I have no relevant financial relationships or conflicts of interest to disclose
Objectives Overview

1. Research
2. Indications for Spinal Immobilization
3. "Nexus Exam" Spinal Assessment process.
4. General Guidelines
5. Special Considerations
Why Are We Changing?
Early studies demonstrated that spinal immobilization has little to no effect on neurologic function, or that its effect is uncertain. 1, 2

As studies progressed, was discovered that spinal immobilization may actually be contributing to pt. morbidity and mortality. 3
Does spinal immobilization help?

Probably Not!

- Increases pain ⁴, ⁵, ⁶
- Contributes to airway compromise ⁸, ⁹
- Increases mortality of those suffering from penetrating trauma ¹⁰, ¹¹, ¹²
- May actually cause MORE movement of the neck and spine ⁷, ¹³, ¹⁴
Spinal Injury Assessment

Changes highlighted in Red
Positive Mechanism

- Altered Mental Status
- Use of Intoxicants
- Significant **painful** distracting injury
- Motor and/or sensory deficit
- Spine pain and/or tenderness
New General Guidelines
General Guidelines - New Protocols

The following apply to all patients with a Positive Spinal Assessment

- Long backboard or equivalent only required for extrication and movement to cot*. 
Long Backboard

- Only for patients with Neuro-Deficits

- Only required for extrication and movement to the cot*.

- Can be removed afterward*.

* The NATA recommends leaving patients with neuro-deficits on the backboard for transport.\(^{15}\)
6+ Lift Technique

- Recommended by the NATA in place of log-roll
- 1 person at head
- 6+ rescuers equally distributed along body
General Guidelines - **New Protocols**

The following apply to all patients with a **Positive Spinal Assessment**

- Patients, who are stable, alert, and without neurological deficit should **be allowed to self-extricate to cot after placing a c-collar.**
Self-Extrication Procedure

- Do **not** have neuro deficits.
- Can move themselves to stretcher after c-collar placement.
- Limit spinal movement during process.
• Place patient supine or in position of comfort.

• Head/neck should be padded to prevent excessive movement.
The following apply to all patients with a **Positive Spinal Assessment**

- Ambulatory patients with positive spinal assessment should **have a c-collar placed** and be moved directly to cot while limiting spinal movement.
New Special Considerations
New Special Considerations

- You may forgo immobilizing combative/agitated patients
- If c-spine is hampering airway management, airway comes first.
- NATA recommends removal of protective athletic equipment prior to transport.\(^\text{15}\)
The Nata recommends each athletic program have an **Emergency Action Plan (EAP)** developed in conjunction with local EMS.\(^{15}\)

- The **EAP** establishes a plan to integrate athletic team, EMS and hospitals to facilitate fast and efficient care.
The “Take Home” Message

- New perception of “spinal precautions.”
- Spinal immobilization still exists:
  - In a collar, on the cot
  - Backboard generally for movement only
- As always, use clinical judgment. Be aware of your local protocols.
Thank you!
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