#### SPINAL IMMOBILIZATION

### I. <u>INDICATIONS</u>

- A. All trauma patients with a neurological deficit.
- B. All trauma victims complaining of head, neck, or back pain.
- C. All unconscious trauma victims.
- D. All trauma victims who may have spinal injury, who also exhibit altered mental states, (e.g., drugs, alcohol).
- E. All trauma victims with facial or head injuries.
- F. All trauma patients with "mechanism of injury" that may have resulted in spinal injury.

# II. <u>CONTRAINDICATIONS</u>

A. none

# III. PRECAUTIONS

- A. When in doubt, immobilize.
- B. Scoop stretchers do not adequately support the spine.

### IV. EQUIPMENT

- A. Rigid Cervical Collar
- B. Head immobilization devices, (e.g., C.I.D., Bashaw)
- C. Blanket roll
- D. Proper immobilization device, (e.g., short spine board (KED)
- E. Long spine board
- F. Straps or Spider Straps

# V. PROCEDURE UTILIZING SHORT SPINE BOARD

- A. First rescuer stations himself behind victim and applies manual immobilization to head and neck.
- B. Neck is held in a neutral position.
- C. Second rescuer applies properly sized rigid C-collar
- D. Position a proper immobilization device behind victim.
- E. Secure victim to device.
- F. Transfer victim to a long spine board.
- G. Secure victim to long spine board.

# VI. NOTES:

- A. There are several different devices of this type, you must become familiar with the equipment and strapping procedures of your device.
- B. Short spine board or equivalent to be used when the patient is in a position that does not allow for the use of the long spine board.

# VII. PROCEDURE FOR LONG SPINE BOARD

- A. Maintain manual immobilization on the head and spine (in a neutral position).
- B. Apply properly sized rigid C-collar.
- C. Log roll patient and place spine board behind him.
- D. Roll the patient back onto the board and secure him with straps.
- E. Secure head with appropriate immobilization device.

### VIII. SPECIAL CONSIDERATIONS (INTERFACILITY TRANSFERS)

A. Any patient with Mechanism of Injury that could result in spinal injury will be transported in full spinal immobilization. This includes all patients that have been cleared by the transferring facility **unless** cleared by a Trauma Surgeon.

Blessing Hospital, EMS Medical Director	Passavant Hospital, EMS Medical Director
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St Johns Hospital, EMS Medical Director	Memorial Medical, EMS Medical Director
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Jersey Community Hospital, EMS Medical Direct	or