



**Kitsap County EMS and Trauma Care Council**  
**Training Scenario**  
**Spinal Motion Restriction**  
**Scenario 1**

**Behavioral objective:** Given a simulated patient, the BLS team will:

- Identify a possible spinal injury.
- Appropriately determine the need for Spinal Motion Restriction.
- Appropriately package the patient for transport.
- Make the appropriate transport decision for the patient.

**EMS Level:** EMT

**Skills:**

- Patient Assessment
- Airway management
- C-collar placement

**Materials needed:**

- Automobile (any size)
- C-collar(s) either adjustable or various sizes.
- Ambulance with stretcher
- Appropriate strapping
- Patient assessment supplies
- Blankets

**References:**

- Kitsap County “Spinal Motion Restriction” procedure.

**Time Frame:** 20 minutes

**Preparation:**

- In preparation for the this station the student should have:
  - Read the *Kitsap County “Spinal Motion Restriction” procedure*.
  - Reviewed the accompanying slide presentation on the KCEMS website.
  - Completed the “Spinal Motion Restriction” worksheet.

## **Performance Drill:**

Dispatch time: 1400hrs. Setting: Suburban street intersection

Scenario: Patient is a 38 year old male (or female). The patient was restrained driver of a stopped vehicle that sustained a “rear-end” impact at approximately 10-15 mph. The patient is complaining of neck pain.

1. Team wears PPE to include eye protection.
2. Size-up: Responding vehicle placement has a safe work area. Noted a single patient. No hazards found. The patient’s car has indentation of the rear bumper. There was no airbag deployment.
3. Initial Assessment:
  - The patient is conscious and alert and oriented (GCS – 18).
  - The patient did not lose consciousness – confirmed by bystanders.
  - The patient is breathing without distress. It is noted that the patient has a normal rate and good tidal volume.
  - The patient’s skin is pink, warm and dry. No signs of obvious bleeding.
4. Expected Actions:
  - Manually stabilize c-spine.
  - Perform a rapid trauma assessment.
  - Obtain a patient history.
5. Further Assessment:
  - S – Patient is complaining of pain to the neck, which increases on movement.
  - A – No Allergies.
  - M – No medications.
  - L – Last meal was a light lunch 2 hours prior to the collision.
  - E – The patient reports waiting at a stop light when the collision occurred.
  - Initial vitals show a BP - 118/88, Pulse – 116, Respirations. – 18  
SpO2 = 99% on ambient air.
  - Patient has no neurological deficits.
  - The patient denies alcohol or drug use.
  - The patient has no distracting injuries.
6. Expected Actions:
  - Place a properly sized cervical collar to the patient’s neck.
  - Assist the patient out of the automobile and onto the stretcher.
  - Secure the patient to the stretcher in the supine position with enough seatbelts to insure minimal movement during transport.
  - Consider head blocks or other means to prevent the rotation of the patient’s head.
  - Transport.

7. Further Evaluation:
  - BP - 122/84, Pulse – 116, Respirations. – 18  
SpO2 = 99% on ambient air.
  - Patient begins to c/o nausea.
8. Expected Actions:
  - Remove any head restraint.
  - Move patient into a 30° to 45° semi-fowlers position.
  - Prepare suction.
  - Reassess patient.
9. Further Evaluation:
  - Patient reports the nausea has subsided.
  - Continue transport to E.D.

**Application:** The scenario should be performed as close to actual field performance as possible. A team approach should be used to set up equipment and procedures as needed.

**Evaluation:** The team should discuss the scenario performance in the usual after action format.

**Assignment:** None.