

Head, Neck, and Spine Injuries (Adult and Pediatric)

CFR and All Provider Levels

1. Control external bleeding
2. ABCs and vital signs
3. Stabilize cervical spine with a rigid cervical collar and observe spinal injury precautions as needed
4. Airway management and appropriate oxygen therapy
5. Cover open neck wounds with an occlusive dressing while ensuring not to bandage completely around the neck
6. Assess for shock and treat as needed

CFR STOP

EMT

7. Observe spinal precautions and apply a rigid cervical collar for patients who have any of the following criteria at time of EMS evaluation or at any time following injury:
 - Altered mental status for any reason, including possible intoxication
 - Glasgow Coma Scale (GCS) < 15
 - Neck/spine pain or tenderness
 - Provider unable to adequately assess for neck/spine pain or tenderness
 - Trunk or extremity weakness, paralysis, numbness or tingling
 - New deformity of spine that was not present prior to the injury
 - Distracting injury or other circumstances that may produce an unreliable physical exam or history
 - High risk mechanism of injury
 - Any other provider concern for potential spinal injury
8. Transport

EMT STOP

Paramedic

9. Perform advanced airway management as needed
10. Begin cardiac monitoring
11. Obtain intravascular access

Paramedic STOP

Medical Control Options

Key Points / Considerations

- Do not use a nasopharyngeal airway in patients with facial burns or other facial injury
- Do not hyperventilate patients when assisting ventilations