	1301	Spinal Motion Restriction
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 09/01/2023	Next Revision: 09/01/2026	
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

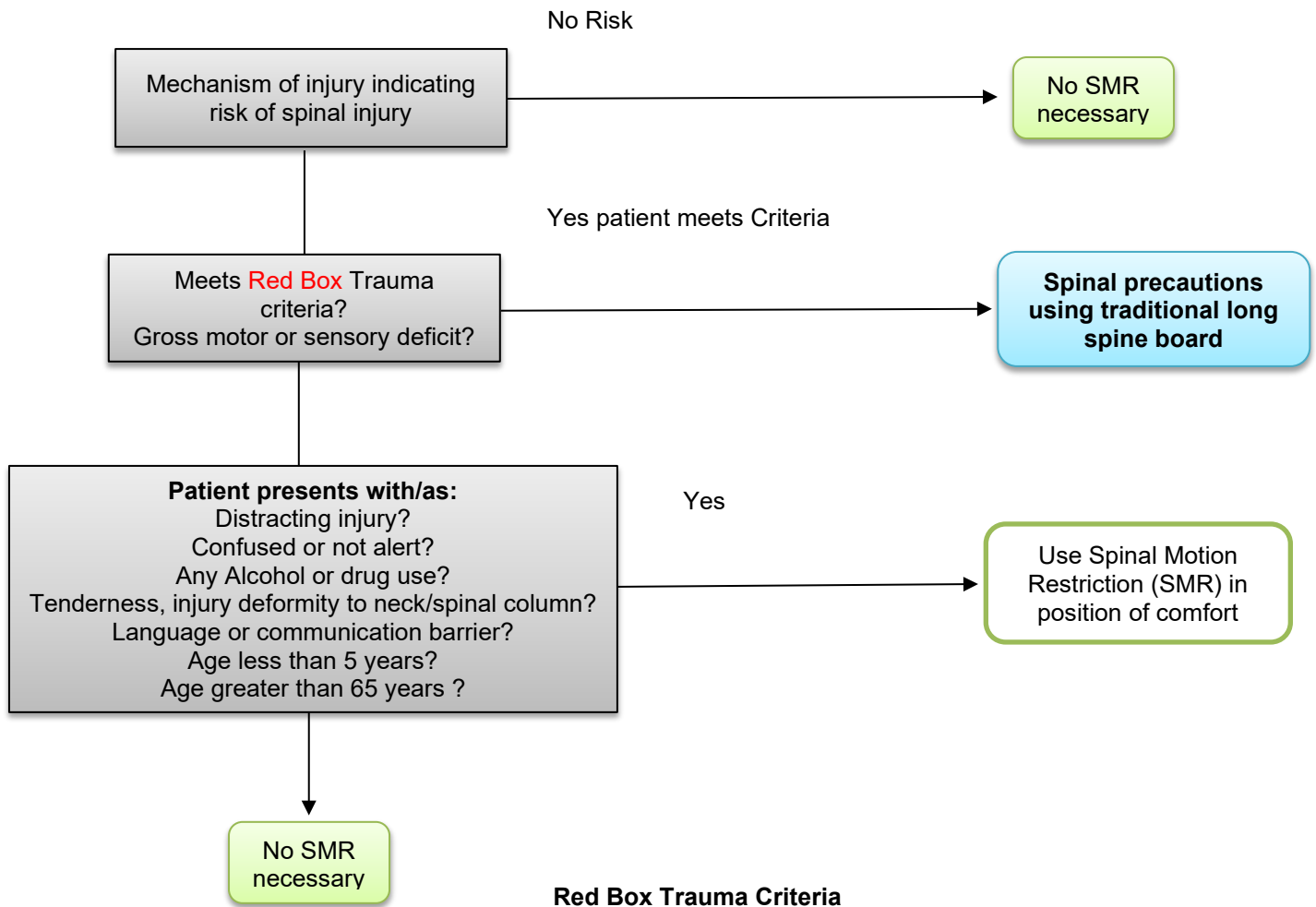
Begin with a rapid assessment to determine if Traditional Long Spine board or Spinal Motion Restriction (SMR) or no precautions are necessary.

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



Red Box Trauma Criteria

Injury Patterns	Mental Status & Vital Signs
<ul style="list-style-type: none"> • Penetrating injury to head, neck, torso &/or proximal extremities • Skull deformity, Suspected skull fracture • Suspected spinal injury with new motor or sensory loss • Suspected Pelvic fracture • Suspected fracture of two or more proximal long bones • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist/ankle • Active bleeding requiring a tourniquet or wound packing with continuous pressure 	<p>All Patients</p> <ul style="list-style-type: none"> • Unable to follow commands (GCS <6) • RR <10 or >29 breaths/min • Respiratory distress or need for respiratory support • Room-air pulse oximetry <90% <p>Age 0-9 years</p> <ul style="list-style-type: none"> • SBP <70mmHg (2x age in years) <p>Age 10-64 years</p> <ul style="list-style-type: none"> • SBP <90mmHg or • HR > SBP <p>Age ≥ 65 years</p> <ul style="list-style-type: none"> • SBP <110mmHg or • HR > SBP