



SPINAL INJURIES

PROTOCOL T5

1. **BASIC PROTOCOL F2**

- Avoid head tilt. Use jaw lift to open airway
- With cervical injuries assess for hypoventilation

2. **IF** any of the following are present:

S suspicious mechanism of injury

- Fall > 1 metre or 5 stairs
- Axial load to head eg diving
- MVC > 100km/hr, roll-over or ejection
- Collision involving pedestrians or recreational vehicles eg quad bike, jet-ski, bicycle or skateboard

P pain or tenderness in spinal region

I intoxication with medication, alcohol or illicit drugs

N numbness, tingling or either sensory or motor loss

A any distracting painful injury

L level of consciousness alteration

IMMOBILISE patient's spine using cervical collar, spine board or scoop stretcher with straps and sandbags

- Extrication device where indicated eg: sitting patients with suspected spinal injury
- Consider manual support of the head

3. Treat **HYPOVOLAEMIA** if present

4. **PAIN MANAGEMENT**

5. **ANTIEMETIC**

6. Consider **INTRA-GASTRIC TUBE** prior to air or extended road transports

NOTE – The most current version of this document is available on the ASNSW Intranet site.



7. SPACE BLANKET to prevent heat loss

8. PAEDIATRIC SPINAL IMMOBILISATION

Paediatric patients may require a variation to spinal immobilisation;

- Patients less than the age of 2 years may be too small to fit any standard collar; in this case, the child should be kept calm and supine if possible.
- Patients who are combative or frightened will benefit from a well-fitting collar as well as calming manoeuvres. Other restraints (sandbags, tape, strapping) will increase distress and may paradoxically increase the risk of spinal injury.

Metoclopramide is the preferred agent for preventing and treating vomiting in adult patients suffering spinal injuries.

Promethazine is the preferred agent in paediatric patients aged between 2 and 12, and in adult patients sensitive to metoclopramide.

Spine board or scoop stretcher may be used for extrication purposes; however the patient **MUST be removed from the spine board or scoop stretcher if transport time is likely to be greater than 30 minutes.**