



## Guidelines for Clearing the Cervical Spine

“Clearing the Cervical Spine” is an exercise undertaken by clinicians to insure a patient does not have significant cervical spine injury

1. The patient’s overall condition will dictate the method by which the Cervical (C) spine is “cleared”. Methods include:

- Clinical examination alone and/or supported by appropriate imaging studies
- Multiple services, including General Surgery, Radiology, Neurosurgery, Orthopedics, and Emergency Medicine may be involved in this process.

2. Injured patients with a normal mental status examination, no complaints of neck pain, no neurologic deficits, and who are not under the influence of drugs and/or alcohol AND who do not have a significant tenderness to palpation may have their cervical collar removed and do not require radiologic evaluation.

3. Injured patients with a normal mental status examination, no neurological deficits, and who are not under the influence of drugs and/or alcohol BUT complains of neck pain or has tenderness to palpation should have their cervical collar maintained and undergo complete radiologic evaluation of the C-spine which, in most patients, includes a CT scan of the C-spine.

4. The multiply injured patient admitted to the resuscitation room with either unstable vital signs or serious mechanism of injury will have the cervical collar left in place and additional diagnostic studies obtained as needed.

5. The multiply injured patient who has a normal radiologic examination but who remains with altered mental status should have the C-collar maintained and undergo consultation by the spine service.

6. Injured patients with obvious cervical spine injury or neurologic deficit should be resuscitated according to Advance Trauma Life Support (ATLS) guidelines and have consultation obtained from the spine service (Neurosurgery or orthopedic). Cervical traction may be applied.

7. Stable multiply injured patients in whom an operative procedure is planned within the first twelve hours of admission and who do not meet criteria for “clinical clearance” as outlined above, should have CT of C-spine obtained in the Emergency Department prior to going to the OR.

8. The physician who determines the spine is clear and removes the cervical collar must document clearance of spine with a written order to remove the cervical collar.

9. Stable injured patients who have a neurological deficit consistent cervical spinal cord injury should have spine service consultation and a stat MRI which should be instituted within one hour of request.

**Reference:**

ATLS Student Course Manual 10<sup>th</sup> edition