

**SPINAL CARE
STATEWIDE BLS PROTOCOL**

Criteria:

- A.** Excessive motion of the spine may worsen spine fractures or spinal cord injuries (especially in patients with altered consciousness who can't restrict their own spinal motion), but immobilization on a long spine board may also cause pain, agitation, respiratory compromise, and pressure ulcers. Patients with the following symptoms or mechanisms of injury **should be assessed to determine whether restriction of spinal motion is required:**

1. Symptoms of:

- a. Neck or back pain
- b. Extremity (upper or lower) weakness or numbness, even if symptoms have resolved.

OR

2. Mechanism of injury consistent with possible spinal injury, including:

- a. Any fall from standing or sitting with evidence of striking head.
- b. Any fall from a height (above ground level).
- c. Any MVC
- d. Any trauma where victim was thrown (e.g. pedestrian accident or explosion).
- e. Any lightning or high voltage electrical injury.
- f. Any injury sustained while swimming/ diving or near drowning where diving may have been involved.

OR

3. Any unknown or possible mechanism of injury when the history from patient or bystanders does not exclude the possibility of a spine injury.¹

- B.** This protocol also applies to assessment of patients before inter-facility transfer for injuries from a traumatic mechanism unless a medical command physician agrees that the patient may be transported without restriction of spinal motion.

Exclusion Criteria:

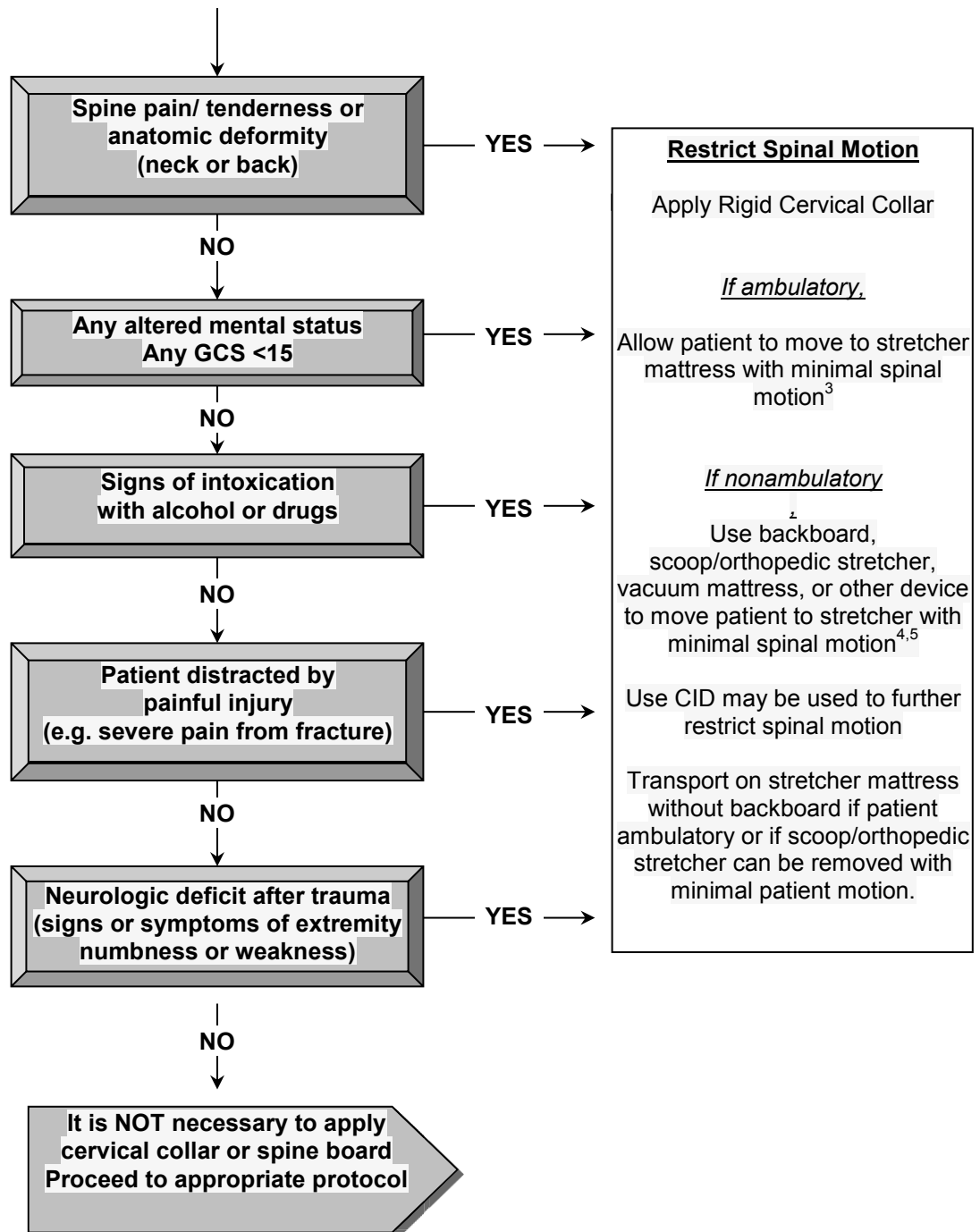
- A.** No history or no mechanism of injury that would be consistent with spinal injury.
- B.** **Patients with penetrating trauma to the chest, abdomen, head, neck, or back.** These patients may be harmed by immobilization on a spine board.
- C.** Patients with gun shot wounds to the head do not require immobilization on a spine board.
- D.** Patients with non-traumatic back or neck pain related to movement, position or heavy lifting.¹

Procedure:

A. All patients:

Initial Patient Contact - Protocol #201
Mechanism or signs of blunt trauma

If altered mental status,
Manually restrict spinal motion²



WARNING: These criteria cannot be assessed on any patient with a language or communication barrier (including infant/toddler/preschool patients) that prevents understanding and appropriately responding to the assessment questions. If there is any doubt about whether the patient meets any of the clinical criteria listed above, restrict spinal motion.