

PRACTICE GUIDELINES: NECK IMMOBILIZATION PRIOR TO CERVICAL SPINE CLEARANCE

OBJECTIVES:

1. Define appropriate methods for cervical spine immobilization prior to clearance.
2. Define appropriate devices for cervical spine immobilization to prevent skin breakdown and decubitus formation.
3. Encourage documentation of skin changes referable to the use of cervical spine immobilization.

DEFINITIONS:

1. Cervical spine immobilization: Use of a device to stabilize the neck in a neutral position until adequate evaluation can be undertaken to determine the presence or absence of cervical spine injury.
2. Cervical spine clearance: See RAD S06 Spine Imaging in Trauma Patients http://www.upstate.edu/policies/documents/intra/RAD_S-06.pdf

GUIDELINES:

1. All patients who have mechanism for cervical spine injury and are being evaluated according to the C-spine clearance protocol must be treated with cervical spine immobilization, including:
 - a. Head of bed elevated no greater than 30° as ordered by a physician.
 - b. Limit to log roll only if suspicion of thoracic, lumbar or sacral spine injuries.
 - c. Cervical immobilization collar.
2. Most patients will arrive in the trauma room with a stiff neck collar in place or a collar will be applied after arrival if necessary.
 - a. Make sure the collar has been applied correctly.
 - b. Check under the collar (with manual immobilization) for the presence of skin breakdown, lacerations, swelling, penetrating injuries, tracheal deviation, subcutaneous emphysema or distended neck veins.
 - c. Make sure that the collar is appropriately padded around laceration or other open wounds.
3. Proceed with C-spine clearance protocol.
4. If cervical spine injury cannot be ruled-out by the time the patient leaves the ED, then change the cervical collar to an appropriately-sized Philadelphia collar or padded collar.
5. If suspicion for cervical spine injury exists based on mechanism and/or associated injuries and cannot be ruled out clinically by 24 hours after admission, then obtain a high quality CT of the cervical spine.
6. If Cervical immobilization is needed for treatment switch to a padded collar (Miami J or Aspen)