	1301	<b>Spinal Motion Restriction</b>
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 10/01/2020	Next Revision: 10/01/2023	
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE	

## Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

## Protocol

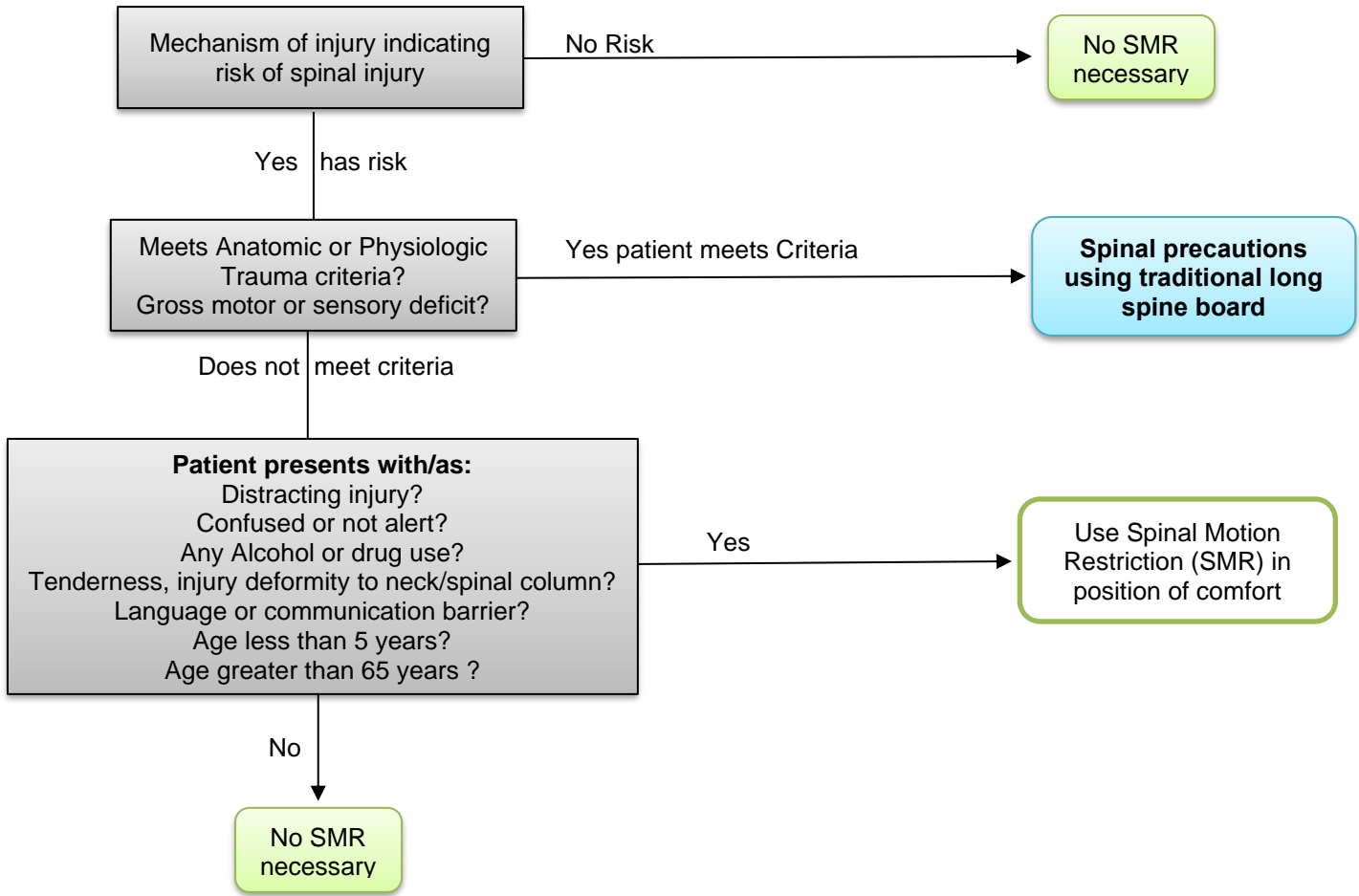
Begin with a rapid assessment to determine if Traditional Long Spine board or Spinal Motion Restriction (SMR) or no precautions are necessary.

**Spinal Motion Restriction** consists of placement of an appropriately sized rigid cervical collar on the patient and placing the patient in a position of comfort.

### *Important things to consider*

1. If patient develops any neck discomfort during after exam or during transport or has changes in CSM -  
**Apply SMR.**
2. Allow patients that are ambulatory to sit on stretcher in position of comfort.
3. Backboard may be used as mechanism to carry patient (along with Flat, Scoop, or KED) and removed once on the gurney if time allows.
4. While a trauma patient may only need SMR, you may need to carry, then remove from device if time allows (Trauma scene times should be less than 10 minutes if possible).
5. No need to remove Helmets from Football players with pads – unless airway control becomes an issue.
6. Motorcycle, bicycle, ski and other (non-football) helmets should be removed to allow appropriate SMR.
7. Pregnant patients and those with Nausea / Vomiting maybe placed in a lateral position while in SMR with padding to maintain a neutral position.

See page 2 for  
Algorithm



**Physiologic criteria:**

- GCS less than 14 or LOC greater than 5 minutes or LOC with deteriorating GCS
- Adult Systolic BP less than 90
- Pediatric Systolic BP (10-14) less than 80
- Pediatric Systolic BP (under 10) less than 70
- Respiratory rate less than 10 or greater than 29 (Infant respiratory rate less than 20)

**Anatomic criteria:**

- All penetrating injury to head, neck, torso or extremities proximal to elbow/knee
- Flail chest (Chest wall instability)
- 2 (Two) or more proximal long bone fractures (femur / Humerus)
- Suspected Pelvic fracture
- Depressed or suspected skull fracture
- Amputation proximal to wrist/ankle
- Crushed, degloved, mangled, or pulseless extremity