



# EMSA-Intermediate Treatment Protocol 5103

## Spinal Trauma

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- A. Perform **TAMP Protocol 5101**.
- 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.
- B. 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.
- C. If immobilization indicated:
  1. Maintain airway - stabilize cervical spine.
  2. Assure adequate breathing to maintain pulse oximeter >94% as indicated by **Airway Management Protocol 5901**.
  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, ECG and neurological status.
  5. Transport.
  6. Contact Medical Command.



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7. IV normal saline KVO, if significant injury is suspected.
8. If patient has signs and symptoms of shock, treat per **Shock Protocol 5108**.
9. 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.