

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 *withou*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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