

Full Spine Precautions		
Effective Date: 7/10/24	Original Date: 6/22/2009	Approval Date: PPRC 7/10/24
Number: PCECT-644		Version: 5
Facility (Scope): Billings Clinic Downtown Hospital		

POLICY STATEMENT:

Billings Clinic uses Spinal Precautions Guidelines for the safe management of patients with known or suspected cervical, thoracic, or lumbar spine injuries. This policy is to assure safe, quality patient care, full spine precaution directs caregivers to safely protect the spinal column/cord of the patient whose injuries to the spine may or may not be known.

DEFINITIONS:

- A. Full Spine Precaution: limiting the movement of the spine and keeping the spine in anatomical alignment at all times through the use of limited transfers, log roll only, strict bedrest, head of bed flat, and cervical collar on at all times.
- B. Logroll: process of moving a patient with known or unknown spine injuries. Requires 3 or more people, depending on patient size, one person at the head, one person at the upper torso, and one at the lower torso and legs. The person maintaining cervical spine alignment verbally directs the logroll.

PROCEDURE:

- A. Patients with traumatic blunt injury are suspected of having a cervical, thoracic, or lumbar spine injury.
- B. Indications of need for spinal precautions:
 - 1. Midline spine pain and/or deformity.
 - 2. Focal neurologic deficit.
 - 3. Non-evaluable patient:
 - GCS (Glasgow Coma Scale) <15
 - Under the influence of drugs and/or alcohol
 - Injury with prevents patient’s full concentration on exam (distracting injury, pain)
 - 4. Known spine injury with or without deficits
- C. Activity Orders are ordered on admission. Full Spine Precautions are followed until activity orders are received.
- D. Non-evaluable patients remain in full spine precautions until evaluable.
- E. If a fracture is noted in one area of the spine, cervical, thoracic, and lumbar spine neurosurgery is consulted.
- F. Patients with focal neurologic deficits consistent with a spinal cord injury receive a neurosurgical consult.
- G. If attending physician questions integrity of spine, neurosurgery is consulted to clear the spine.

- H. The back board is not part of spinal precautions. It is utilized to facilitate patient transport and is removed as soon as possible to decrease the risk of skin breakdown and improve patient comfort.
- I. Removal of the backboard is directed by the attending physician.
- J. Maintain full spine precautions until the spine has been cleared.
- K. Full spine precautions include cervical collar, strict bedrest, HOB flat (spine anatomically aligned), and log roll only. Reverse Trendelenburg may be used in appropriate patients to improve ventilation and decrease risk of aspiration.
- L. Utilize smooth movers/sliders, and multiple people when transferring patient from bed to bed. A hover mat device is not used on the acute trauma patient.
- M. Assess and document motor and sensory function before and after moving a patient with full spine precautions.
- N. Full Spine Precautions sign to accompany patient until the spine is cleared.

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3. Emergency Nurses Association (2024). *Trauma Nursing Core Course Provider Text*, 9th Ed
4. Patel, Mayur B. MD, MPH; Humble, Stephen S.; Cullinane, Daniel C. MD; et al: Cervical spine collar clearance in the obtunded adult blunt trauma patient: A systematic review and practice management guideline from the Eastern Association for the Surgery of Trauma. *Journal of Trauma and Acute Care Surgery* 78(2):p 430-441, February 2015. | DOI: 10.1097/TA.0000000000000503
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7. Como, J, John, Diaz, J, Jose MD, et al "Practice Management Guidelines for Identification of Cervical Spine Injuries Following Trauma: Update From the Eastern Association for the Surgery of Trauma Practice Management Guidelines Committee." *The Journal of Trauma.* September 2009 Volume 67, Number 3, pp 651-659

ADDITIONAL POLICY INFORMATION:

Type: 3 Year Review	Owner: Rich Mickelson, Director of Emergency Services Operations
Replaces: N/A	
Other required review/approval(s) (name, title, date): Trauma Committee 7/8/24	
Regulatory or Accreditation Agency:	