# Spinal Clearance Checklist

To be fully completed at admission clerking and amended over time.

1. Given the mechanism of injury is there a risk of spinal injury? If uncertain, then the answer is YES. Are symptoms or signs of spinal injury reported or evident (from history, medical notes, secondary or tertiary survey)?

<table>
<thead>
<tr>
<th>Risk</th>
<th>Symptoms &amp; / or signs of injury (bony &amp; / or neurological)</th>
<th>Date</th>
<th>By whom (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>C-spine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T &amp; L spine</td>
<td></td>
<td></td>
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</tbody>
</table>

2. Plain x-rays (or CT scanograms). Have they been performed? Are they adequate? Have they been reported by a radiologist OR consultant? Is the spine radiologically cleared or are there injuries noted?

<table>
<thead>
<tr>
<th>Performed</th>
<th>Adequate</th>
<th>RADIOLOGICAL CLEARANCE</th>
<th>Date</th>
<th>By whom (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

3. CT scans with planar reconstruction. Are these necessary? Have they been performed? Have they been reported by a radiologist OR consultant? Is the spine radiologically cleared or are there injuries noted?

<table>
<thead>
<tr>
<th>Necessary</th>
<th>Performed</th>
<th>RADIOLOGICAL CLEARANCE</th>
<th>Date</th>
<th>By whom (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

4. Management plan. It is intended that the plan will progress to no precautions over time.

<table>
<thead>
<tr>
<th>Precautions (circle)</th>
<th>Details</th>
<th>Time &amp; Date</th>
<th>Name (PRINT)</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Miami J collar / spinal mattress / log roll / scoop stretcher / supine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited / special instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updates / changes</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Clinical Assessment

- Alert Orientated, GCS 15
- No sedation / drugs / alcohol / opioid analgesic
- No pain / tenderness / step deformity on examination of bony spine
- No distracting pain from concurrent injuries
- No neurological deficit

Is the patient unconscious &/or intubated?

OR

Does the patient have a mechanism of injury suggesting a high risk of spinal injury?

Yes to either

- Request CT scan of C-spine (down to and including T4/T5 disk space) with sagittal and coronal reconstructions
- Also request thoraco-lumbar spinal imaging (see below)

Move neck actively IS THERE PAIN?

Yes

- Request C-spine x-rays: AP, lateral, odontoid peg
- Consider radiological thoraco-lumbar spinal clearance

Inadequate / abnormal films?

OR

Significant delay before patient can be reassessed

- Consider CT C-spine / whole spine

Reported as normal by neurosurgery, orthopaedics or radiology

SPINE IS STABLE

No precautions / immobilisation

Reported as abnormal by neurosurgery, orthopaedics or radiology

C-spine is stable

Immobilisation should be removed *

Isolated C spine injury: Continue C-spine immobilisation with Miami J collar. Patient may sit up 30 degrees.

Isolated TL-spine injury: Flat bed rest, log rolling & immobilisation to continue. Bed may be tilted (flat) head up 30 degrees.

Both injured: Continue C-spine immobilisation with Miami J collar. Flat bed rest, log rolling & immobilisation to continue. Bed may be tilted (flat) head up 30 degrees.

Thoracolumbar spinal assessment

Image the TL-spine if ANY of the following apply:

- Given the mechanism of injury, is there a risk of thoracic and / or lumbar spine injury?
- Is there pain, bruising, swelling, deformity or abnormal neurology attributable to the thoracic or lumbar spinal regions?
- Is there a fracture anywhere else in the spine?
- Is the patient unconscious?

AP and lateral films OR CT scanograms (preferably at time of CT C-spine) may be adequate. If not, request CT whole spine.

*Close observation is required during mobilisation (removal of immobilisation). Development of weakness, paraesthesia or pain may indicate a missed injury

Neurological deficit referable to spine injury requires CONSIDERATION of urgent MRI