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Guide to Management of the Potentially Injured Cervical Spine

The following diagram illustrates a pragmatic approach to the use of imaging in a child with blunt trauma to the cervical spine.

Unconscious or uncooperative or major distracting injury? NO YES Assess for: Apply one-piece semi rigid collar Neck pain (posterior) Apply head immobiliser and straps If on spinal Neurological deficit ANY Undo collar, maintain head alignment, and assess for: Discuss with emergency medicine consultant, ABNORMAL • Posterior midline tenderness neurosurgery or orthopaedic surgery service If above normal assess for: depending on local practice if any neurological Can the patient turn their head 45° to left and right? signs ALL NORMAL Leave collar off No X-ray Document assessment in history **Cervical spine series** Patient intubated and Patient cooperative and no -NO→ AP, lateral, odontoid -NORMAL--having urgent CT brain? major distracting injury? View (≥ 5 yrs) YES ABNORMAL YES Reassess patient for: Neurological signs CT Scan CT cervical spine Undo collar and assess for: Area of local abnormality Consult neuro or Posterior midline Area not well visualised orthopaedic surgeon tenderness **Consult** neuro or orthopaedic Change to a two-piece Muscle spasm surgeon collar Can the patient turn their If needing immobilisation for >6 head 45° to left and hrs, change to a two-piece collar right? ANY ABNORMAL ALL NORMAL Discuss with emergency, Leave collar off neurosurgical or orthopaedic surgeon Document assessment Immobilise in a two-piece collar © RANZCR® 2015 in history Adapted from Cameron et al, Textbook of Paediatric Emergency Medicine (2011)

Reference:

Cameron P, Jelinek G, Everitt I. Textbook of Paediatric Emergency Medicine (2nd Edition). London, GBR: A Churchill Livingstone Title; 2011.