



Office of the Medical Director

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MEMORANDUM #2013-03

FROM: Office of the Medical Director
Saginaw Valley Medical Control Authority (SVMCA)
1000 Houghton Ave.
Saginaw, MI 48602

SUBJECT: Spinal Immobilization Directive

Effective immediately, all penetrating trauma patients (GSW, stabbing) **WILL NOT** be placed in spinal immobilization. Recent studies show that this practice provides no clinical benefit and increases mortality.

Please keep several key points in mind when caring for penetrating trauma patients:

1. Spinal immobilization refers to backboards and/or C-Collars. Do not use either.
2. Backboards may be used for movement, but only as a last resort. Simple lifts or "megamovers" are a quicker and simpler means of movement and should be considered first. Additionally, it is unclear if the negative effects of backboards are the cause of increased mortality when used in penetrating trauma. If a backboard must be used for movement you should consider quickly sliding the patient off of it and onto the stretcher.
3. If there is coexisting blunt trauma, then spinal immobilization may be considered. Simply falling to the ground after being shot or stabbed does not qualify as coexistent blunt trauma *in this particular setting*.
4. An online physician order for spinal immobilization in isolated penetrating trauma will not be followed. I consider this order, *in this particular setting*, to be inappropriate and dangerous. You are not obligated to follow an order that you know is inappropriate or dangerous. This medical control directive overrides any online order for spinal immobilization in isolated penetrating trauma. Orders for blunt trauma immobilization will still be followed at this time.
5. Rapid transport is still the key to treatment in penetrating trauma.
6. IV attempts should be limited to a minimal amount prior to initiating transport.

A handwritten signature in black ink, appearing to read 'Noel Wagner'.

Noel Wagner, MD, NREMT-P
Medical Director, SVMCA