TITLE: CARE OF THE PATIENT WITH SPINAL TRAUMA

PURPOSE:

To optimize the spine evaluation in adult trauma patients

The patient will be provided efficient and quality care when presenting with spinal trauma. Spinal trauma should be suspected and ruled out whenever trauma occurs

PROCESS:

I. BACKBOARD
   A. The backboard should be removed as soon as possible in the Emergency Department, and routine spine immobilization techniques employed.

II. STEROID USE IN SPINAL CORD INJURY
   A. Insufficient clinical evidence exists to support steroid therapy in patients with acute traumatic spinal cord injuries.

III. C-SPINE
   A. Criteria for radiographic (CT C-Spine) evaluation of cervical spine on a patient arriving to EC:
      1. Age >65
      2. Paresthesia in extremities/neurologic deficits
      3. Altered mental status/intoxication
      4. Distracting injury
Guidelines and Protocols

B. The patient must be awake, alert, and not distracted in order to properly examine the cervical spine. If unable to do this, proceed to radiographic evaluation. If the patient is alert and cooperative and exhibits no midline bony tenderness to palpation, next, passively rotate the patient's head to right and left. If there is absence of midline cervical tenderness, the patient is to lift their head off the bed and touch their chin to their chest. If able to perform all these maneuvers, the collar can be removed.

C. If a patient is obtunded/persistently altered, the c-collar can be removed if an attending radiologist has posted a final negative acute read of a CT C-Spine. The collar should remain in place if ANY of the following are present: any signs of neurologic deficit on exam, or abnormalities on CT scan. If any abnormality is present on CT C-Spine, and the Philadelphia collar has been on >12 hours, order a Miami-J and proceed to MRI C-Spine without contrast and/or spine consult.

IV. OBTUNDED PATIENTS

A. The C collar can be removed in the unconscious or obtunded patients once the following criteria have been met:
1. The attending radiologist has dictated a final report of the CT scan of the cervical spine – This final report has no cervical spine fracture or acute abnormality
2. A tertiary survey has been completed and documented
3. The C collar should remain in place and the spine service consulted if ANY of the following criteria are present:
4. Any signs of focal neurologic deficit on physical exam
5. Any acute abnormal findings on CT scan of the cervical spine -- Please change to an Aspen collar within 12 hours
REFERENCES / BIBLIOGRAPHY:


6. www.east.org/resources/.../cervical-spine-injuries-following-trauma


Guidelines and Protocols

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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