



# C-SPINE CLEARANCE

## Aims

- To describe the situations where it is reasonable to exclude C Spine injury in the field.

## Introduction

For many years it has been traditional to immobilise the spines of any person involved in major trauma. However this is not without its own morbidity, and has led to large numbers of unneeded X rays being performed. Therefore there are cases where it is not unreasonable to assess and “clear” the C spine in the field.

If there is any doubt then it must be assumed that there is a possible C spine injury and full precautions taken.

## Procedure

In order to “clear” the C spine several criteria must be fulfilled:

1. Patient is awake, sober and fully alert.
2. Patient is neurologically intact.
3. Patient has no neck pain.
4. Patient has no distracting injury.
5. With the patient supine, remove the collar and palpate for tenderness.
6. If no tenderness, ask the patient to voluntarily move his or her neck from side to side.
7. If no pain, ask the patient to voluntarily flex and extend his or her neck.
8. If no pain, it is reasonable to assume there is no need for further (radiological) intervention. The patient is extremely unlikely to have an acute C spine subluxation/fracture.

## **Notes**

These guidelines are adapted from guidelines formulated in the emergency department which have not been validated in the field. Also note that the amount of alcohol needed to negate the above is not defined, nor is the severity of a 'distracting injury'. Therefore if the mechanism of injury is suggestive that a C spine injury may have occurred, it is often reasonable to immobilise the spine until hospital admission. Also note, these guidelines refer to C spine injuries – the spine may be injured at lower levels.

**Because of this – have a high suspicion of C spine injury if the mechanism of action suggests it may have occurred.**