ALS SPINAL IMMOBILIZATION GUIDELINE

POLICY NO: 9003 PAGE 1 OF 1

EFFECTIVE DATE: 01-01-06
REVISED DATE: 03-15-12

APPROVED: Bryan Cleaver Dr. Mark Luoto
EMS Administrator EMS Medical Director

AUTHORITY: California Health and Safety Code, Division 2.5 EMS, Sections 1797.220 & 1797.221

9003.1 INDICATIONS

a. Penetrating Injury (Trauma to head, neck or torso)
   1. Immobilize only in the presence of neurologic complaint or deficit (paralysis, weakness, numbness or loss of consciousness).

b. Blunt Injury (Regardless of mechanism)
   1. Altered level of consciousness (GCS <15)
   2. Presence of spinal pain or tenderness
   3. Anatomic deformity of spine
   4. Presence of neurologic complaint or deficit (paralysis, weakness or numbness).

c. Blunt Injury (When mechanism of injury is concerning)
   1. Presence of alcohol or drugs or acute stress reaction/anxiety
   2. Distracting injury (e.g. long bone fracture, large laceration, crush or degloving injury, large burns)
   3. Inability to communicate (e.g. speech or hearing impaired, language gap, small children, developmental or psychiatric conditions)

9003.2 CONCERNING MECHANISMS OF INJURY THAT MAY REQUIRE C-SPINE IMMOBILIZATION

a. Violent impact to head, neck, torso, or pelvis (e.g. assault, entrapment in structural collapse)

b. Sudden acceleration, deceleration or lateral bending forces to neck or torso (e.g., moderate-to-high-speed motor vehicle crash, pedestrian struck, explosion)

c. Falls (especially in elderly patients)

d. Ejection from motorized or other transportation device (e.g. scooter, skateboard, bicycle, motor vehicle, motorcycle, recreational vehicle, or horse)

e. Victims of shallow-water diving incident

NOTE: USE CLINICAL JUDGMENT – IF IN DOUBT, IMMOBILIZE