SPINAL IMMOBILIZATION

1. INTRODUCTION:

- 1.1 Consider spine immobilization for a patient who sustains significant blunt trauma. Stabilize the patient until full spine injury assessment is complete, and then decide if immobilization is warranted. Use extra caution when evaluating high-risk patients (e.g. - elderly, osteoporotic, degenerative disorders, etc.)
- 1.2 The patient SHOULD NOT be spinal immobilized if all criteria are safely assessed and normal
- 1.3 Victims of penetrating trauma (stabbings, gunshot wounds) to the head, neck, and/or torso SHOULD NOT be immobilized 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
- 1.4 For those patients who should be immobilized, consider the use of significant padding under the patient, especially the elderly. Patients may safely be packaged on their side if airway/vomit/ drainage issues are present
- ▶ If the immobilization process is initiated prior to assessment, STOP and perform spine injury assessment to determine best course of action
- Studies have questioned the benefit of spine immobilization, and significant complications and delay because of immobilization. Alameda County EMS is supporting efforts to decrease unnecessary immobilizations in the field
- Studies show that on-scene delay, respiratory/airway compromise of immobilizing penetrating trauma victims is detrimental, and may cause more harm than good to the patient. Penetrating trauma victims benefit most from rapid assessment and transport to a trauma center

2. Pediatric Patients and Car Seats:

- 2.1 Infants restrained in a rear-facing car seat may be immobilized and extricated in the car seat. The child may remain in the car seat if the immobilization is secure and his/her condition allows (no signs of respiratory distress or shock)
- 2.2 **Children restrained in a car seat** (with a high back) may be immobilized and extricated in the car seat; however, once removed from the vehicle, the child should be immobilized
- 2.3 **Children restrained in a booster seat** (without a back) need to be extricated and immobilized following standard spinal immobilization procedures
- 3. **Helmet removal:** Safe and proper removal of the helmet should be done by two people following steps outlined in an approved trauma curriculum

SPINAL IMMOBILIZATION

