

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13
Supersedes: 01/01/11

Protocol: P-051

CERVICAL SPINE IMMOBILIZATION

SUBJECTIVE FINDINGS

- Mechanism of injury suspicious for head or neck trauma (decelerating or blunt force injury).
- Back or neck pain.
- Numbness, weakness or paresthesias of the extremities.

OBJECTIVE FINDINGS

- Blunt and or penetrating injury to the head or neck.*
- Signs of trauma above the clavicles (e.g. facial deformity, bony crepitus or step-off, significant lacerations or hematomas).
- Altered mental status of unknown etiology.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Implement C-Spine precautions and stabilization for any patient meeting the criteria listed in "Objective Findings."• Obtain assistance (minimum 2-person procedure).• Stabilize head.• Apply rigid cervical collar.• Fix patient's body and head to a rigid backboard.• Immobilize body and head .	<ul style="list-style-type: none">• Paramedics may withhold or discontinue cervical spine precautions if the patient meets ALL of the following criteria:<ul style="list-style-type: none">- Normal mental status.- No clinical evidence of drug or alcohol ingestion.- Over age 5 and under age 55.- No neck pain or complaints of weakness or parasthesias of the extremities.- No neck tenderness upon palpation of the posterior cervical spine.- No complaint of pain, parasthesia or weakness when patient flexes, extends and rotates their head.- The patient does not have a major distracting injury.- No sign of trauma above the clavicles.• Consider Ondansetron ODT 8 mg dissolved on the tongue or Ondansetron 4 mg IV/IM for nausea/vomiting. May be repeated q 20" to a maximum dose of 12 mg.

DOCUMENTATION

- Baseline neuro status.
- Presence of injury suspicious for cervical spine trauma.
- If cervical spine precautions are withheld or discontinued, all of the above criteria are documented.

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- If partial cervical spine immobilization is utilized due to patient's medical condition, document reasons for not utilizing full cervical spine immobilization.

PRECAUTIONS AND COMMENTS

- Be conservative and apply cervical spine precautions if any question of cervical spine injury exists.
- *Penetrating trauma does not require C-Spine immobilization unless C-spine injury is suspected.
- Cervical spine protections should be applied prior to moving a patient unless an immediate life-threatening danger exists to the patient or the rescuers. In this situation, manual stabilization of the head and neck shall be maintained.
- In the rare event that a patient is felt to require cervical spine immobilization but cannot or will not tolerate it due to other factors, e.g. congestive heart failure with respiratory insufficiency, manual stabilization of the head and neck shall be maintained with fixation of the patient to a backboard if possible.
- Cervical spine immobilization of any length of time has been found to cause long term sequelae including chronic headaches, severe back pain and neuralgia.
- Do not use **Ondansetron** in children under age 4.