

Spinal Immobilization Guidelines

Spinal Immobilization is indicated for trauma patients where there is a suspicion of spinal injury or the patient complains of pain associated with the spinal column. Special consideration should be given when the patient age is <8 or >70 years of age.

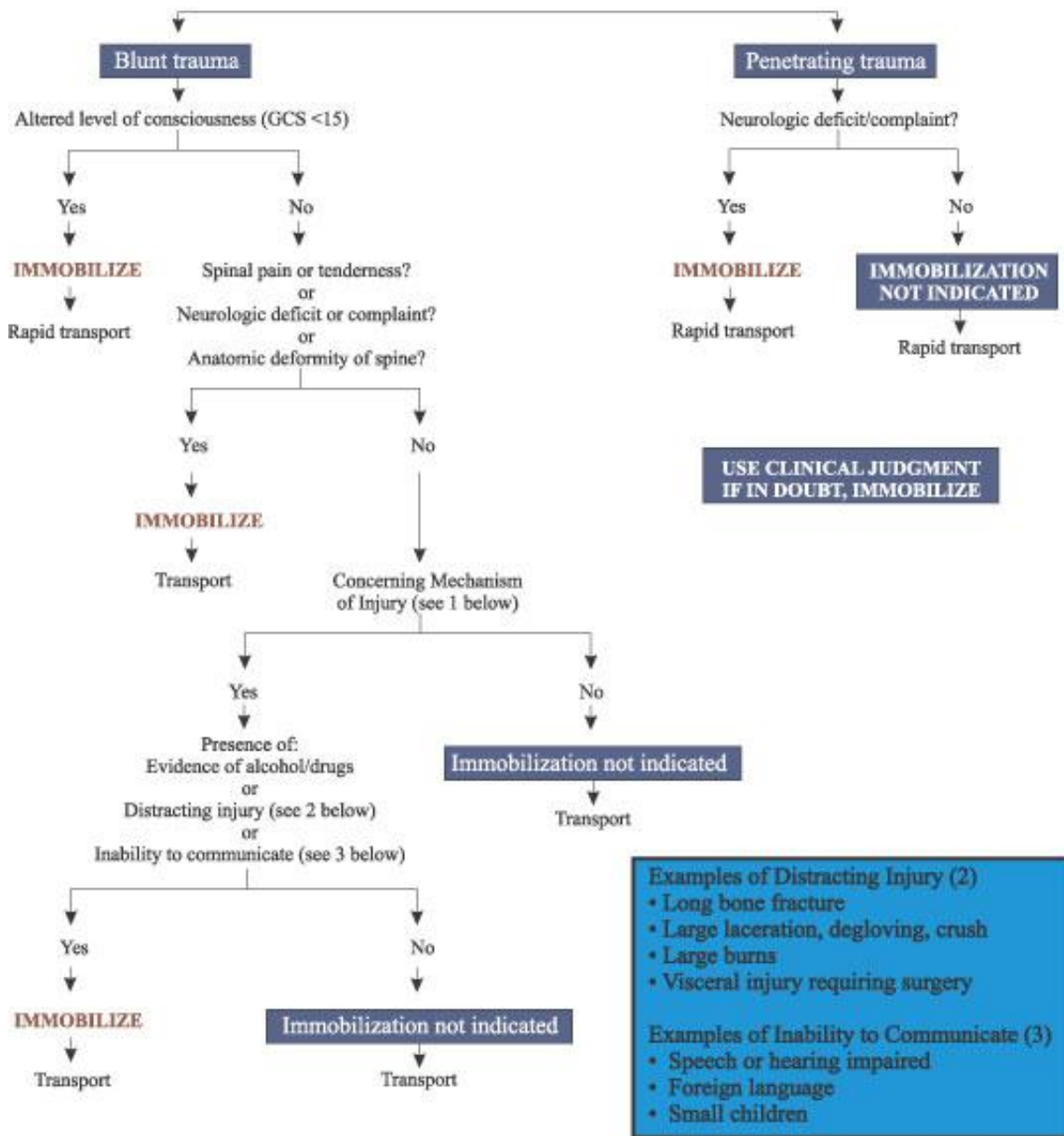
The provider may decide to forgo spinal immobilization if the following criteria are met:

- No significant Mechanism of injury
- No loss of consciousness
- No altered level of consciousness (LOC)
- Patient is able to communicate and is a reliable historian
- No signs of intoxication
- No distracting injuries
- No midline back or neck pain with or without movement
- No midline pain or tenderness or deformity present in back or neck upon palpation
- No pain present through full range of motion

Risk of spinal immobilization versus benefits should be weighed in special circumstances such as; prolonged extrication from wilderness setting and technical rescue situations.

Risks include; emesis with airway compromise, pressure sores, extreme patient discomfort. Index of suspicion for injury should be carefully weighed.

Indications For Spinal Immobilization



Adapted from Pre-Hospital Life Support (PHTLS) sixth edition text, NEXUS study.