Division of Acute Care Surgery Clinical Practice Policies, Guidelines, and Algorithms:  
Miami J Collar Management with Pressure Ulcer Prevention and Wound Care  
Clinical Practice Policy

| Original Date: 09/2012 | Purpose: Pressure ulcer prevention and wound care in patients with a Miami J cervical collar. |

Any patient requiring cervical immobilization for greater than 12 hours will be changed to a Miami-J collar.

a. Appropriate collar fit  
   i. Orthotic department notified if:  
      1. Collar related pressure evident  
      2. Mandible fractures  
      3. Cervical wounds  

b. Maintain HOB AT LOWEST degree of elevation consistent with medical conditions and other restrictions

High risk patients:

c. Mandible fractures with trans-cervical wound  
d. Neck and facial wounds over pressure bearing areas of collar  
e. Position pressure reduction devices between bony prominences to prevent direct contact

Procedure for changing collar:

a. Two RNs required or one RN and an M.D.  
b. Place patient in supine position.  
c. Keep head in neutral position.  
d. Place front piece where chin is in the center of the chin piece.  
e. Bring straps around back of neck and attach it to the Velcro straps on the side of the collar  
f. Log roll patient to the side, maintain neck support  
g. Center back piece behind the head.  
h. Hold front piece taut and attach Velcro straps to the front of the collar

Collar to be removed Q shift to assess for skin breakdown.

Collar to be cleaned Q day.

Cleansing procedure:

a. Two people required to remove collar.  
b. Position patient supine; head in neutral position.  
c. One person to hold the neck to maintain alignment.  
d. Release straps.  
e. Remove front piece - wash collar with soap and water.  
f. Observe neck for redness and irritation. If skin breakdown noted apply duoderm and obtain an E.T. nurse consult.  
g. Reapply front collar.  
h. Support the neck and log roll patient on to the side.
i. Remove back of collar and repeat the steps for cleaning the front of the collar.

j. Reapply back collar and attach Velcro straps to front of collar

Pressure ulcer prevention and wound care

Dressing changes and assessment:
- Pressure ulcers are to be measured and staged by Physician
- During the dressing changes one should assess and document the following:
  a. Location of the pressure ulcer(s);
  b. Color, temperature, edema, odor, moisture and appearance of skin around the ulcer
  c. Exudate and drainage
- Wound stage description:

Suspected Deep Tissue Injury

Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Stages:
- Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
- Partial-thickness loss dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
- Full thickness loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- Full-thickness skin loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling. Unstageable full-thickness tissue loss in which the bed of the ulcer is covered by slough (yellow, tan, gray, brown or black) in the wound bed.

1. General Wound Care

   a. Surgical wound care should follow the surgeon’s orders
References:

1. Spine, Volume 32, Number 4, PP 423-428
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2. The management and Prevention of Rigid Cervical Collar Complications
   Webber-Jones, Joan E; Thomas, Carmel A; Bordeaux, Robert E, Jr
   Orthopaedic Nursing; Jul/Aug 2002; 21, 4; ProQuest Nursing & Allied Health Source Pg 19