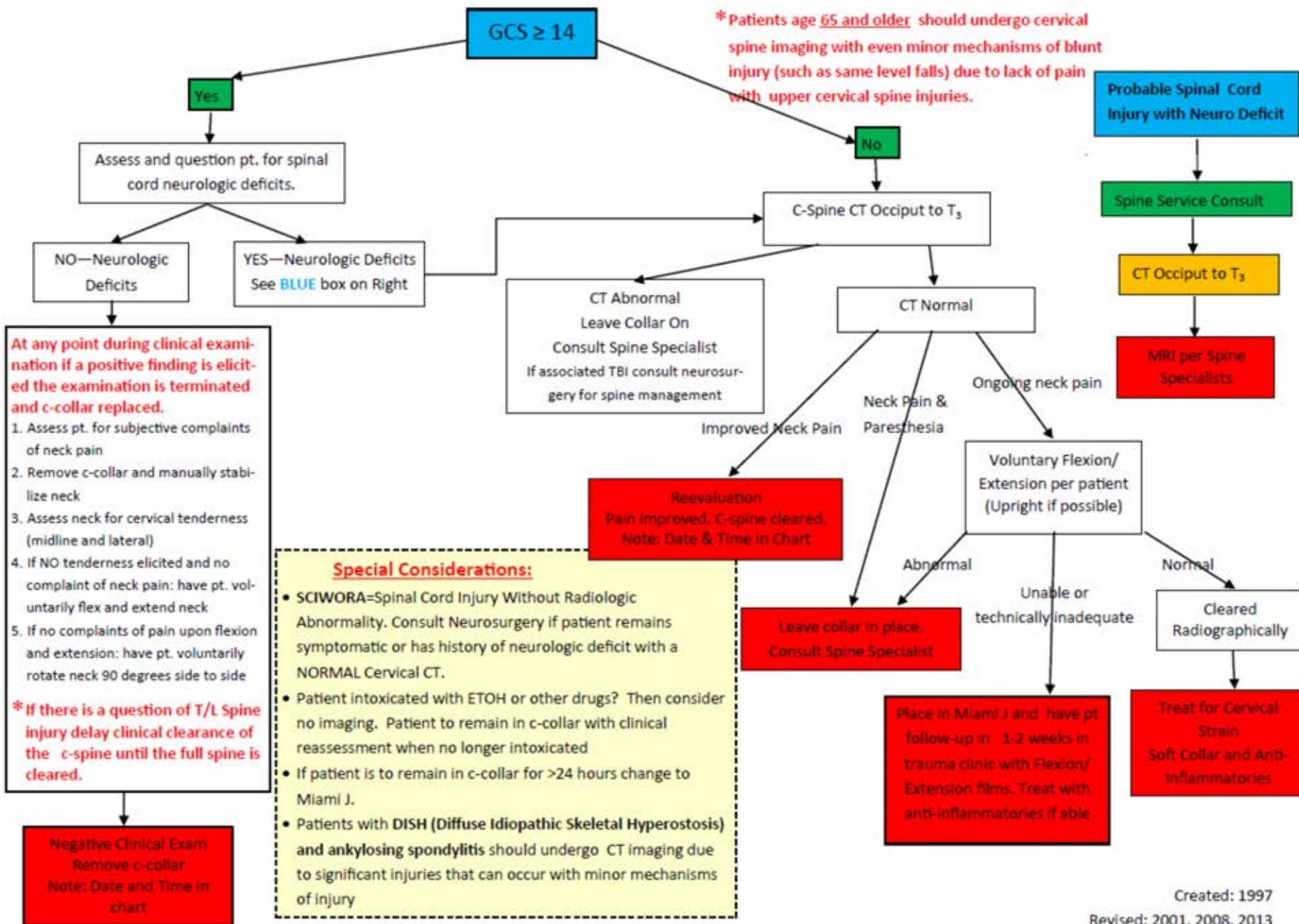


C-Spine Clearance Algorithm for those 11-64* years

*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.



At any point during clinical examination if a positive finding is elicited the examination is terminated and c-collar replaced.

1. Assess pt. for subjective complaints of neck pain
2. Remove c-collar and manually stabilize neck
3. Assess neck for cervical tenderness (midline and lateral)
4. If NO tenderness elicited and no complaint of neck pain: have pt. voluntarily flex and extend neck
5. If no complaints of pain upon flexion and extension: have pt. voluntarily rotate neck 90 degrees side to side

***If there is a question of T/L Spine injury delay clinical clearance of the c-spine until the full spine is cleared.**

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

Special Considerations:

- **SCIWORA**=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