Follow Initial Protocol for All Patients

Does the patient have:
- Major trauma
- Severe pain regardless of mechanism
- Rigid spine disorder (Forestier's Disease, Ankylosing Spondylitis)
- Disorders with known C1/C2 abnormalities (Down Syndrome, Rheumatoid Arthritis)

Yes

N - Neurologic Exam. Assess for focal deficits such as tingling, reduced strength or numbness.

Yes

S - Significant mechanism or extremes of ages.

Yes

<5 or >65 years of age

No

A - Alertness. Does the patient have an altered mental status?

Yes

I - Intoxication. Is there any indication the patient has impaired decision making ability?

Yes

D - Distracting Injury. Is there any other injury, which is capable of producing significant pain?

Yes

S - Spinal examination. Look for point tenderness to spinal process.

Yes

No to all

Spinal restriction not required

Goals:
- Minimize secondary injuries to those with unstable spinal injuries
- Minimize morbidity due to immobilization devices

Signs/Symptoms:
- Traumatic mechanism of injury

Documentation Key Points:
- Spinal tenderness
- Neurologic examination
- Evidence of intoxication
- Neck/Spine Pain presence

Special Considerations:
- Range of Motion (ROM) can be assessed by touching chin to chest, extending their neck and look up, and turn their head side to side
- Do not assess ROM if there is midline spinal tenderness