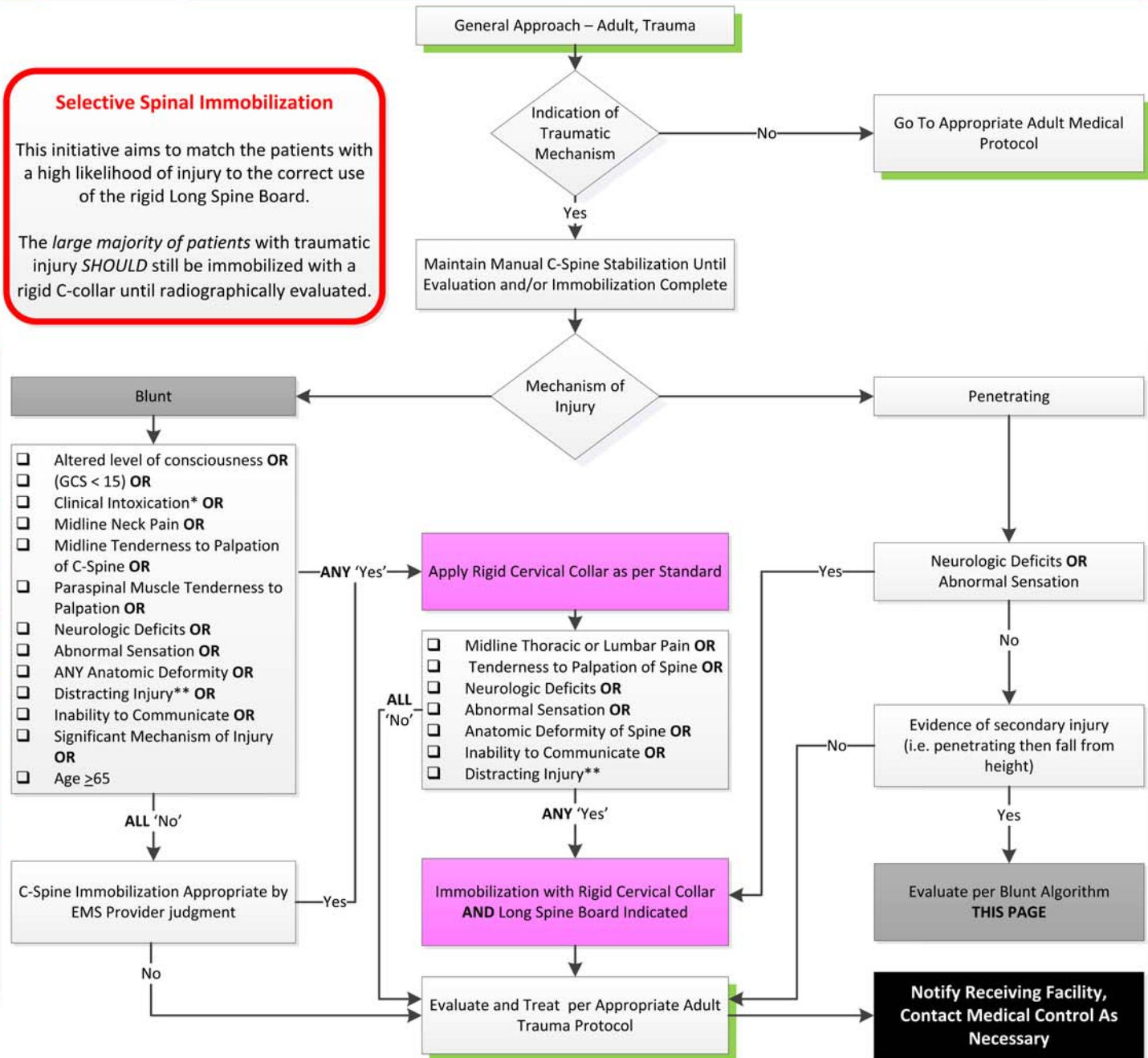


Legend	
	EMT
A	A-EMT
P	Paramedic
M	Medical Control

Long Board Selective Spinal Immobilization – Adult, Trauma



Trauma Protocols - Adult

Trauma Protocols - Adult

Pearls

REQUIRED EXAM: Motor Function both upper and lower extremities, Sensation of upper and lower extremities, subjective abnormal sensation, Tenderness to palpation of bony prominences OR paraspinal muscles

- ***Clinical Intoxication** – A transient condition resulting in disturbances in level of consciousness, cognition, perception, affect or behavior, or other psychophysiological functions and responses. Common examples include; ataxia, emotional instability, flight of ideas, tangential thought or motor incoordination.
- ****Distracting Injury** – Examples include, but are not limited to; long bone fracture, dislocations, large lacerations, deforming injuries, burns **OR any condition preventing patient cooperation with history.**
- **ALL** shallow water near drownings, diving injuries and high-voltage electrical injuries (lightning, ≥1000V AC or ≥1500V DC) **MUST** be fully immobilized
- If immobilization *indicated but refused*; advise the patient of risk of death, permanent disability or long term impairment. Clearly document the refusal and the conversation (re: risk); Apply a cervical collar, if allowed and transport in neutral alignment.
- Long spine boards have risks and benefits for patients. Spinal immobilization should always be applied when any doubt exists about the possibility of spinal trauma.
- It is always safer and better patient care to assume that a Cervical Spine injury has occurred and provide protection, and should be the standard of care in trauma patient management
- Long spine boards can be very useful for extricating patients, transferring locations, and providing a firm surface for chest compressions.
- Very thoughtful consideration should go into any decision to **NOT** use the rigid cervical collar OR long spine board.

Long Board Selective Spinal Immobilization – Adult, Trauma