SELECTIVE SPINAL IMMOBILIZATION

ALL PROVIDERS

- Focused history and physical exam
  - Blood glucose, Oxygen and Temperature assessment.
  - Evaluate the mechanism of injury.
  - Assess exposure to drugs, alcohol or other toxins including environmental toxins.
  - Assess history of arthritis, cancer, or other possible spine/bone diseases.
  - Assess environment, location of patient, and need for extrication.
  - As appropriate, determine if pregnant and place in left lateral decubitus position if >20 weeks gestation.

- Continuous ECG, ETCO2, and Pulse Oximetry monitoring when available.

- Treatment Plan: If spinal immobilization is to be applied:
  - Explain the need for spinal immobilization to the patient.
  - Apply appropriate cervical immobilization.
  - Apply appropriate thoracic and lumbar immobilization.
  - PEDS – use a pediatric specific immobilization device for those <8 years old OR use a towel or pad to raise the child’s body (not their head) to insure appropriate spinal alignment. Age <2 should be immobilized in a car seat or age appropriate papoose device.
  - Assess neurological function before, during, and after application of spinal immobilization.

Key Considerations

- Spinal immobilization should be considered a treatment NOT A preventive therapy. We don’t immobilize for mechanism of injury but rather for symptoms and/or physical findings.
- Patients who are likely to benefit from immobilization are the most seriously injured.
- Patients who are not likely to benefit from immobilization, who have no midline tenderness, a low likelihood of spinal injury, should not be immobilized
- Ambulatory patients who are alert and cooperative may be safely immobilized on a gurney with cervical collar (if the c-spine can’t be cleared)
- Vacuum splints are preferred and should be reserved for patients with midline thoracic or lumbar spinal pain or tenderness, or non-ambulatory patients who can’t be cleared.

ADULT

- Immobilize patient with cervical collar and/or spine immobilization device if there is midline spinal tenderness and any of the below criteria are met:
  - Age <8 or >65
  - Patient complains of midline neck or midline spine pain
  - There is any midline neck or spinal tenderness
  - There is any abnormal mental status or GCS <15
  - There is any evidence of alcohol or drug intoxication
  - There are other severely painful or distracting injuries present
  - If none of the above criteria are met, the patient can be cleared in the field

PEDiatric (<15 years of Age)

- Children <2 years should be immobilized in a car seat or an approved infant papoose device.
- Children who are <8 years old should be immobilized until evaluation at the hospital if the mechanism is suspicious and cannot have their C-spine cleared in the field

Contact OLMC for further instructions if the patient refuses immobilization despite the provider’s assessment for the need for spinal immobilization.

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