

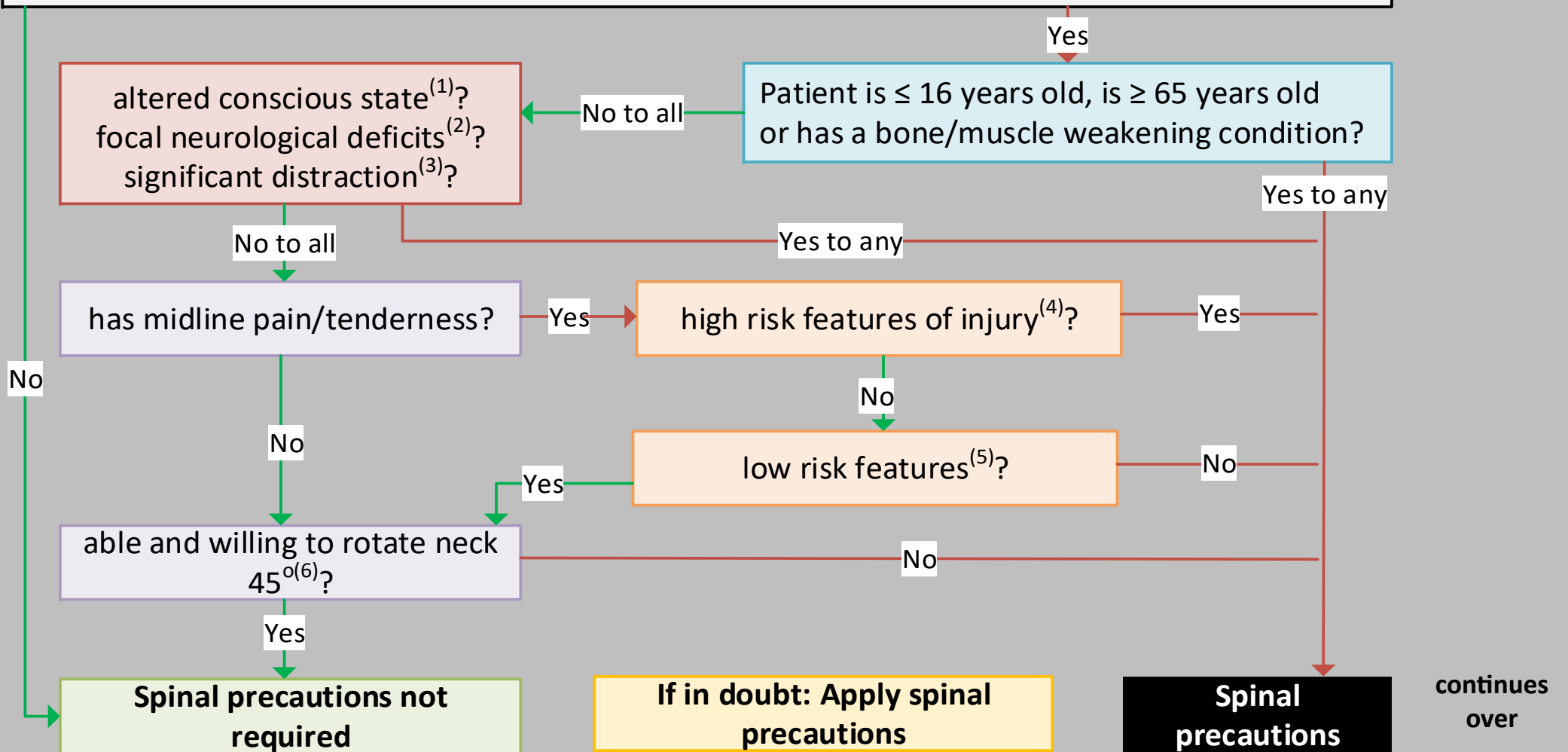
# CMG 18 - SPINAL INJURIES

(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?**

Spinal precautions indicated

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 <sub>2</sub> ≥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.

(Revised: February 2021)



### (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