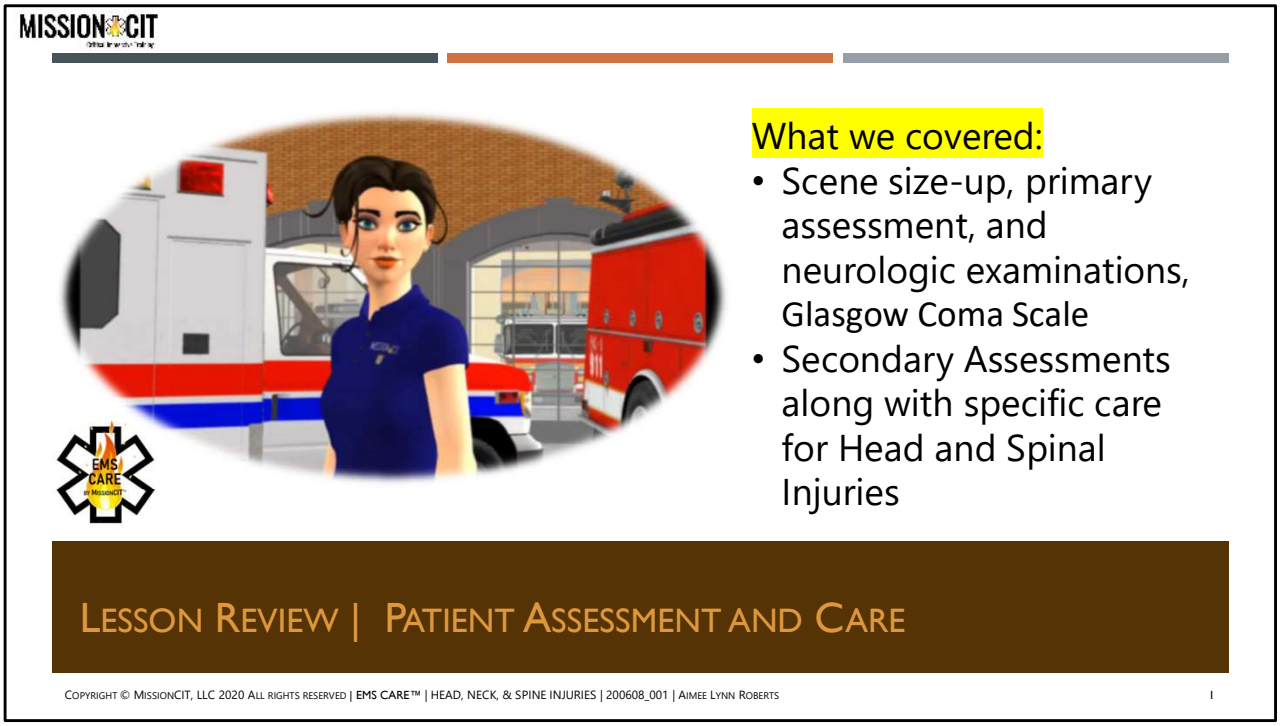


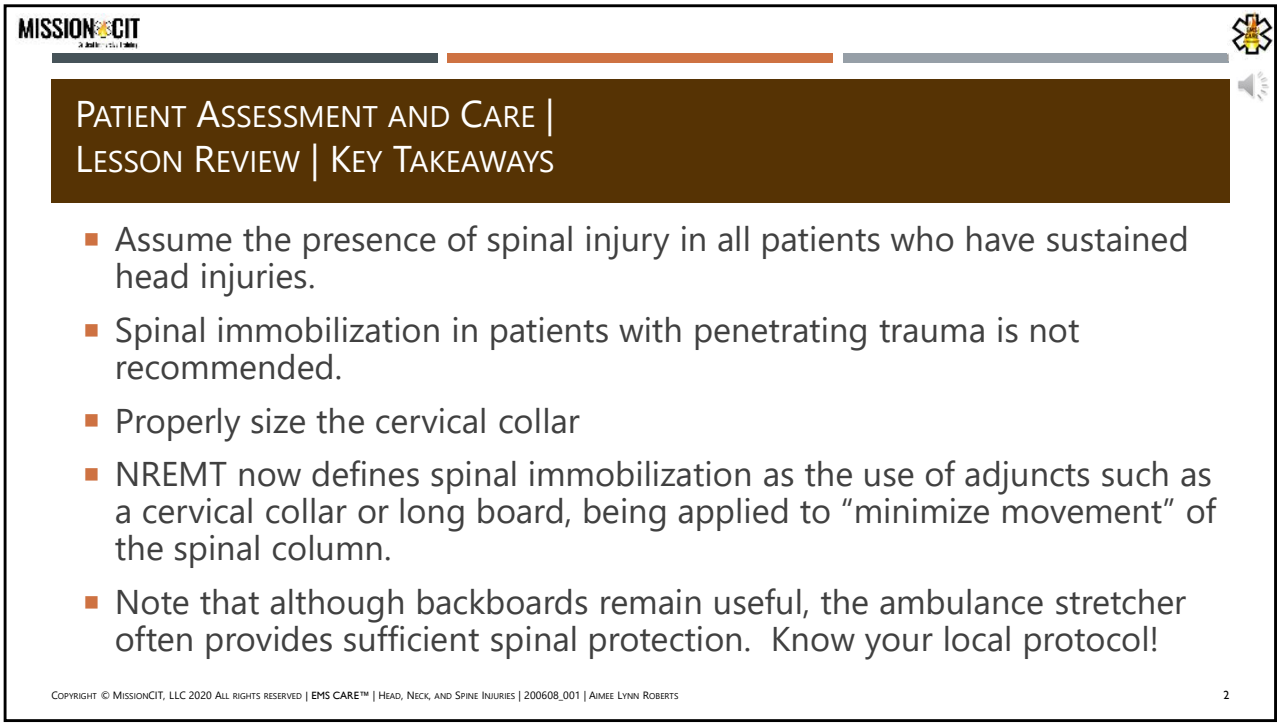
Welcome back. We now review the lesson on Assessment and Care for Patients with Head, Neck and Spine Injuries. During the lesson, we covered

- Scene size-up,
- primary assessment,
- neurologic examinations,
- Glasgow Coma Scale,
- Secondary Assessments,
- and specific care for Head and Spinal Injuries.

Over the next few slides, we will discuss the key takeaways from these subjects. You then can test your

knowledge with some interactive questions. All helping you to prepare for the final quiz on Head and Spine Injuries.

Good studying

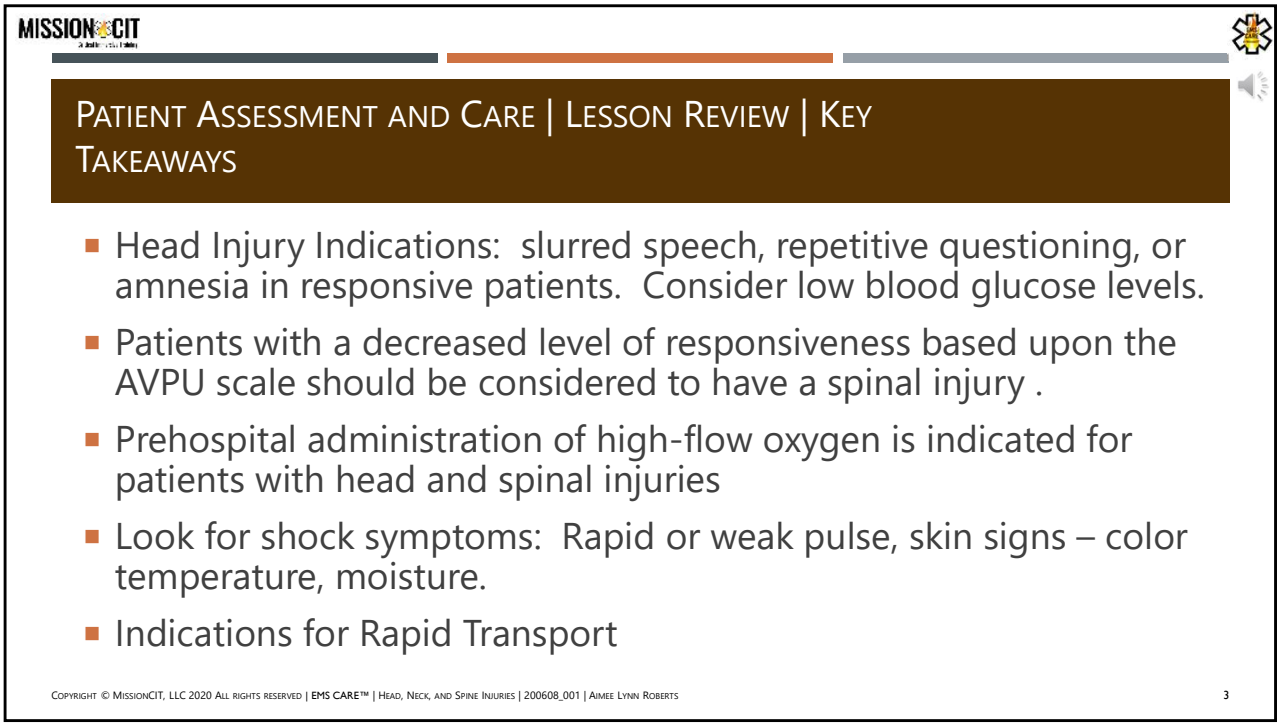


The first set of 5 takeaways regarding the Assessment and Care for Patients with Head, Neck and Spine Injuries are:

1. Assume the presence of spinal injury in all patients who have sustained head injuries..
2. Spinal immobilization in patients with penetrating trauma is not recommended.
3. Be sure to properly size the cervical collar.
4. N R E M T now defines spinal immobilization as the use of adjuncts such as a cervical collar or long board, being applied to "minimize movement" of

the spinal column, and

5. Note that although backboards remain useful, the ambulance stretcher often provides sufficient spinal protection. Know your local protocol!

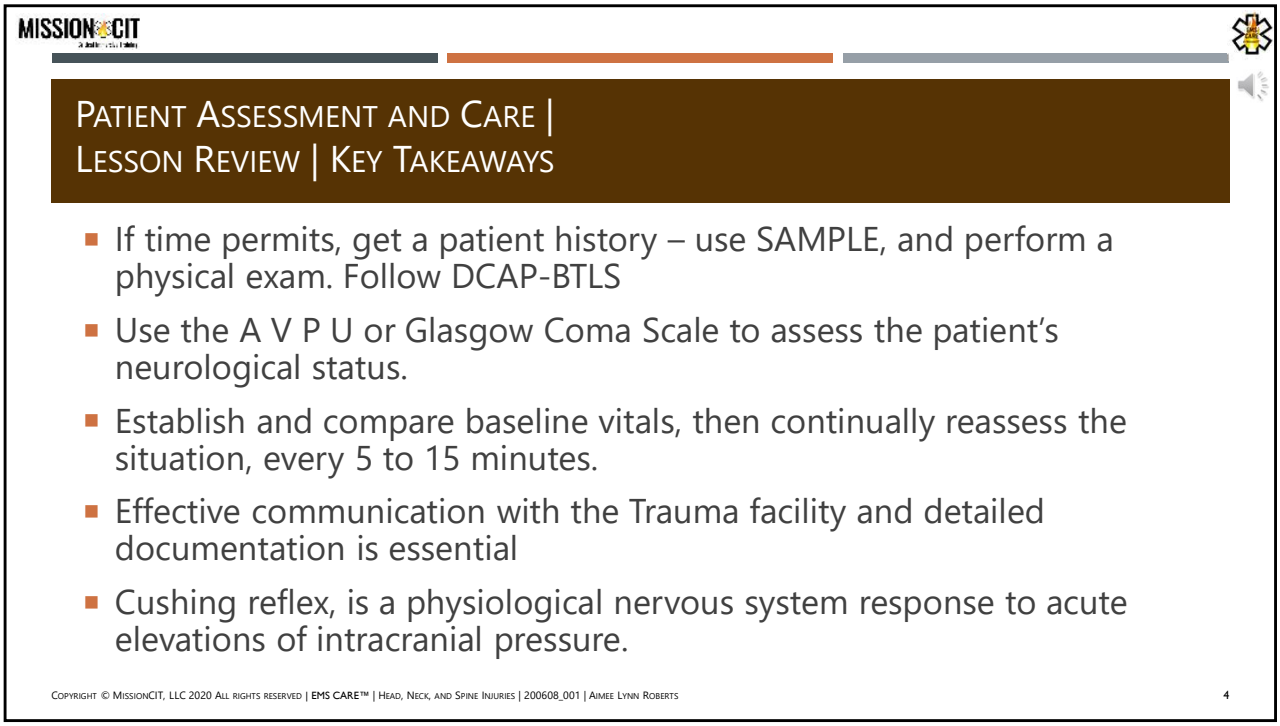


The next set of 5 takeaways regarding the Assessment and Care for Patients with Head, Neck and Spine Injuries are:

1. Head Injury Indications include slurred speech, repetitive questioning, or amnesia in responsive patients. However, consider that low blood glucose levels may have similar symptoms.
2. Patients with a decreased level of responsiveness based upon the A V P U scale should be considered to have a spinal injury.
3. Prehospital administration of high-flow oxygen is

indicated for patients with head and spinal injuries.

4. Be sure to look for shock symptoms that may include rapid or weak pulse, plus skin signs such as color, temperature, and moisture. And
5. Indications for Rapid Transport include Patients with impaired airways, open head wounds, abnormal vital signs, shock, or patients who do not respond to painful stimuli, may need to be rapidly extracted from a motor vehicle and transported.

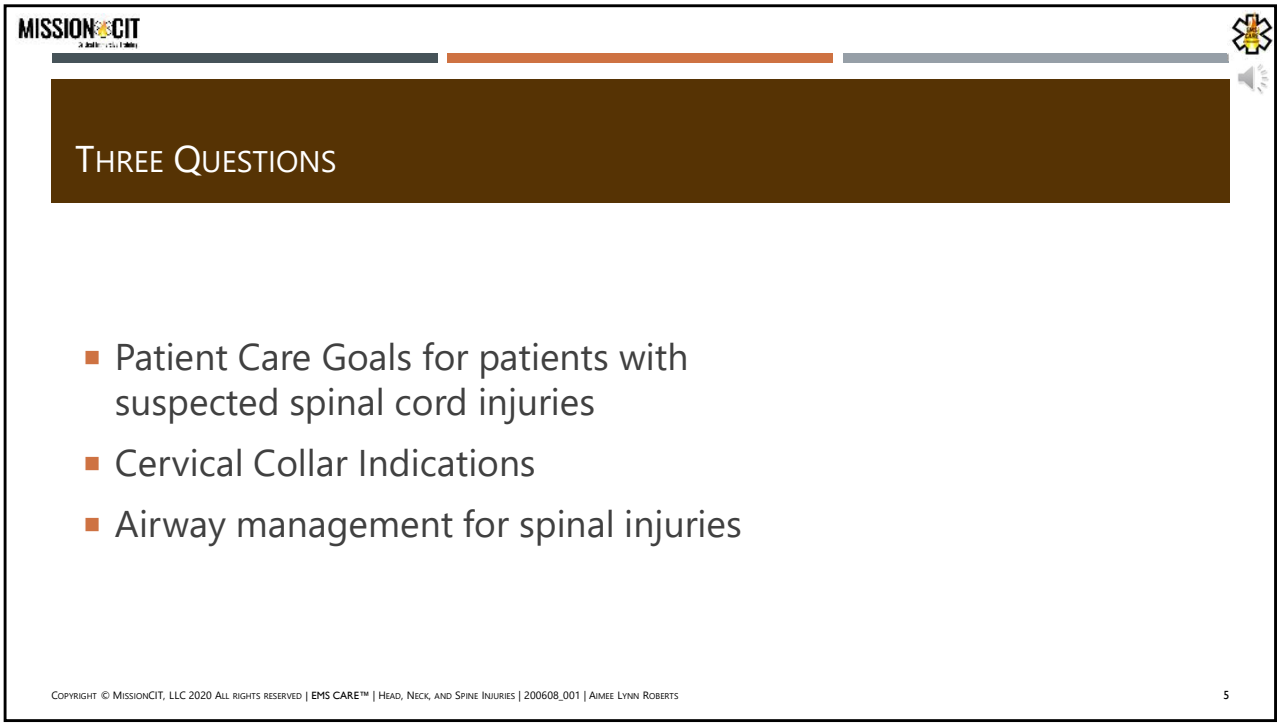


The final set of 5 takeaways regarding the Assessment and Care for Patients with Head, Neck and Spine Injuries are:

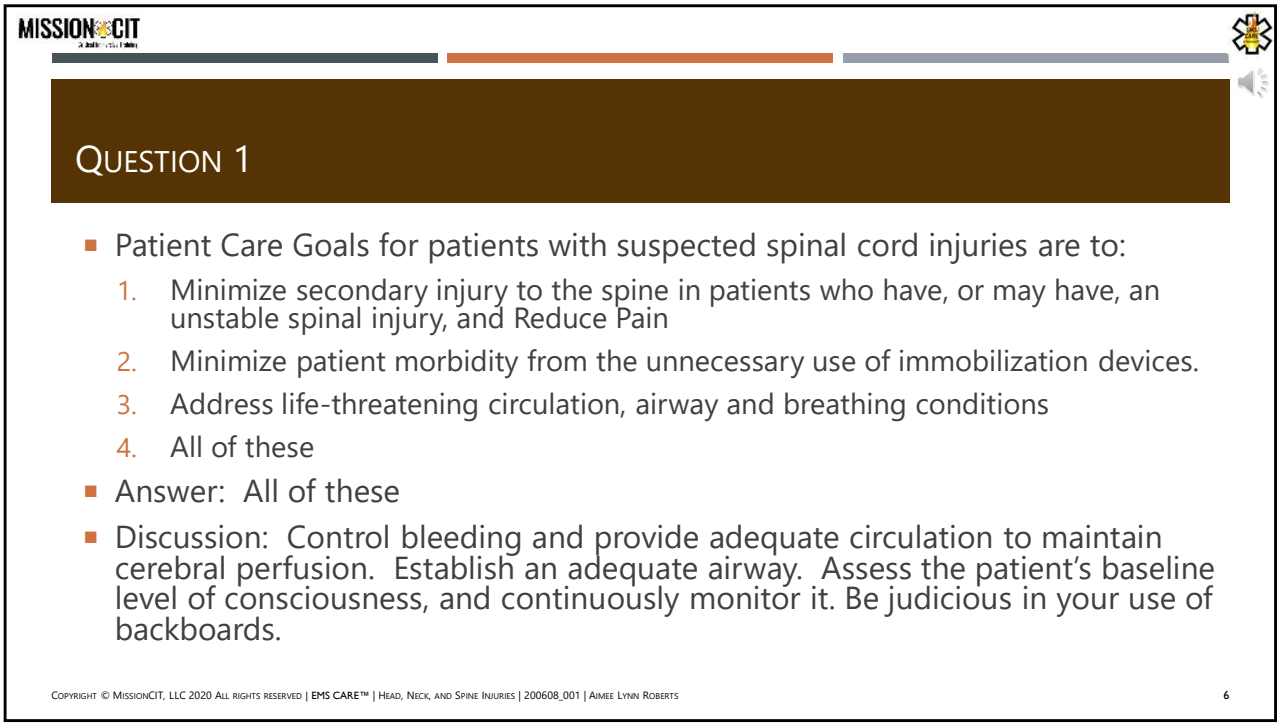
- If time permits, get a patient history – use SAMPLE, and perform a physical exam. Follow DCAP-BTLS
- Use the A V P U or Glasgow Coma Scale to assess the patient's neurological status.
- Establish and compare baseline vitals, then continually reassess the situation, every 5 to 15 minutes.
- Effective communication with the Trauma facility

and detailed documentation is essential, and

- Cushing reflex, is a physiological nervous system response to acute elevations of intracranial pressure. The body's reaction is Cushing's triad of increasing systolic along with decreasing diastolic pressure, decreased heart rate or bradycardia, and irregular respirations.

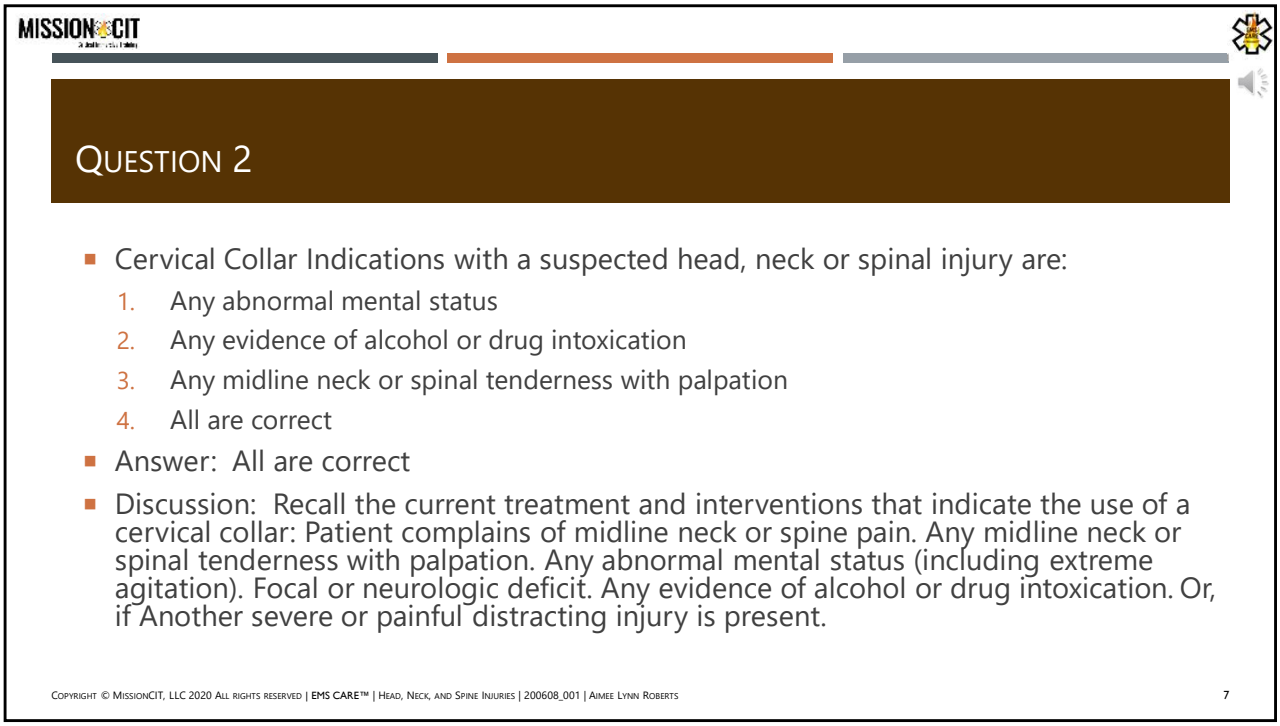


And here are 3 questions to test your knowledge on the Transport of Patients with Head, Neck and Spine Injuries:



So, how did you do. Here are the answers to each question.

For the first question, the answer is All of these. As we learned, in addition to minimizing secondary injury and patient morbidity, you must also Control bleeding and provide adequate circulation to maintain cerebral perfusion. Then, establish an adequate airway, Assess the patient's baseline level of consciousness, and continuously monitor it. Finally, be judicious in your use of backboards.

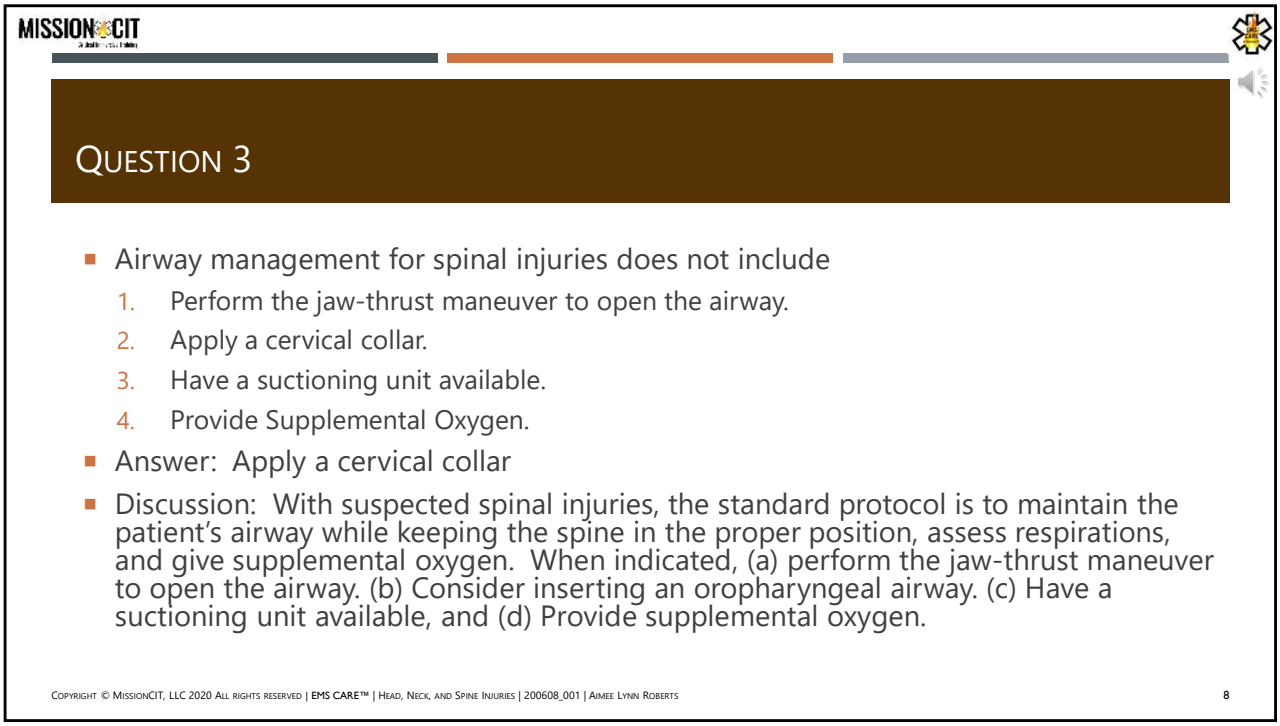


For the second question, the answer is that all are correct. Recall the current treatment and interventions that indicate the use of a cervical collar:

- First, a patient complains of midline neck or spine pain.
- Or the presence of any midline neck or spinal tenderness with palpation.
- Plus, any abnormal mental status (including extreme agitation).
- In addition, focal or neurologic deficit,
- Or any evidence of alcohol or drug intoxication.

Finally,

- If another severe or painful distracting injury is present.



For the third question, the answer is that all are correct. As we learned, With rapid extrication, the patient is moved to a backboard, usually before the application of other immobilization devices. The backboard may be partially or fully outside the vehicle. The EMT positions the board to receive the patient, by angling it to minimize secondary injury. Make sure to have enough hands to reduce risk and ensure safety. And be sure to keep the head stabilized while moving the patient onto the backboard. And then reposition the patient to move away from the vehicle, to the ground,

and ultimately to be able to properly apply the immobilization straps, and cervical collar if indicated.

So, this is not your final quiz, which will be available next. Keep in mind, you will need to pass with a score of 75% or greater to get credit for this Topic on Head and Spine Injuries.

Good Testing