

AG29 Spinal Immobilization

Objectives:

- To provide guidelines for assessing and treating patients with possible spinal injuries

General Information:

- Positive mechanisms of injury that are high-risk for producing spinal injuries
 - a) High speed MVC
 - b) Falls > 3 times the patient's height
 - c) Axial load
 - d) Diving accidents
 - e) Penetrating wounds in or near the spinal column
 - f) Blunt trauma to or near the spinal column
 - g) Sports injuries to the head/neck
 - h) Unconscious trauma patient
- High-risk mechanisms are not the only mechanisms that can produce spinal injuries
 - a) Previous spinal surgery
 - b) Age extreme patients
- Medical patients are at risk for spinal injuries as well
 - a) Falls with unknown mechanism
 - b) Unable to determine if trauma occurred
- Low-risk mechanisms of injury can also produce spinal injuries that warrant immobilization
- Reliable patients are:
 - a) Calm
 - b) Cooperative
 - c) Not impaired by drugs, medications, alcohol or existing medical conditions
 - d) Awake, alert and oriented to person, place, time and event
 - e) Without distracting injuries



Warnings/Alerts:

- Manual spinal immobilization must be maintained until neurological exam is completed
- When in doubt, immobilize

OMD Notes:

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References:

ITLS 2008 pg 173-174, 185

Performance Indicators:

Index of Suspicion	Mechanism of Injury	Spinal Stabilization During Exam
Reliability Indicators	Sensory Exam Results	Patient Packaging

AG29--Spinal Immobilization Criteria

