

SPINAL TRAUMA

1. Take spinal precautions.
2. Maintain patent airway, while observing spinal precautions.
3. Maintain neutral position when inserting airway adjuncts.
4. Administer high flow O₂.
5. Perform motor response and sensory status assessment.
6. Immobilize the C spine in a neutral position, unless there is mechanical resistance or new neurologic symptoms associated with this in-line positioning.
7. If resistance or new neurologic symptoms develop during positioning and the airway is adequate, immobilize the cervical spine in the position encountered.
8. Perform frequent airway, vital signs, and neurologic status assessments.
9. Consider neurogenic shock.
10. Establish large bore IV of NS at TKO rate, unless shock is present.
11. If shock is present, run fluids wide open and titrate to maintain a systolic BP of 90.