

CMG 18 – SPINAL INJURIES

(Revised: June 2015)



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 : <ul style="list-style-type: none"> • 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 : <ul style="list-style-type: none"> • 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 • <i>immobilisation of patients with isolated penetrating trauma is not recommended</i> 	AP
ICP	Cervical collar may be removed to provide airway management. <i>Provide manual in-line stabilisation.</i>	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