C-Spine Clearance Algorithm for those 11-64* years

GCS ≥ 14

Yes

Assess and question pt. for spinal cord neurologic deficits.

NO—Neurologic Deficits

YES—Neurologic Deficits See BLUE box on Right

C-Spine CT Occiput to T₃

CT Abnormal
Left Collar On
Consult Spine Specialist
If associated TBI consult neurorad for spine management

CT Normal

Neck Pain & Paresis

Improve Neck Pain

Ongoing neck pain

Voluntary Flexion/Extension per patient (Upright if possible)

Abnormal

Unable or technically inadequate

Magnetic Resonance Imaging (MRI) per Spine Specialist

CT Occiput to T₃

Spine Service Consult

Probable Spinal Cord Injury with Neuro Deficit

Improved Neck Pain

Reevaluation
Pain improved. C-spine cleared.
Note: Date & Time in Chart

Special Considerations:
- SCILOWA = Spinal Cord Injury Without Radiologic Abnormality. Consult Neurosurgery if patient remains symptomatic or has history of neurologic deficit with a NORMAL Cervical CT.
- Patient intoxicated with ETOH or other drugs? Then consider no imaging. Patient to remain in c-collar with clinical reassessment when no longer intoxicated
- If patient is to remain in c-collar for >24 hours change to Miami J.
- Patients with DISH (Diffuse Idiopathic Skeletal Hyperostosis) and ankylosing spondylitis should undergo CT imaging due to significant injuries that can occur with minor mechanisms of injury

Place in Miami J and have pt follow-up in 1-2 weeks in trauma clinic with Flexion/Extension films. Treat with anti-inflammatories if able

Treat for Cervical Strain
Soft Collar and Anti-Inflammatories

Negative Clinical Exam
Remove c-collar
Note: Date and Time in chart

*Patients age 65 and older should undergo cervical spine imaging with even minor mechanisms of blunt injury (such as same level falls) due to lack of pain with upper cervical spine injuries.

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