



**Southern Minnesota Regional Trauma Advisory Committee
(SMRTAC)
Regional Practice Management Guideline**

Adult Spinal Motion Restriction (Immobilization) for EMS

Adult Practice Management Guideline	Effective: 5/2012
Contact: SMRTAC Coordinator	Last Reviewed:

Purpose

To state the appropriate procedure for spinal motion restriction (immobilization) in trauma patients in the pre-hospital environment. The goal is to provide standard packaging across the SMRTAC Region.

Definitions

1. Adult Trauma patient – any patient >15 years of age, suffering an injury. For the purposes of this guideline the definition is any injured patient who may be at risk for a spine injury.
2. Motion restriction (new term for spinal immobilization) – the use of a stiff cervical collar and maintenance of a straight neutral position using a long back board with head blocks and minimum of 5 straps.
3. At risk patients – patients who have experienced a traumatic event which puts them at risk of traumatic injury to any part of the body, and thus at risk for spinal injury
4. Commercial device – any commercially sold padding which is used in EMS as adjunctive support in stabilizing and/or managing a patient’s injuries.

Policy Statements

1. Patients at risk for spinal injury should be placed in a stiff cervical collar and transported on a long backboard with head blocks, padding and 5 straps on the body when transported from the scene to the receiving hospital.
2. Use of padding such as blankets, towels and other commercial devices (i.e. Backraft ®) will improve patient comfort and will reduce skin breakdown. Patients are at a high risk for skin breakdown when motion restricted on a long back board.
3. Recommended use of commercial device (i.e. Backraft ®)* when patient is transferred from facility to facility on a long back board.
* *SMRTAC does not endorse any specific commercial product. Use of trademark name is for example only.*
4. EMS will document in the PCR (Patient Care Report) the time patient was motion restricted (immobilized) and convey that information to the receiving emergency department.

Procedure Statements

1. Provide manual stabilization and motion restriction to the head, neck, torso, pelvis, and extremities.
2. General Application
 - a. Start manual in-line motion restriction.
 - b. Assess pulses, motor and sensory function in all extremities
 - c. Apply a cervical motion restriction device.
 - d. Position the long back board with preferred under the body padding device ready.
 - e. Move the patient onto the long back board by log roll, suitable lift/device or slide, or scoop stretcher. A log roll is:
 - (1) One provider must maintain in-line motion restriction
 - (2) The provider at the head directs the movement of the patient
 - (3) One to three other providers control the movement of the rest of the body
 - (4) Quickly assess posterior body if not already done in initial assessment
 - (5) Position the long back board under the patient
 - (6) Roll patient onto the long back board at the command of the provider holding in-line motion restriction
 - f. Pad voids between the patient and the long back board
 - (1) Under the head as needed
 - (2) Under the torso as needed
 - g. Restrict movement of the torso by applying straps across the chest and pelvis and adjust as needed, as stated below in #3
 - h. Restrict motion of the patient's head and align on the board utilizing head blocks.
 - i. Fasten legs, proximal to and distal to the knees.
 - j. Reassess airway, pulses, motor and sensation and record
3. Application of 5 (minimum) strapping method for pre-hospital providers transporting patients from scene to hospital:

Resources/Links

EMT Basic National Curriculum

Prepared by: SMRTAC EMS sub-committee
Approvals