

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

---

**TRAUMA  
SPINAL INJURY**

**\*\*\*Spinal motion restriction should occur whenever there is a risk of injury in the trauma patient\*\*\***

**I. Indications for Spinal Motion Restriction<sup>1</sup>**

- A. Mechanism of injury with one or more Specific Objective Findings:
1. Altered Mental Status  
(Patient not oriented to person, place and time, history of confusion, memory deficits or loss of consciousness)
  2. Use of intoxicants or illicit drugs  
(Indicated by history, smell or behavior)
  3. Motor and/or sensory deficits present  
(Patient unable to appropriately move all extremities, numbness, tingling or shooting pains, decrease or loss of sensation in extremities)
  4. Patient complaint of spinal column pain or tenderness on palpation.
  5. Painful distracting injury or circumstance.
  6. Long bone fracture proximal to wrist or ankle.
  7. Priapism

**FIRST RESPONDER**

**II. Management**

- A. Establish and maintain airway with spine stabilization, provide oxygenation and support ventilation as needed.
1. Use modified jaw thrust to open airway.
  2. Manual immobilization with hands on bony prominences  
MUST be done while ALS is attempting intubation, even if immobilization equipment is in place, OR during other patient movement procedures.
- Page 2 of 2*
- B. Apply structural immobilization as indicated. Manual immobilization must be maintained until fixed immobilization can be secured. Secure patient to backboard prior to moving to the transportation unit.
- C. Obtain vital signs(blood pressure, pulse and respiratory rate)

**BASIC LIFE SUPPORT**

- D. Arrange for ALS intercept.
- E. Transport toward ALS intercept, if transporting unit.

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

---

**NOTIFY RECEIVING FACILITY**

**ADVANCED LIFE SUPPORT**

- F. Monitor EKG
  
- G. IV NORMAL SALINE x2 if BP < 90 mmHg systolic
  - 1. Large bore catheter at least 18g
  - 2. Run wide open until BP is 90-100 mmHg systolic or 1500cc infused, then maintain flow at 100 cc per hour.

- 
- <sup>1</sup> High risk mechanism of injury
- a. High velocity vehicle crash
  - b. Fall > 20 feet
  - c. GSW to neck or torso

MDCIS/EMSCC Approved on: \_\_\_\_\_  
MCB/MCA Approved on: \_\_\_\_\_ 12MAR07  
Supersedes Version Dated: \_\_\_\_\_ 01NOV03  
Effective Date: \_\_\_\_\_ 29MAY08  
Revised on: \_\_\_\_\_ 11DEC07

  
\_\_\_\_\_  
Medical Director

  
\_\_\_\_\_  
Michelle R. Mara RN, EMT-P  
EMS Manager