



PEARLS:

- Full spinal immobilization to include the use of a long spine board should be used judiciously and according to current evidence based practices. Limiting spinal movement may be best achieved in **alert** patients by application of a rigid cervical collar, securing the patient firmly to a stretcher, and using verbal coaching to limit neck/back movement.
- Ambulatory patients that require spinal immobilization can have an appropriately sized cervical collar placed and pivot/sit to the stretcher for securing.
- Non-ambulatory and alert patients can be lifted using a scoop stretcher and a C-collar in lieu of a backboard. The scoop can be removed during transport if causing pain or distress.
- In situations where the patient is still in a vehicle, consider allowing alert and oriented patients to wear a C-collar and extricate themselves to the stretcher.
- **Non-alert patients require full traditional immobilization utilizing either a backboard or scoop.**
- **Range of motion should NOT be assessed if patient has midline spinal tenderness.** Patient's range of motion should not be assisted. The patient should touch their chin to their chest, extend their neck (look up), and turn their head from side to side (shoulder to shoulder) without spinal process pain. The acronym "**NSAIDS**" should be used to remember the steps in this protocol:
 - **N**eurologic exam: Look for paralysis, focal deficits such as tingling, reduced strength, numbness in an extremity, loss of urethral or sphincter control (incontinence), or priapism.
 - **S**ignificant mechanism of injury includes high energy events such as ejection, high falls, and abrupt deceleration crashes, blunt trauma to the neck, or extremes of age.
 - **A**lertness: Is patient oriented to person, place, time, and situation? Any change to alertness with this incident? Normal GCS?
 - **I**ntoxication: Is there any indication that the person is intoxicated (impaired decision making ability)?
 - **D**istracting injury: A condition thought by the clinician to be producing pain sufficient to distract the patient from a secondary (neck) injury.
 - **S**pinal exam: Look for point tenderness in any spinal process or spinal process tenderness with range of motion.
- If experiencing difficulty fitting the C-collar to the patient consider other options such as a towel roll.