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
|     | Oxygen therapy if signs of hypoxia – IPPV if hypoventilating
|     | **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**
|     | Cervical collar may be removed to provide airway management. *Provide manual in-line stabilisation.*
|     | **IV fluid** as required (as per CMG 14)
|     | Consider **antiemetic** for all immobilised patients
|     | If transport is prolonged, ensure **pressure area care** is attended

ACT Ambulance Service Clinical Management Guidelines
Uncontrolled when printed. The latest version of this document is available on the ACT Ambulance Service internet site.