## TJEMS Spinal Immobilization Guideline

**Patient ≥ 16 years old**

<table>
<thead>
<tr>
<th>Full Immobilization</th>
<th>Modified Immobilization</th>
<th>Immobilization NOT required</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-collar, spider straps, head blocks on a back board</td>
<td>C-collar only, transport in supine position, unless not tolerated, then position of comfort</td>
<td>Transport in position of comfort</td>
</tr>
</tbody>
</table>

- **Multi-system blunt trauma (meets CDC triage level 1 or UVA Alpha or Beta alert criteria)**
  - MVC, awake and alert, neck pain only, no neurologic symptoms – allow opportunity to self-extricate with C-collar only
  - Ambulatory at scene after fall/MVC without acute neurologic symptoms. Direct patient to stretcher.

- **Acutely abnormal mental status due to trauma**
  - Facial or head trauma – not meeting alpha or beta criteria
  - Ground level falls with hip/lower extremity injury, NO acute neurologic symptoms or acute spine pain.

- **Acute neurologic symptoms due to blunt and penetrating trauma, including weakness, numbness, tingling.**
  - Seizure and ground level fall – not meeting other criteria

- **Tenderness on palpation**
  - Awake and alert after MVC, in the vehicle, with NO neurologic symptoms, should be allowed the opportunity to self-extricate. Stop if patient complains of pain that limits motion or develops neurologic symptoms.
  - NO “standing take down” of ambulatory patients.

### Other considerations:

- Patients should not be forced or “wrestled” into immobilization, transport in position of comfort acceptable to patient. Make the immobilization conform to the patient, not the patient to the immobilization.
- If immobilization procedures/devices worsen or cause symptoms, including pain, neurologic symptoms including numbness, weakness, tingling, or respiratory distress then discontinue procedure/device that aggravated the symptoms.
- Penetrating trauma to head, neck, torso **without** neurologic deficits should not be immobilized
  - Manage acute life threats and emphasize prompt transport
- Consider removing spider straps, blocks/rolls, and long back board after patient has been transferred to ED stretcher in non-priority trauma patients.

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