



EMT-Basic Treatment Protocol 6103

Spinal Trauma

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- A. Perform **TAMP Protocol 6101**.
- B. Spinal immobilization is indicated in patients who sustain a mechanism of injury potential for causing spinal injury **and** who have at least one of these clinical findings:
 - 1. Altered mental status.
 - 2. Evidence of intoxication.
 - 3. Significantly distracting painful injury.
 - 4. Neurologic deficit.
 - 5. Spinal pain or tenderness.
 - 6. If in doubt, immobilize.
- C. Spinal immobilization is **not** indicated in patients without a mechanism of injury potential for causing spinal injury or without one of the above clinical findings.
- D. If immobilization indicated:
 - 1. Maintain airway - stabilize cervical spine.
 - 2. Assure adequate breathing and treat as indicated by **Airway Management Protocol 6901**.
 - 3. Full spinal immobilization unless the patient has respiratory or anatomical conditions which prohibit long back board use. In which case, partial spinal immobilization devices (KED, XP1) may be used.
 - 4. Monitor vital signs and neurological status.
 - 5. Transport.

6. Contact **Medical Command**.





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7. If patient has signs and symptoms of shock, treat per **Shock Protocol 6108**.
8. Mark level of sensory deficit gently with pen on patient's skin to facilitate monitoring.

Special Notes:

1. Patients with paralysis of upper extremities, lower extremities, and chest wall muscles may be using abdominal muscles to breathe and may require assistance with ventilation.