

VIRGINIA DEPARTMENT OF HEALTH - OFFICE OF EMERGENCY MEDICAL SERVICES

BASIC LIFE SUPPORT - PRACTICAL SKILL TEACHING SHEET

SPINAL IMMOBILIZATION - SHORT SPINEBOARD

SCENE SIZE-UP

Assess: Need for body substance isolation, Scene safety, Trauma (MOI) or Medical (NOI) nature, and Number of Patients

ASSESSMENT

Perform initial assessment and appropriate rapid, focused or detailed assessment as indicated.

EMERGENCY MEDICAL CARE

Establish and maintain manual in-line immobilization until the patient is fully secured to the short spineboard with head immobilized.

Assess pulse, motor and sensation in all extremities and record findings.

Assess the neck and cervical region; apply proper size cervical immobilization collar.

Position short spineboard behind the patient by:

- * Lean patient forward while supporting torso weight.
- * Slide short spineboard behind patient and center along spinal region of body.
- * Lean patient back against spineboard while supporting torso weight.

Secure the short spineboard to the patient's torso and legs (as appropriate).

Evaluate torso and groin straps and adjust as necessary without excessive movement of the patient.

Evaluate and pad behind the patient's head as necessary to maintain neutral in-line immobilization.

Secure the patient's head to the device ONLY after torso is securely immobilized.

Manual immobilization of the head may be released ONLY after the short spineboard is securely applied.

Rotate or lift the patient to the long spineboard.

Secure short spineboard and patient to long spineboard.

Reassess pulses, motor and sensation and record findings.

Move long spineboard and patient to stretcher.

Secure long spineboard and patient to the stretcher.

EXCEPTION

If the patient must be moved urgently because of their injuries (due to need to gain access to other patient(s) or hazards at the scene) patient should then be lowered directly onto a long spineboard and removed with manual in-line immobilization provided.