

**SPINAL IMMOBILIZATION PROTOCOL**

**ADMINISTRATIVE 1.32**

**I. PURPOSE**

To provide a field decision scheme for determining the need for spinal immobilization of injured patients.

**II. PROCEDURE**

Conduct a neurovascular assessment. Follow the outline below to determine the need for immobilization.

<b>BLUNT TRAUMA</b>		<b>PENETRATING TRAUMA TO HEAD, NECK OR TORSO</b>	
<p style="text-align: center;"><u>IMMOBILIZE</u></p> <p><i>if any of the following criteria are present:</i></p> <ul style="list-style-type: none"> <li>● Spinal pain or tenderness</li> <li>● Neurological deficit or complaint</li> <li>● Anatomic deformity of spine</li> <li>● Concerning mechanism of injury *</li> <li>● Presence of alcohol/drugs</li> <li>● Distracting injury **</li> </ul>	<p style="text-align: center;"><u>CONSIDER NOT IMMOBILIZING</u></p> <p><i>Patient must meet the following criteria:</i></p> <ul style="list-style-type: none"> <li>● No spine pain or tenderness                             <ul style="list-style-type: none"> <li>● No neurological deficit or complaint</li> <li>● No anatomic deformity of spine</li> </ul> </li> <li>● No concerning mechanism of injury *</li> <li>● Absence of evident impairment from alcohol/drugs</li> <li>● No obvious distracting injury **</li> </ul>	<p style="text-align: center;"><u>IMMOBILIZE</u></p> <p><i>if any of the following criteria are present:</i></p> <ul style="list-style-type: none"> <li>● Neurological deficit or complaint</li> </ul>	<p style="text-align: center;"><u>CONSIDER NOT IMMOBILIZING</u></p> <ul style="list-style-type: none"> <li>● No neurological deficit or complaint</li> </ul>

**III. SPECIAL CONSIDERATIONS**

\*Any mechanism that produces a violent impact to the head, neck, torso, or pelvis (e.g., assault, entrapment in structural collapse, etc.), or incidents producing sudden acceleration, deceleration, or lateral bending forces to the neck or torso.

\*\* Any injury that may have the potential to impair the patient’s ability to appreciate other injuries.

In the event that initiation of standard spinal immobilization is judged impractical or likely to cause more potential harm than benefit, use modified immobilization technique and contact medical direction as needed.

If decisional capacity is confirmed, defer immobilization and proceed with standard care. If patient lacks decisional capacity consult with medical direction. In patients refusing immobilization in whom decisional capacity is questionable, perform and document a cognitive screen.

**“USE CLINICAL JUDGEMENT. IF IN DOUBT, IMMOBILIZE”**

**EFFECTIVE: 1-18-11**