

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.06  Page: 1 of 3
Subject:	Basic Life Support (BLS) Protocols  <b>SPINAL IMMOBILIZATION</b>	
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

## I. SPINAL IMMOBILIZATION

### A. Goals:

1. Decrease/minimize use of backboards.
2. Reserve full spinal precautions use to high-risk patients.
3. Reduce complications associated with full spinal immobilization.
4. Facilitate extrications.
5. Use resources efficiently.
6. Increase patient comfort and satisfaction.

### B. Terms:

1. Neurological Signs or Symptoms: paraesthesia, numbness, weakness, paralysis, asymmetric movements or gait, pain inhibiting neck movement. New or worsened signs or symptoms in a patient with a pre-existing deficit(s).
2. Ambulatory Patient: a patient who ambulates with a steady, strong, symmetric gait and does not require assistance to move (if previous gait disturbance, no change in patient's normal gait).
3. Neck/Back Support: support provided manually, or by towels, blankets, or soft collar to minimize movement, compression, or distraction of the spine.
4. Full Spinal Precautions: KED, backboard with blocks, straps and tape, break-away flat with blocks and tape, vacuum splint, etc.
5. Altered Mental Status: inability to follow simple commands or inconsistency in following simple commands.

Approved By: EMS Division Manager	<b>Signatures on File at EMS Agency</b>	Revision:  <b>01/01/2015</b>
EMS Medical Director	<b>Signatures on File at EMS Agency</b>	

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C. Policy:

1. Ambulatory Patients:
  - a. Ambulatory patients without neurological signs or symptoms, without complaints of neck/back pain, and without neck/back tenderness to palpation should be transported in position of comfort.
  - b. Ambulatory patients with complaints of neck /back pain, or neck/back tenderness, without neurological signs or symptoms, should be transported on a gurney in position of comfort. Their neck/back can be supported as needed.
  - c. Ambulatory patients with neurological signs or symptoms after trauma, or suspected trauma, need full spinal precautions.
2. Non-Ambulatory Patients:
  - a. Non-ambulatory patients without neurological signs or symptoms, without complaints of neck/back pain, and without neck/back tenderness to palpation should be transported in position of comfort.
  - b. Non-ambulatory patients with complaints of neck /back pain, or neck/back tenderness, without neurological signs or symptoms, should be transported on a gurney in a supine position. Their neck/back must be supported until placed on the gurney (manual, KED). Once on the gurney, their neck/back can be supported as needed.
  - c. Non-ambulatory patients with neurological signs or symptoms after trauma, or suspected trauma, need full spinal precautions.
  - d. Non-ambulatory patients with an altered mental status should be transported in full spinal/back precautions.
3. Severe Blunt Multisystem Trauma:
  - a. Patients with severe blunt multisystem trauma should be transported using KED, break-away flat, or backboard to expedite bed transfers in severely injured patients.
4. Penetrating Trauma
  - a. If both blunt and penetrating trauma occur, manage as if severe blunt multi-system trauma.
5. The following is a chart summary regarding when spinal immobilization should be considered.

<b>Spinal Immobilization Chart</b>				
	No neck pain/tenderness	Neck pain/tenderness	Neurological signs/symptoms	Altered Mental Status
Ambulatory	Position of Comfort	Gurney Position of Comfort with/without support	Full	Position of Comfort
Non-Ambulatory	Position of Comfort	Gurney supine Position of Comfort with extrication support	Full	Full
Severe Blunt Multisystem Trauma	Full	Full	Full	Full
Penetrating Trauma	Position of Comfort	Gurney supine Position of Comfort with extrication support	Full	Full

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NOTE: If a patient does not meet requirements to be transported in full spinal precautions, this does **NOT** mean they are “**cleared**” from having a spinal injury. Significant injuries may be present and further evaluation is needed.

NOTE: Patients with isolated non-traumatic mid-to-low back pain do not need immobilization of the cervical spine. Immobilization of the mid and lower spine is sufficient in these cases.

NOTE: The Paramedic should consider removing C-spine immobilization on any patient who does not meet the above criteria and is placed in C-spine immobilization prior to the paramedic’s arrival (i.e., first responders).

NOTE: If a child car seat is available, this device can be utilized for extrication support or spinal immobilization.