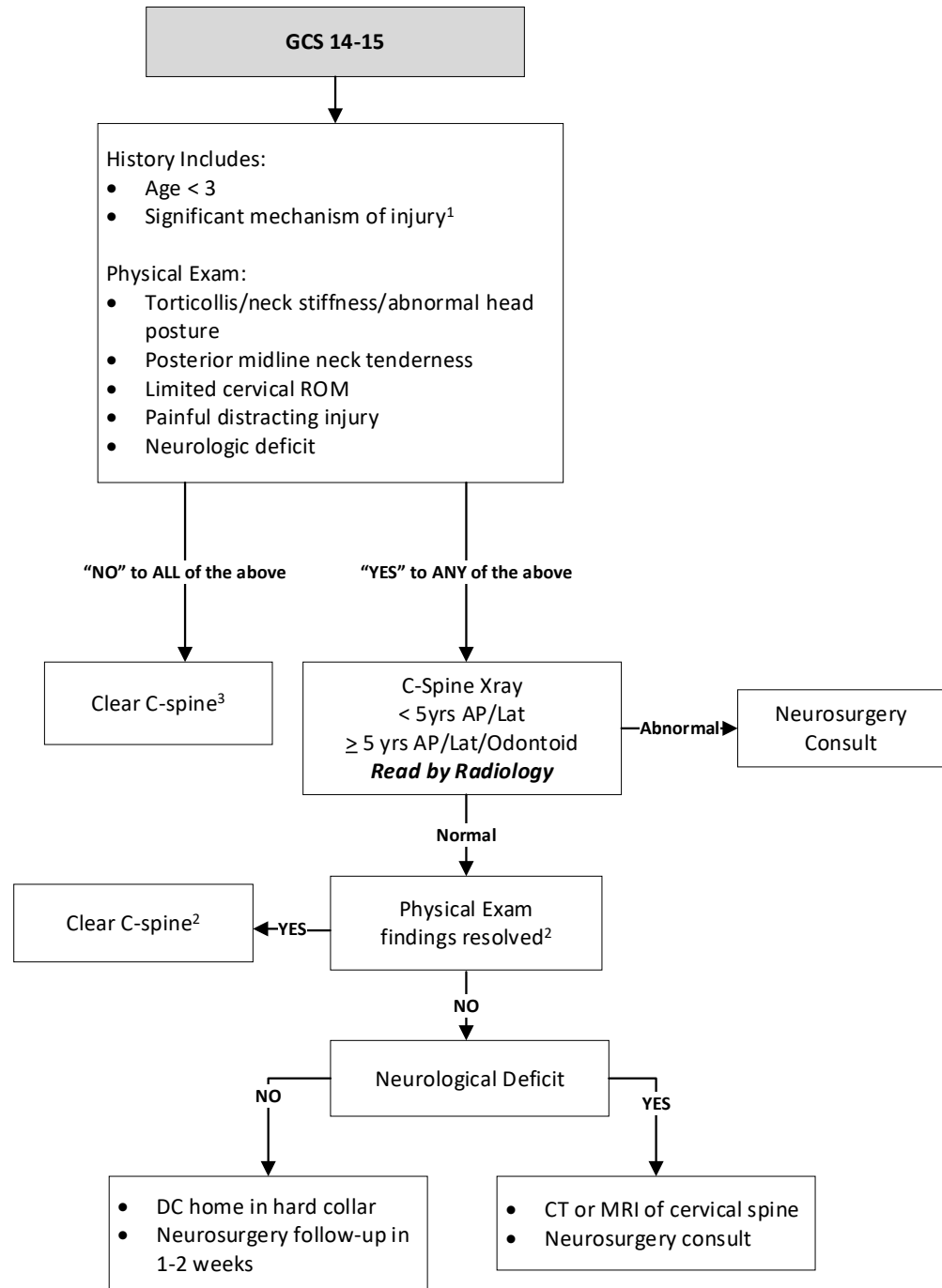


Cervical Spine Trauma

Purpose: To provide guidance on imaging and clearance of the cervical spine post trauma
Exclusion Criteria: penetrating neck trauma



¹ Stronger consideration for CT/MRI imaging should be given towards the following mechanisms of injury: diving, axial load injury, clothes-linings, high risk MVC (roll-over, ejection, death of occupant in vehicle, > 55mph), falls > 10ft or 2-3x pt height, Concern for NAT, traumatic injury above the clavicles, fracture of other levels of the spine. Additionally stronger consideration for CT/MRI imaging should be given towards non-verbal patients or those with developmental delay.

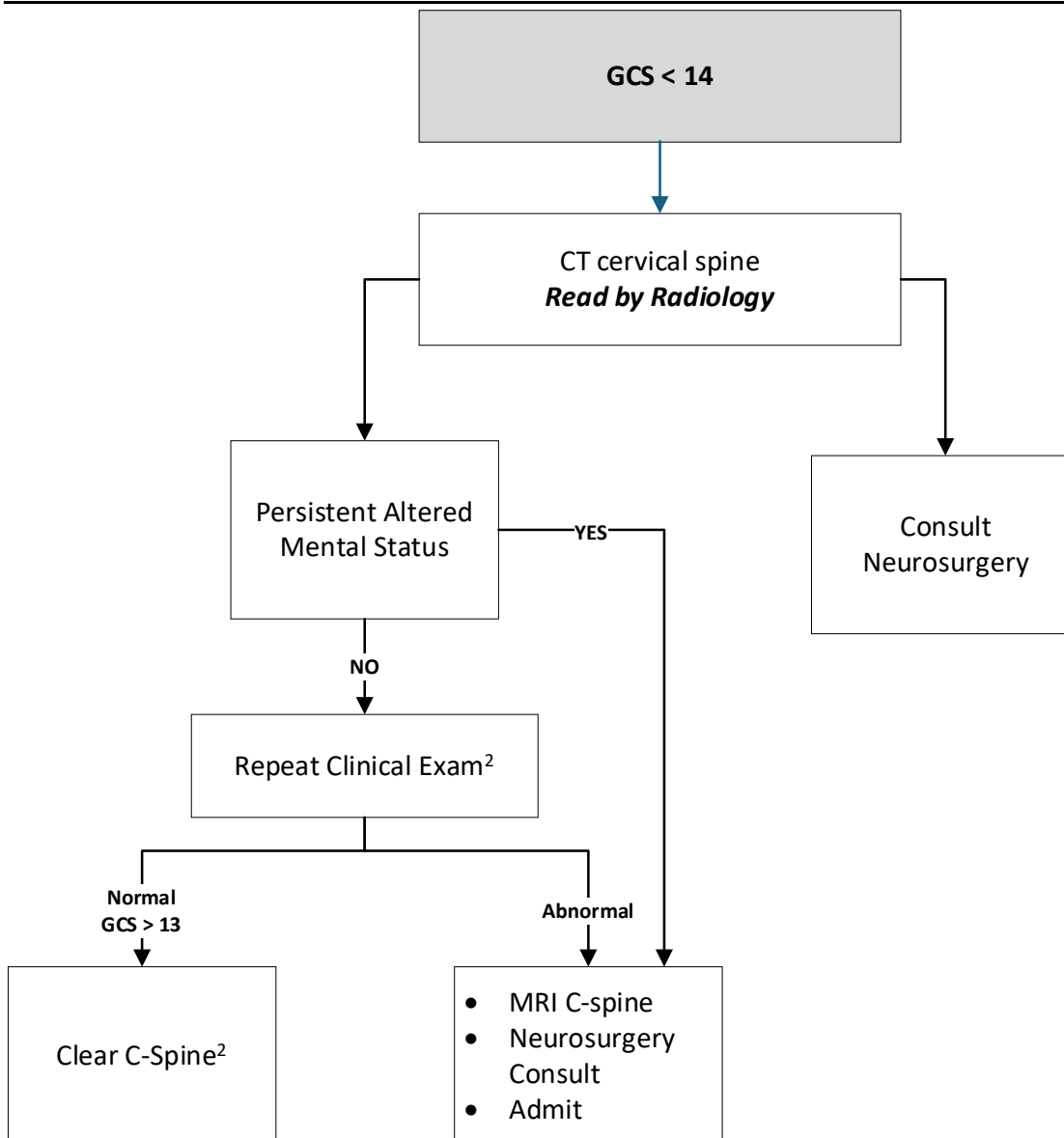
² C-spine can't be cleared in setting of continued pain from distracting injury or alcohol intoxication. Repeat exam 4-6 hours from last analgesic dose in case of distracting injury. If patient with normal C-spine imaging, can be sent to the floor in a collar. Trauma surgery to reassess and clear on floor

³ C-spine may be cleared by ED, PICU, Trauma or Neurosurgery Teams as indicated

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References

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<https://www.advocatechildrenshospital.com/healthcare-professionals/peds-pathways>

Cervical Spine Trauma

- PECARN prediction rule for cervical spine imaging of children presenting to the emergency department with blunt trauma: a multicentre prospective observational study.** Leonard, Julie C et al.The Lancet Child & Adolescent Health, Volume 8, Issue 7, 482 - 490

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