

Long Spine Board Immobilization Guidelines: Chelan and South Douglas Counties

These guidelines are to be used by BLS and ALS providers for patients with trauma

Long spine boards (LSB) have both risks and benefits. Historically LSBs have been overused in EMS. Many patients do not tolerate the board very well, especially the elderly and patients with respiratory diseases who may fare poorly on a board. Therefore LSBs should be used when indicated. The best use of the LSB may be for extricating an unconscious (or difficult to move) patient, or providing a firm surface for cardiac compressions. However, other devices such as the clam or KED may be appropriate for patient extrication and movement. If the patient would normally be stabilized on a LSB but has a previously existing condition that makes securing the patient to the backboard impractical (such as kyphosis) the EMT or Medic should use their best judgment to secure the patient to the stretcher with the goal of minimizing movement of the spine.

Clinical Indications for LSB:

1. Immobilize patients with a LSB and cervical collar for any of the following conditions:

- Blunt trauma and altered level of consciousness
- Thoracic or lumbar spinal pain or tenderness
- Neurologic complaint (e.g. numbness or motor weakness) following trauma
- Anatomic deformity of the spine following trauma
- High energy mechanism of injury AND:
 - Alcohol intoxication or drug induced impairment
 - Inability to communicate
 - Distracting injury
- GSW to head or neck (in general stab wounds do not require LSB)

2. Patients complaining of isolated cervical pain or tenderness following trauma can be managed by application of a cervical collar and securing the patient firmly to the stretcher, if the following criteria are met:

- Normal level of consciousness (GCS-15)
- No thoracic or lumbar spine tenderness or anatomic abnormality
- No neurologic findings or complaints
- No intoxication or drug induced impairment

3. Patients who have no complaints of cervical or back pain and no tenderness should not be placed in a cervical collar or on a LSB if they meet the following criteria:

- Normal level of consciousness (GCS-15)
- No neurologic findings or complaints
- No intoxication or drug induced impairment

4. These guidelines do not preclude use of LSB for extrication or moving the patient.

5. Efforts should be made, especially in the light of extended transport times, to minimize the discomfort associated with LSBs. Padding under the knees if appropriate, light padding on the board such as a blanket or a Back Raft and other comfort measures may benefit the patient without compromising the goal of putting someone on the LSB. Also the clam stretcher, which has been underutilized, provides spinal stabilization while extricating and can be removed once on the stretcher and is an excellent option.

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