



MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2015-06
Date: July 20, 2015

Re: Patient Positioning While in C-Spine Precautions

Office of the Medical Director
Noel Wagner, MD, NREMT-P
1000 Houghton Ave
Saginaw, MI 48602
(989) 583-7940
Fax (989) 583-7941
www.SaginawValleyEMS.org

ALL SVMCA PROVIDERS:

Recently, the SVMCA has implemented a new treatment and procedure protocol addressing spinal injury assessment and immobilization (*1-20 Spinal Injury Assessment & 5-27 Spinal Precautions*). The protocols identify the long-backboard as an extrication device which are no longer typically used during *transport*. These changes are the result of numerous studies which indicate that full spinal immobilization is not as beneficial to patient outcomes as once thought.

The product of these changes has been an increased number of patients being transported with only a cervical collar in place. Proper placement and positioning of these patients during transport should now be the focus of pre-hospital providers. Patients transported with a C-collar in place should ideally be transported in the supine position as long as it is tolerated. For patients that cannot tolerate the supine position because of pain, shortness of breath, or other reasons may be transported with the head of the stretcher elevated up to 30 degrees. Additionally, a patient can be transported elevated above 30 degrees, but this should occur only when a lower angle cannot be tolerated.

Remember, the patient is being transported with a cervical collar in place because they have been identified as having an increased risk of spinal injury. The upright position during transport creates increased axial loading on the spine and creates additional pivot points where injury could theoretically be exacerbated. This is why we will attempt to use a low angle of transport when possible, until future studies direct us otherwise.

Documentation is a critical factor when applying the new protocols. Accurate descriptions of evident injuries, mechanisms, and the subsequent treatment actions including transport positioning are key in ensuring good care and adherence to protocol. Remember, any deviations for the protocols such as transporting a patient elevated more than 30 degrees must be fully explained in the patient care record.

If you have any questions about these or other protocols, please contact the Office of the Medical Director.

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

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