

SPINAL INJURY ASSESSMENT

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Patients with potential for unstable spinal injury. Any patient with a mechanism of injury should be evaluated for application of spinal motion restriction (SMR)

CRITICAL INFORMATION

- Omit SMR if all assessment criteria are assessed AND normal.
- If the immobilization process is initiated prior to assessment, STOP and perform spine injury assessment to determine best course of action.
- Studies show that immobilizing trauma victims may cause more harm than good.
- Penetrating trauma victims benefit most from rapid assessment and transportation to a trauma center without SMR.
- Penetrating trauma victims (stabblings, gunshots) to the head, neck, and/or torso SHOULD NOT receive SMR unless there is one or more of the following:
 - Obvious neurologic deficit to the extremities
 - Significant secondary blunt mechanism of injury (e.g. fell down stairs after getting shot)
 - Priapism
 - Neurogenic shock
 - Anatomic deformity to the spine secondary to injury
- Consider SMR in high-risk patients (see algorithm)

DOCUMENTATION- ESSENTIAL ELEMENTS

- Sensation and motor function of all extremities prior and subsequent to application of SMR
- Neurological, motor, sensory, other examination findings & situational circumstances which qualifies patient for omission of SMR

RELATED POLICIES/ PROCEDURES

- Spinal Motion Restriction GPC 13

PROCEDURE

