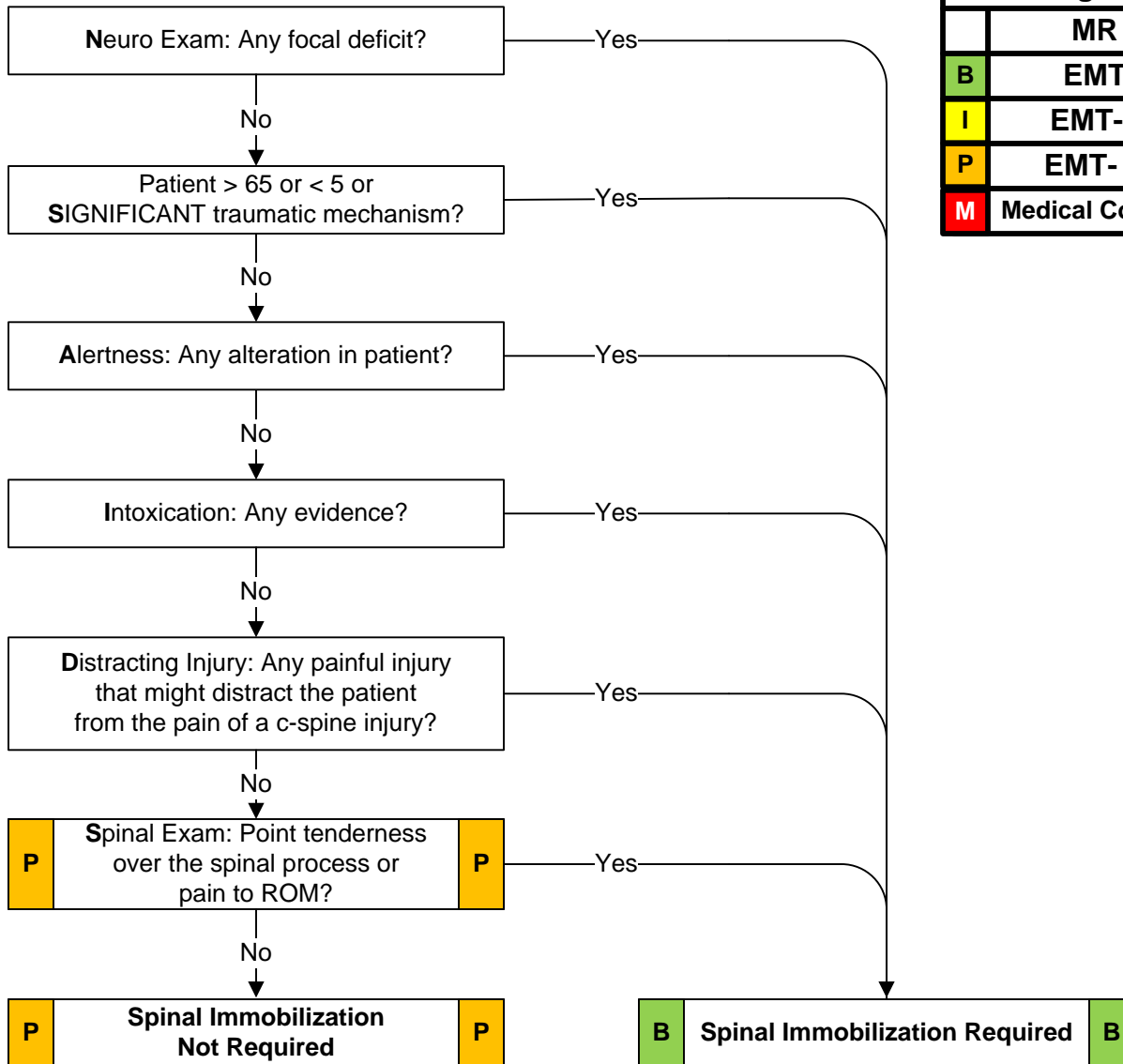




Spinal Immobilization Clearance



Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

Pearls

- **Recommended Exam: Mental Status, Skin, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- **Consider immobilization in any patient with arthritis, cancer, or other underlying spinal or bone disease.**
- Significant mechanism includes high-energy events such as ejection, high falls, and abrupt deceleration crashes and may indicate the need for spinal immobilization in the absence of symptoms.
- Range of motion should NOT be assessed if patient has midline spinal tenderness. Patient's range of motion should not be assisted. The patient should touch their chin to their chest, extend their neck (look up), and turn their head from side to side (shoulder to shoulder) without spinal process pain.
- The acronym "NSAIDS" should be used to remember the steps in this protocol.
- "N" = Neurologic exam. Look for focal deficits such as tingling, reduced strength, or numbness in an extremity.
- "S" = Significant mechanism or extremes of age.
- "A" = Alertness. Is patient oriented to person, place, time, and situation? Any change to alertness with this incident?
- "I" = Intoxication. Is there any indication that the person is intoxicated (impaired decision making ability)?
- "D" = Distracting injury. Is there any other injury which is capable of producing significant pain in this patient?
- "S" = Spinal exam. Look for point tenderness in any spinal process or spinal process tenderness with range of motion.
- **The decision to NOT implement spinal immobilization in a patient is the responsibility of the paramedic.**
- **In very old and very young patients, a normal exam may not be sufficient to rule out spinal injury.**