Te Hononga Whētuki ā-Motu
National Trauma Network

Email: help@majortrauma.nz
Website: majortrauma.nz

July 2018

Position statement on
In-hospital clearance of potential cervical spine injury

The Major Trauma National Clinical Network has formulated this position statement to clarify in-hospital clearance of the cervical spine in trauma patients. The 2017 introduction of the new Cervical Spine Immobilisation guidelines by ambulance services has resulted in some confusion and variation in practice for how patients are managed once they reach hospital. The confusion has occurred largely because of the new process whereby ambulance services have moved away from routine placement of cervical collars and instead use a lanyard to indicate a patient they have not been able to clear clinically from a cervical spine injury. In principle there should be alignment of the pre-hospital, emergency department and in-hospital processes of assessment and clearance for the potential cervical spine injured patient.

All trauma patients who arrive in the Emergency Department should have their spinal clearance status reassessed.

If the spine is unable to be clinically cleared (i.e. NEXUS or Canadian C-spine rules), then the patient will require imaging according to local guidelines. For alert and cooperative patients, a visual indicator such as a lanyard may be all that is required while awaiting clearance. For others, measures to restrict cervical spine motion may be used during this process. The nature of these measures (log rolls, sandbags, tape, or placement or a cervical collar) will depend on the clinical state of the patient and the assessed risk of cervical injury.

If clearance of the cervical spine has not occurred by the time the patient is transferred out of the Emergency Department as an inpatient, then a properly fitted orthotic collar should be placed. Lanyards should not move beyond the Emergency Department (or radiology whilst under Emergency Department care).