or similar device to prevent rotation
5. Secure the patient with seatbelts to the EMS stretcher in the supine position or a position of comfort if supine position not tolerated.

Spinal Motion Restriction

Patients who do not require spinal motion restriction must have all of the following;

1. GCS 15
2. No spine tenderness or anatomic abnormality
3. No acute neurologic impairment
4. No distracting injury
5. No evidence of intoxication

If the patient has a negative spinal assessment:

1. Transport in a position of comfort
2. Place in the appropriately sized C-collar if age >65

Notes:

No patient shall be transported on a rigid extrication device **unless** removing patient from the device interferes with critical treatments or interventions.

Patients who are victims of penetrating trauma **without focal neurological deficits do not** require spinal immobilization

Patients may be transported on vacuum boards or scoop stretchers if available

Upon arrival at the receiving hospital, the patient shall be transferred to the hospital gurney via a sliding board.

C-collars may be removed if they interfere with airway management, or if causing extreme distress

Examples of a painful distracting injury include obvious/suspected long bone fractures, large burns or any injury producing acute functional impairment.