

SPINAL IMMOBILIZATION STANDING ORDER

Initiate immediate supportive care:

- Oxygen to keep O2 SAT >90%
- Complete primary and secondary survey as indicated
- Vital Signs including FSBG
- Maintain manual cervical spinal immobilization
- Perform Cognitive Decision Criteria Screen

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Use standing order on injured patients age 16-70 who score five or greater on cognitive screen

BLUNT TRAUMA

IMMOBILIZE if any of the following criteria are present:

- Spinal pain or tenderness
- Neurological deficit or complaint
- Anatomic deformity of spine
- Concerning mechanism of injury*
- Presence of alcohol /drugs
- Distracting injury**

DO NOT IMMOBILIZE
Patient must meet all three of the following criteria:

- No spinal pain or tenderness
- No neurological deficit or complaint
- No anatomic deformity of spine

PENETRATING TRAUMA TO HEAD, NECK OR TORSO

IMMOBILIZE
Neurological deficit or complaint

DO NOT IMMOBILIZE
No neurological deficit or complaint

IMMOBILIZE

*Any mechanism that produces a violent impact to the head, neck, torso, or pelvis (e.g., assault, entrapment in structural collapse, etc.)

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.

SPECIAL NOTE:

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.

“USE CLINICAL JUDGEMENT. IF IN DOUBT, IMMOBILIZE”

