Scripps

Cervical Spine Clearance Management

To evaluate all trauma patients with high risk for cervical spine injury.

The clearance of the cervical spine is a clinical decision suggesting the absence of acute bony, ligamentous, and neurologic abnormalities based on history, physical exam and/or negative radiologic studies.

Guideline:

1. Patients presenting with the following should be considered to have a cervical spine injury:
    a. Direct "hit" to the head or neck
    b. Pain in cervical spine and/or paraspinous muscles
    c. Traumatic brain injury and/or skull fracture
    d. Significant facial injures
    e. Neurologic deficit without explained peripheral nerve injuries
    f. GSW to the neck

2. Awake patient ***without*** cervical tenderness:
    a. A patient with any indication as listed in "1" can be cleared ***if***:
        i. No neck pain to include during palpation
        ii. No alcohol or illicit substances present
        iii. No distracting injuries
        iv. No associated injuries suggestive of C-spine injury
        v. No pain with active neck range of motion
    b. Clear documentation of above in the medical record

3. Awake patient ***without***t cervical tenderness but with associated injuries suggestive of possible C-spine injury, obtain CT of cervical spine.

4. Awake patient ***with*** tenderness should be evaluated by:
    a. CT scan
    b. If final reads of CT are negative, the trauma attending will determine need for MRI based on clinical assessment.
    c. If final reads of MRI are negative, the cervical spine can be cleared

    d. If CT or MRI demonstrate bony or ligamentous injury, obtain a Neurosurgery consult

5. Altered mental status patient with head injury and/or severe intoxication:
    a. Obtain CT of cervical spine
    b. If final reads are negative, maintain cervical spine precautions until awake
    c. Once patient is awake, access and proceed as in steps 3 & 4.

6. Altered mental status without obvious intoxication
    a. Obtain CT of cervical spine
    b. Maintain cervical spine precautions till either patient is awake or a MRI is obtained to rule out ligamentous injury.

7. Positive radiology studies requires:
    a. Neurosurgery consult
    b. Cervical collar maintained

8. Neurologic deficits
    a. Neurosurgery consult to include recommendations for further imaging

As soon as possible remove the spine board to prevent further injury.

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