

SPINAL IMMOBILIZATION

INDICATIONS

- Traumatic head/neck/back pain - blunt and penetrating
- All patients with altered levels of consciousness who sustain trauma above the clavicles
- All patients with sensory or motor deficits following blunt or penetrating neck/back injury
- Significant mechanism of injury
- Patients demonstrating sensory or motor deficits should be considered for short board/KED extrication
- Consider patient exposed to electrical source (i.e. lightning, electrocution)

CONTRAINDICATIONS

- Caution should be used with impaled objects

EQUIPMENT

1. Hard cervical collar
2. Short board/KED
3. Long board with straps
4. Padding material
5. Lateral immobilization/padding

PROCEDURE

1. Secure scene and employ universal precautions.
2. Stabilize head with hands and maintain in-line position.
3. Apply appropriately sized collar.
4. Move patient to long board, apply firm padding as needed to maintain full neutral spinal position. Head padding should be sufficient to limit lateral cervical movement.
4. Secure/tape patient's torso and extremities to board. Infants in car seats should have application of an appropriate collar and lateral immobilization positioned in the car seat.
5. Secure/tape head to padding and long board across forehead and collar.

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