

Trauma Clinical Guideline: Identifying Cervical Spine Injuries Algorithm

The Trauma Medical Directors' Workgroup is an open forum for the directors of designated trauma services in Washington State to share ideas and concerns regarding the provision of trauma care. The workgroup meets twice a year to encourage communication between services so that they may share information and improve the quality of care that they provide to patients. On occasion, at the request of the Governor's Steering Committee on EMS and Trauma Care, the group discusses the value of specific guidelines for trauma care procedures.

This guideline is distributed by the Washington State Department of Health on behalf of the Governor-Appointed Steering Committee on Emergency Medical Services and Trauma Care to assist trauma care services with the development of their trauma patient care guidelines. Toward this goal the Trauma Medical Directors have categorized the type of guideline, the sponsoring organization, how it was developed, and whether it has been tested or validated. It is hoped that this information will assist the physician in evaluating the content of this guideline and its potential benefits for their practice or any particular patient.

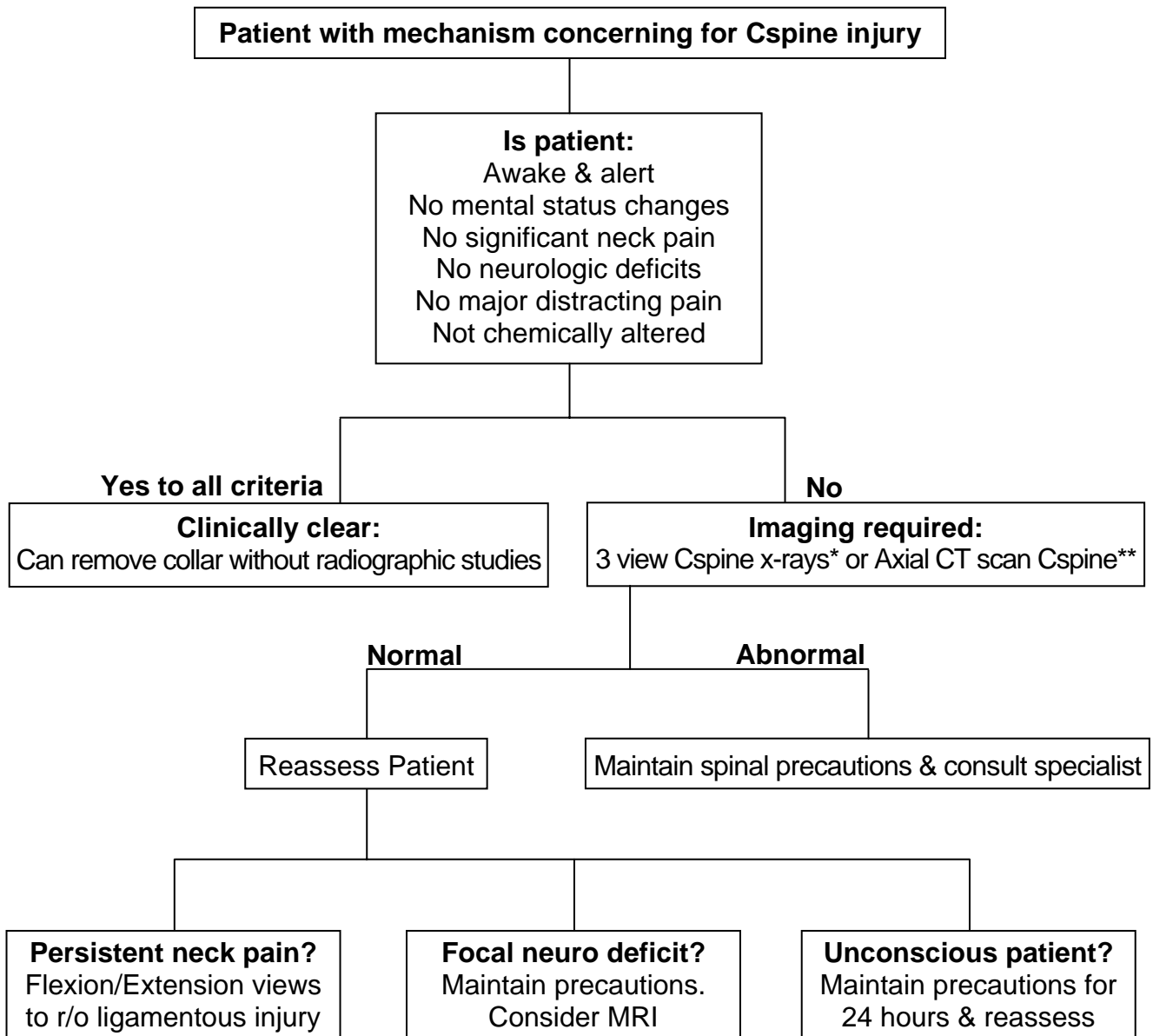
The Department of Health does not mandate the use of this guideline. The Department recognizes the varying resources of different services and that approaches that work for one trauma service may not be suitable for others. The decision to use this guideline in any particular situation always depends on the independent medical judgment of the physician. It is recommended that trauma services and physicians who choose to use this guideline consult with the Department or Eastern Association for the Surgery of Trauma, the original guideline developer, on a regular basis for any updates to its content. The Department appreciates receiving any information regarding practitioners' experiences with this guideline. Please direct comments to Mary Rotert RN, 360 236-2874 or mary.rotert@doh.wa.gov

This is a trauma assessment and management guideline. It was adapted from the Eastern Association for the Surgery of Trauma. The trauma medical directors group reviewed the guideline, sought input from trauma care physicians throughout Washington State, and used that input to make changes. The guideline was then endorsed by the Steering Committee, and by the DOH Office of EMS/TS. This guideline has not been tested or validated. Further information and the original guideline is available at www.east.org

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* 3 view imaging includes: lateral view from base of occiput to upper border of T1, anteroposterior view extending to T1, and open mouth odontoid view revealing lateral masses of C1 and entire odontoid process.

* Intubated patients require Axial CT for C1-C2 as open mouth odontoid views are inadequate.

** Axial CT of entire Cspine with saggital reconstruction is preferred for patients requiring Head CT or those with abnormal or inadequate X-ray imaging.