

FULL SPINAL PRECAUTIONS

I. POLICY:

All patients presenting with any of the following listed conditions require full spinal precautions including, the use of a spineboard, ridged cervical collar, foam wedges to limit lateral head movement, straps, tape and if applicable, a spinal immobilization device, e.g., K.E.D..

A. Normal Mental Status

1. Spinal pain or tenderness with a history of trauma.

NOTE: Patients with isolated mid to low back pain (e.g. no numbness, weakness, etc.) do not need immobilization of the cervical spine with a cervical collar. Immobilization of the area that hurts is sufficient in these cases.

2. Mechanism of injury consistent with cervical spine injury.
3. Multiple system trauma.
4. Sign of severe head or facial trauma.
5. Complaints of numbness or weakness in any extremity.
6. Any prior loss of consciousness secondary to trauma.

B. Altered Mental Status

1. Spinal pain or tenderness.
2. No history available.
3. Found in the setting of trauma (such as lying on the floor or in the street).
4. Signs of head or face or neck trauma (lacerations, contusions, nose bleeds, etc.).
5. Signs of complaints of weakness or numbness in extremity.

II. DOCUMENTATION:

A. Always document on the run report:

1. The fact that full spinal precautions were used (FSP is an acceptable abbreviation) and the method used for immobilization.