

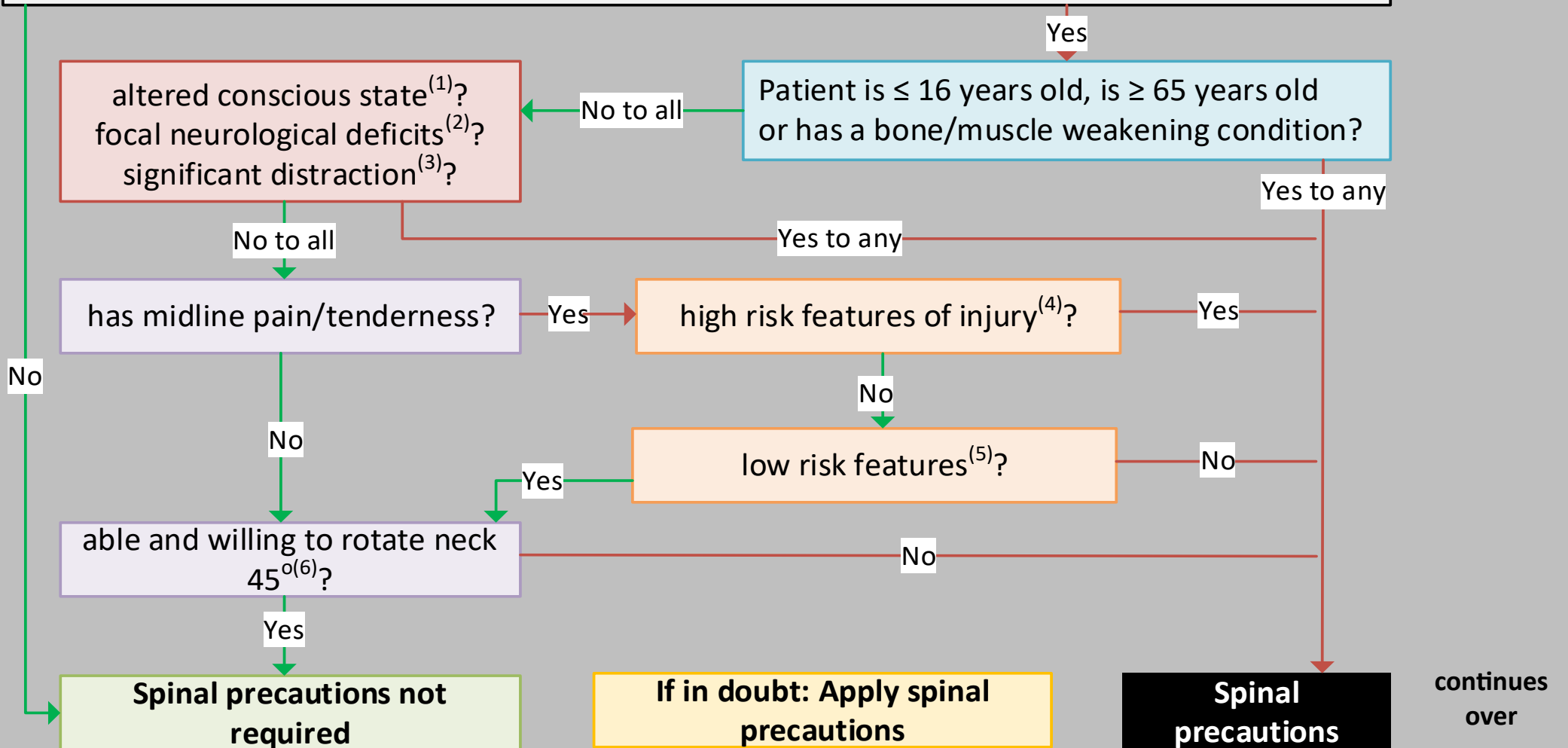
CMG 18 - SPINAL INJURIES

(Revised: February 2021)



Do not delay extrication, definitive treatment or transport in the time critical patient in favour of full spinal precautions.

Considering age, co-morbidities and the traumatic mechanism, is there potential for spinal injury?



continues over

CMG 18 - SPINAL INJURIES cont.
 (Revised: February 2021)



Spinal precautions indicated?

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No spinal precautions indicated

Apply cervical collar

Continue assessment and care as per relevant CMGs

Assisted extrication

Utilise appropriate equipment and maintain spinal midline positioning

Self extrication

Supervise and instruct the patient to minimise bending or twisting of their spinal column

Determine extrication method

Is the patient

- GCS 15
- sober
- physically capable
- cooperative

AND

- Is the extrication simple

No

Yes

MANAGEMENT

ICP	Position supine on stretcher and maintain spinal precautions	AP
ICP	Oxygen to optimise SpO ₂ ≥94% - IPPV if hypoventilating	AP
ICP	IV/IO fluids as per CMG 14(c) <i>Spinal shock is a diagnosis of exclusion, thoroughly assess for and manage other forms of shock</i>	AP
ICP	Consider antiemetic	AP

CMG 18 - SPINAL INJURIES cont.

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(1) Altered Conscious State:

- GCS <15
- unable to recall three objects after 5 minutes
- delayed or inappropriate response to external stimuli
- intoxicated
- disorientated to person, time, place, or events

(2) Focal Neurological Deficits:

- flaccid limbs
- loss of diaphragmatic respiration
- loss of reflexes
- priapism

(3) Significant Distraction/Pain:

- long bone fracture
- visible viscera
- large burn
- degloving
- crush injury
- emotional distress

(4) Examples of High Risk Features:

- fall >3m
- fall >4 stairs
- axial load to head
- MVC \geq 100kph
- MVC involving rollover or ejection
- bicycle collision
- personal mobility devices e.g. e-scooter, Segway

(5) Examples of Low Risk Features:

- simple rear end MVA (excludes if vehicle was pushed into oncoming traffic, hit by bus/large truck or hit at speed \geq 100kph)
- ambulatory prior to ACTAS arrival,
- delayed onset of midline pain/tenderness

(6) Able and willing to rotate neck 45°:

- only to be tested if all other criteria passed
- the patient must be able to actively rotate neck left and right without assistance when requested
- if the patient has pain, but is willing and able to rotate their neck regardless, the test has been passed