

RECOMMENDED INDICATIONS FOR SPINAL PRECAUTIONS IN CHILDREN

PURPOSE: To provide guidelines based upon mechanisms of injury and clinical symptoms that indicate a potential for spinal injury.

GENERAL PRINCIPALS: Any pediatric patient that presents with a high-energy mechanism of injury or any clinical signs suggestive of spinal cord injury should be placed in a hard cervical collar and spinal immobilization for transport.

RECOMMENDED HIGH-ENERGY MECHANISM GUIDELINES:

- ✓ High speed motor collision
- ✓ Motor vehicle collision
- ✓ Ejected from motor vehicle
- ✓ Pedestrian/bicyclist struck by a motor vehicle
- ✓ Crash involving a motorized recreation vehicle
- ✓ Diving injury
- ✓ Fall from a height > 5 feet or more than 5 stairs
- ✓ Any other high-energy mechanism with rapid acceleration and deceleration

RECOMMENDED CLINICAL GUIDELINES ASSOCIATED WITH EVEN MINOR MECHANISM OF INJURY:

- ✓ Altered level of consciousness or are too young to describe their symptoms
- ✓ Cervical pain, tenderness, or deformity
- ✓ Neurological deficit
- ✓ Any other painful or distracting injury
- ✓ Numbness or weakness in any extremity
- ✓ Any other clinical suspicion of cervical spine injury

PRECAUTION: A normal child 'up and running around' at the scene who was subjected to a mechanism with a potential of causing spinal injury should be

immobilized provided that the immobilization technique does not result in marked combativeness.

SUMMARY: The indications for spinal immobilization rely on a heightened level of suspicion for injury. Cervical spine clearance requires careful clinical and radiological evaluation because missed injuries can lead to catastrophic neurological consequences. The burden of clearance is up to the hospital physicians.