Procedure Guidelines

Protocol Title: Assessment Based Spinal Immobilization
Original Adoption Date: 4/2003
Past Protocol Updates 04/2003
Date of Most Recent Update: December 26, 2013
Medical Director Chad Tortenson M.D.

To be performed by an ECP at the Paramedic level ONLY

The acronym "NSAIDS" should be used to remember the steps in this protocol.

"N" = Neurologic exam. Look for focal deficits such as tingling, reduced strength, on numbness in an extremity.

"S" = Significant mechanism or extremes of age.

“A” = Alertness. Is patient oriented to person, place, time, and situation? With this incident, is any change to alertness?

“I” = Intoxication. Is there any indication that the person is intoxicated (impaired decision-making ability)?

"D" = Distracting injury. Is there any other injury, which is capable of producing significant pain in this patient?

"S" = Spinal exam. Look for point tenderness in any spinal process or spinal process tenderness with range of motion.
Perform immobilization on patients who meet the following criteria, regardless of presentation and/or assessment.

- Major Trauma or significant MOI
- Sever neck pain regardless of MOI
- Rigid spine disorders (Forestier’s Disease, Ankylosing spondylitis)
- Disorders with known C1/C2 abnormalities (Down’s Syndrome, Rheumatoid Arthritis)
- Penetrating Trauma (stab, gun-shot wound) near the spinal column

*Do NOT assess range of motion if patient has midline spinal tenderness. Patient's range of motion should not be assisted. The patient should touch their chin to their chest, extend their neck (look up), and turn their head from side to side (shoulder to shoulder) without spinal process pain.

**The decision to NOT implement spinal immobilization in a patient is the responsibility of the paramedic and once instituted, c-collar immobilization cannot be removed, unless it interferes with other necessary treatment.