Conduct **spinal immobilisation assessment** (as per flowchart). If immobilisation is indicated, continue as follows:
(maintain an high index of suspicion in elderly patients, even with a seemingly innocuous mechanism of injury)

ICP	Instruct the patient to **refrain from moving head**: • avoid flexion of the neck and rotation of the head • all other movements must be minimised • maintain head in the neutral position	**AP**
ICP	**Oxygen therapy** if signs of hypoxia – IPPV if hypoventilating	**AP**
ICP	**Posture supine and immobilise spine**: • cervical collar • extricate with spine board or Kendrick Extrication Device • lift with spine board or scoop stretcher • DO NOT transport patient on the spine board or scoop stretcher • *immobilisation of patients with isolated penetrating trauma is not recommended*	**AP**
ICP	Cervical collar may be removed to provide airway management. *Provide manual in-line stabilisation.*	**AP**
ICP	**IV fluid** as required (as per CMG 14)	**AP**
ICP	Consider **antiemetic** for all immobilised patients	**AP**
ICP	If transport is prolonged, ensure **pressure area care** is attended	**AP**