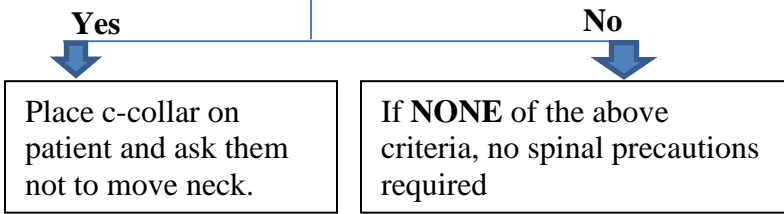


T055 Adult Spinal Precautions Protocol

**Does patient have/complain of any of the following:**

- Midline C/T/L spine tenderness on palpation
- Neurologic complaints or deficits
- Other distracting injuries
- Alteration in mentation or under influence of drugs or ETOH
- Barrier to evaluate for spinal injury (e.g. language or developmental barrier)
- Mechanism of injury significant enough to cause spinal injury

- Backboards have not been shown to be any benefit for spinal injuries, but may cause harm.
- Backboards/scoops are useful tools for carrying non-ambulatory patients to a gurney. Patients who do not need a backboard may be gently slid off the backboard/scoop onto the gurney.
- Self-extrication from a vehicle with assistance is likely better than standard extrication procedures.
- Vacuum mattresses should be used preferentially over a backboard if readily available.
- If for any reason you are uncomfortable NOT immobilizing a patient, then place patient on a backboard.
- **Use caution when assessing elderly patients for spinal injury. These patients are at higher risk and may have minimal symptoms.**
- Consider improvised cervical spine immobilization such as towel rolls and tape or a SAM splint if needed to prevent airway compromise or worsening spinal injury or the rigid c-collar cannot be correctly size to the patient.
- **Neurological exam documentation is MANDATORY in patients with potential spinal trauma, including serial exams.**



**ANY bluntly injured patient (whether from a fall, assault, MVC, etc, however seemingly minor) should be placed in a c-collar (or some sort of improvised C-spine immobilization if the patient cannot tolerate a c-collar) but they can be SELECTIVELY placed on a backboard in accordance with this protocol.**

