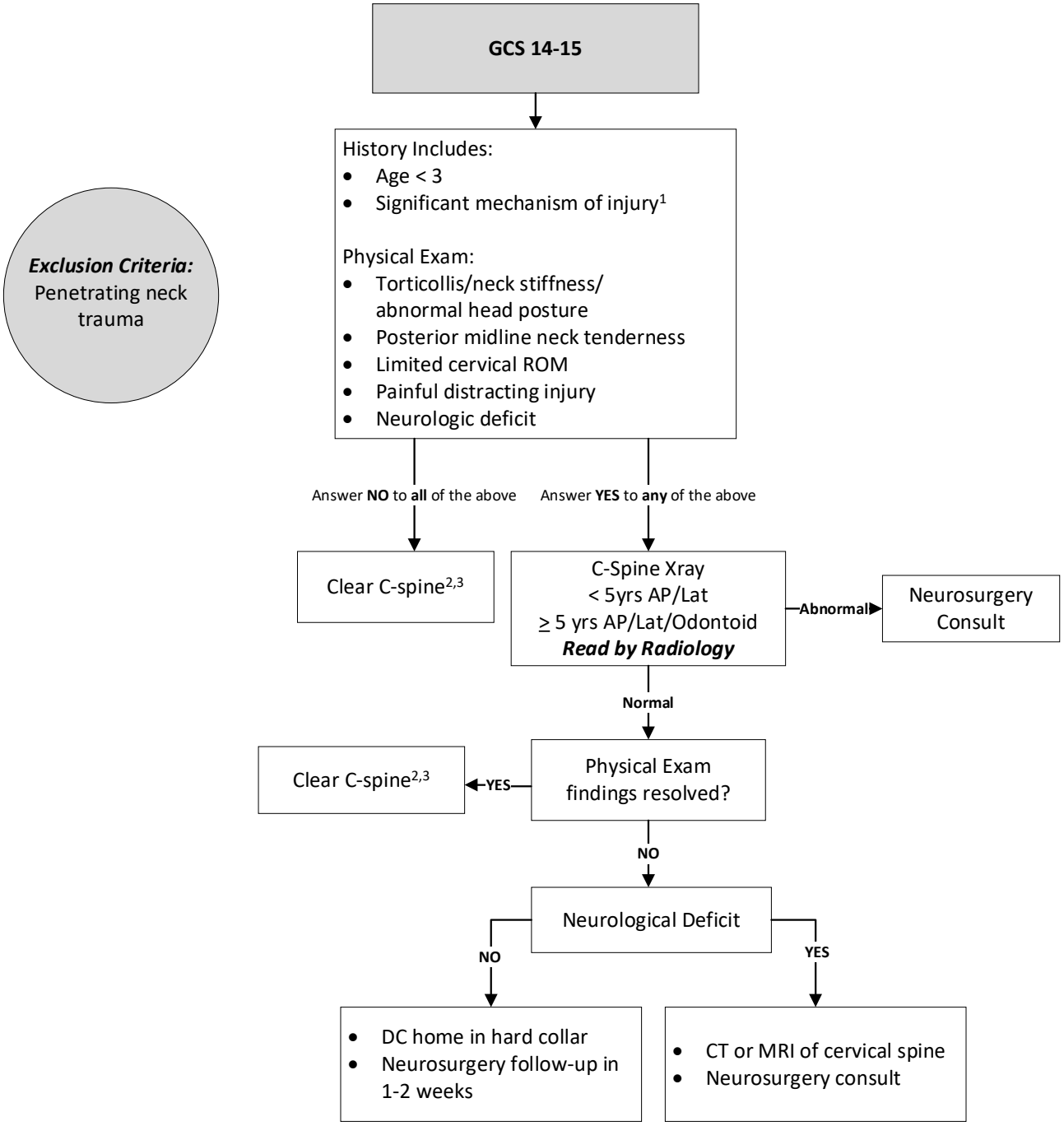
Cervical Spine Trauma



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 distrcting 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

Reviewers:

Created by	Department	Creation Date	Version Date
J. McCarthy, B. Slater, D. Li	PED, Ped Gem Surg	5/2025	8/2025

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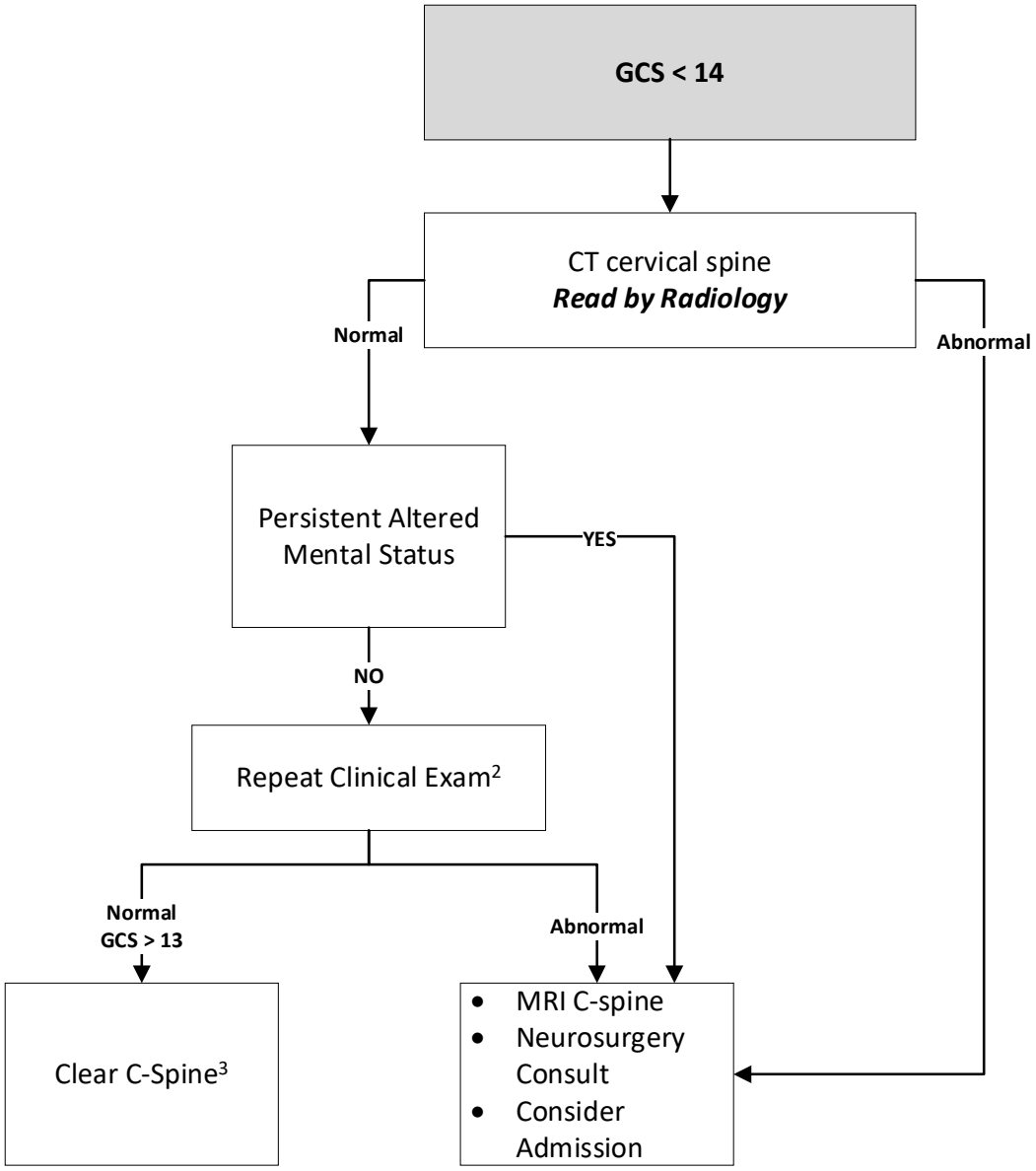

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Reference: PECARN prediction rule for cervical spine imaging of children presenting to the emergency department with blunt trauma: a multicentre prospective observational study. Leonard, Julie C et al.The Lancet Child & Adolescent Health, Volume 8,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

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