

SFGH Cervical Spine Clearance Protocol

(Field Collars should be discontinued or replaced with Aspen Collars as soon as possible after admission)

- Clinical Clearance Criteria Met:**
- Alert, Awake: GCS >14
 - NO intoxication
 - NO midline neck tenderness
 - NO neurologic deficit
 - NO Distracting Injury: Ex. long bone fx, large burn, clinical judgment
- (If any of the above criteria is not met, proceed to imaging)
- Patients with positive head CT should proceed to imaging

YES →

- Physical Examination:**
- Remove the front of the collar
 - Evaluate for bony tenderness on palpation of the cervical spine
 - Ask the patient to slowly rotate, extend, and flex the neck
- (If there are any positive findings, replace the collar and proceed to imaging)

Normal →

Cervical Spine is clinically cleared and hard collar is discontinued. Document decision-making in the medical record

Abnormal ↓

NO ↓

Cervical CT Scan with coronal and sagittal reconstructions

Abnormal ↙

Clinical interpretation of radiology findings
 Consider Spine consultation and/or cervical MRI and/or Radiology attending reading
 Continue Immobilization with hard Collar
 Continue log roll precautions

Normal ↓

Re-examine patient

If there is neurologic deficit attributable to spinal injury:
Obtain MRI

- Alert, Awake: GCS 15
- NO altered mental status
- NO midline neck tenderness
- NO Neurologic Deficit
- Not felt to have distracting injury
- Repeat exam - able to rotate, extend, and flex neck

Normal ↑

Intoxicated or obtunded patient following negative CT Scan

Alert-Awake patient with persistent neck pain following negative CT Scan

Continue immobilization until mental status normal and patient can reliably be examined. Resume at "Re-examine patient."

- Option 1:**
 If suspicion for unstable ligamentous injury is low/very low
- Obtain flex-ext views in the ED or
 - Clear the collar based on CT scan and clinical judgment
- Option 2:**
 If moderate/low suspicion for unstable ligamentous injury:
- Maintain Aspen collar and have the patient follow-up in spine clinic in 7-10 days for re-evaluation and possible flex-ext views
- Option 3:**
 If high suspicion for unstable ligamentous injury:
- Obtain a cervical MRI in the ED

Neuroradiology Attending Readings available 24 hours/day by request