SPINAL PRECAUTIONS: CARE OF PATIENT WITH A KNOWN OR SUSPECTED ACUTE SPINAL INJURY OR LESION OR POST-SPINAL SURGERY - CERVICAL, THORACIC OR LUMBAR

PURPOSE

Guidelines for the care of patients with a known or suspected acute spinal injury or lesion or post spinal surgery.

POLICY STATEMENTS

Full Spinal Precautions are initiated on patients suspected of having sustained an acute spinal injury or for patients who have a spinal lesion/mass or who have had spinal surgery. Once “full spinal precautions” have been initiated, a physician’s order is required to either remove or modify these precautions.

For patients with a compromised cervical spine (C-spine), head rolls placed on either side of patient’s head are used to stabilize the head and neck.

Patients on spinal precautions are repositioned using a log-rolling technique unless otherwise ordered.

Patients on spinal precautions must be accompanied by an RN during transport to/from, or while in, diagnostic or treatment areas until the patient is under the supervision of appropriate nursing or medical personnel.

SITE APPLICABILITY

Patients on spinal precautions are cared for in the Emergency department (ED), Pediatric Intensive Care Unit (PICU) and can be admitted to any inpatient unit at BCCH.

DEFINITIONS

Acute Spinal Injury: Any injury force causing anatomical damage to the mechanical and/or neurological structures of the spine.

Aspen Collar: for appropriate application, care and cleaning guidelines refer to Aspen Collar Guidelines.

Full Spinal Precautions: Refers to the inclusion of all precautions listed below when caring for patients with known or suspected acute spinal injury:

- Complete bedrest with no bathroom privileges (BRP)
- Continuous use of a properly fitted cervical collar if c-spine affected
- Two hourly repositioning using “logroll” technique
- Bed which supports and maintains spinal alignment
- Mattress is to remain flat at all times

Note: Trendelenberg and reverse Trendelenberg positions acceptable

Head Rolls: Rolled towels or blankets placed against either side of a patient’s head, used to maintain proper spinal alignment of the head and neck. Note: sand bags are not recommended for this purpose.

PROCEDURES

1. REFER to C-Spine clearance guidelines for detailed information on discontinuing spinal precautions.
2. REPOSITION patient a minimum of every two hours.
3. **PERFORM** skin assessment and skin care each time the patient is repositioned. **REMOVE** collar at least twice daily to assess for breakdown/pressure areas. See Care of patient with an Aspen® cervical collar for appropriate application, care and cleaning guidelines.

**NOTE:** Aspen® collars will replace all cervical collars unless there is a physician’s order specifying a particular collar (e.g. Philadelphia).

4. **ASSESS** patient need for analgesia and/or antiemetic prior to repositioning and administer appropriate medications as needed.

5. **ASSESS** patient’s ability to understand and cooperate with instructions during the procedures.

6. **PERFORM** a motor/sensory assessment prior to and following log-rolling, lifting or repositioning.

**REFERENCES**


