

Southern Illinois Regional EMS System

DD-2 SPINAL INJURIES

Suspect spinal injury in ALL patients with:

- Head or facial trauma
 - Injuries above the clavicles
- Patients with decreased or altered level of consciousness when events leading to the episode are unknown or altered mental status.
- Suspected deceleration injuries
- Motor Vehicle Collision
 - Ejection in high speed MVC
- Falls including:
 - Ground level fall.
 - 3x patient's height or 15 feet
- Axial load
- Diving accidents
- Sports injuries to head or neck
- Unconscious trauma patient
- Abnormal sensory/motor exam findings
- Physical findings suggesting neck or back injury
- Other distracting injuries or positive findings consistent with a spinal injury

Management

- Patient Assessment and Initial Care protocol
- Consider spinal immobilization
 - Including consideration of exclusion criteria (note below)
- Oxygen therapy as appropriate
 - 1-6 LPM by cannula: minimal distress.
 - 12-15 LPM by NRB mask: moderate/severe distress with signs of hypoxia.
 - 15 LPM by BVM: inadequate rate/effort, severe distress, unstable.
 - Maintain SpO₂ > 94%
- Establish vascular access
 - NS at TKO rate
- Look for signs/symptoms suggesting neurogenic / spinal shock.
 - Absence of sweating below the level of injury.
 - Absence of tachycardia with significant MOI and signs/symptoms of shock.
 - Acute hypotension without signs of hypovolemia.
- Treatment for Neurogenic Shock:
 - IV fluid challenge in 200 mL increments.
 - Repeat BP and breath sound assessments after each 200 mL bolus.
- Treat any additional injuries or conditions per appropriate protocol.
- Contact Medical Control

ALS:

- If no response to IV fluids, Medical Control physician may consider:
 - Dopamine drip starting at **10 mcg/kg/min.**
 - Titrate to desired response (SBP 90-100 mm/Hg), not to exceed 20 mcg/kg/min.

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DD-2 SPINAL INJURIES (continued)

Note:

Backboard Exclusion Criteria:

- Patients can be transported with a cervical collar but without the use of a long backboard if the following criteria are present:
 1. GCS of 15 (normal level of consciousness plus the ability to communicate well)
 2. No spine tenderness or anatomic abnormality of the spine
 3. No neurologic findings or complaints
 4. No distracting injury which prevents accurate assessment
 5. No intoxication from any substance

Transport with cervical collar, but without long backboard:

- When the Backboard Exclusion Criteria are met
- When there is an extended transport time
- When the patient is found to be ambulatory on scene
 - This eliminates the “standing take down” with a backboard
 - Assist the patient to a seated position on the stretcher