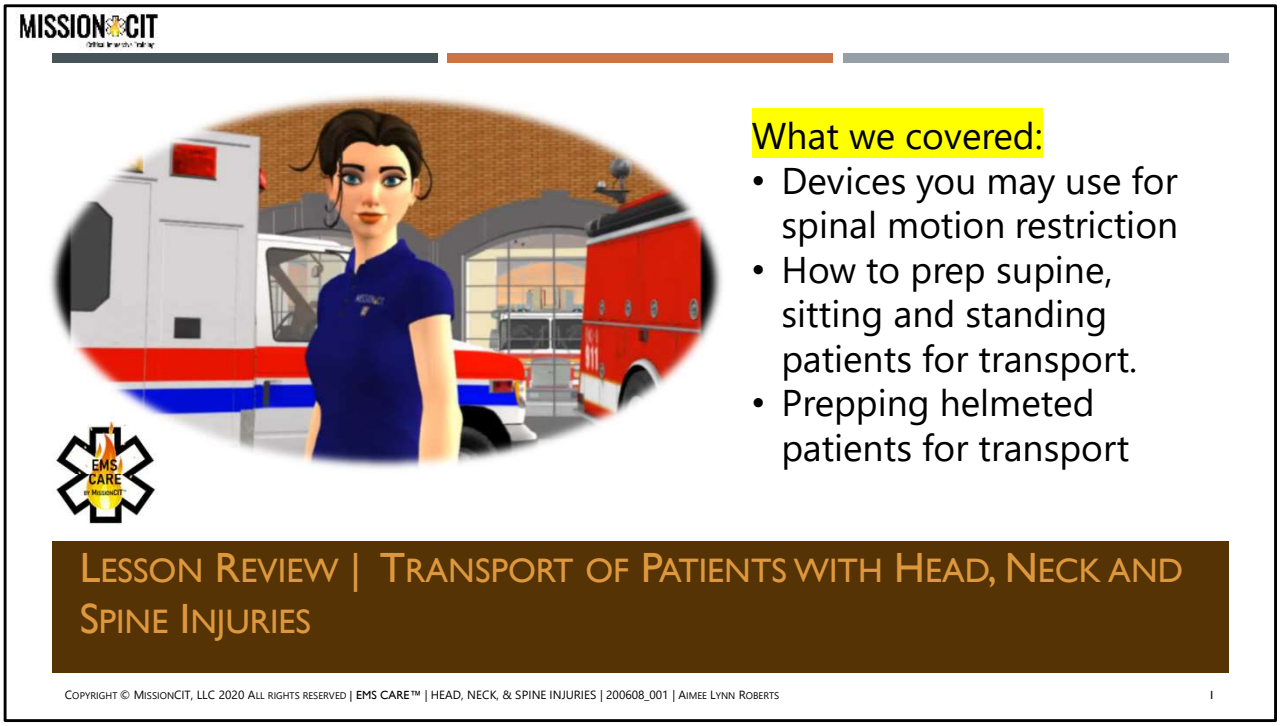


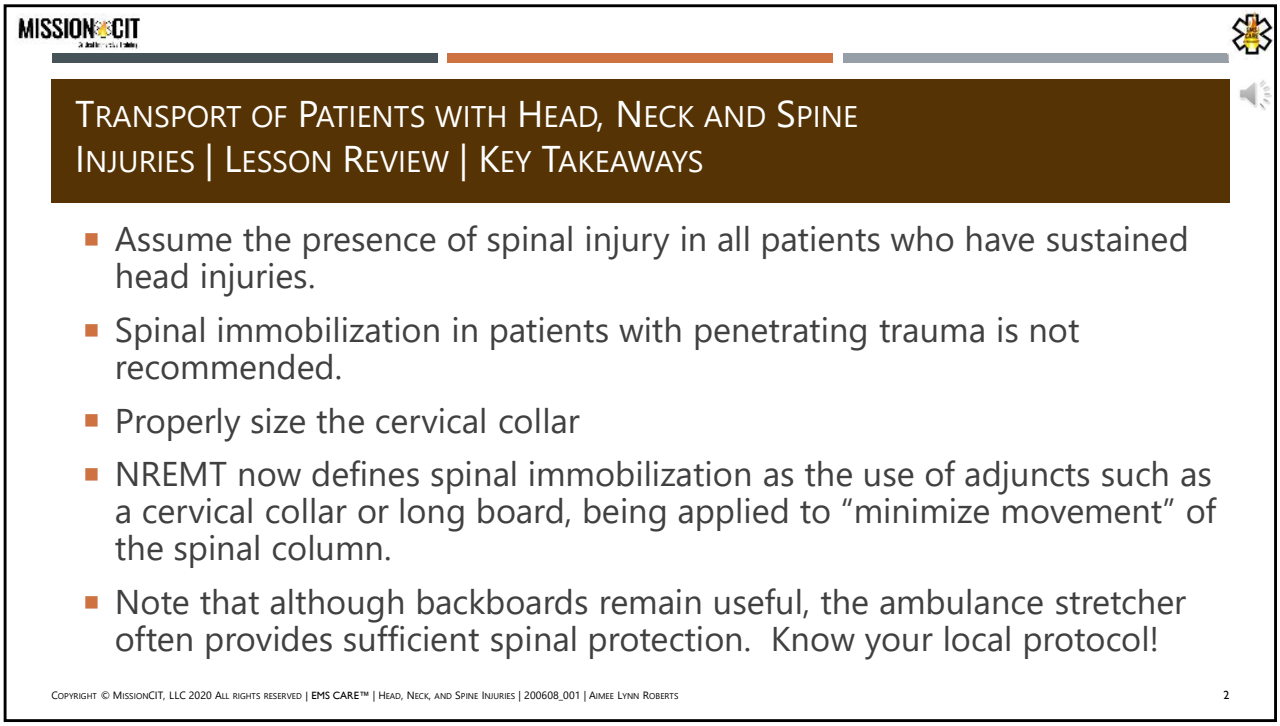
Welcome back. We now review the lesson on the Transport of Patients with Head, Neck and Spine Injuries. We covered three subjects during the lesson:

1. Devices you may use for spinal motion restriction.
2. How to prep supine, sitting and standing patients for transport.
3. Prepping helmeted patients for transport

Over the next few slides, we will discuss the key takeaways from these subjects. You then can test your knowledge with some interactive questions, in preparation for the final quiz for on Head & Spine

Injuries.

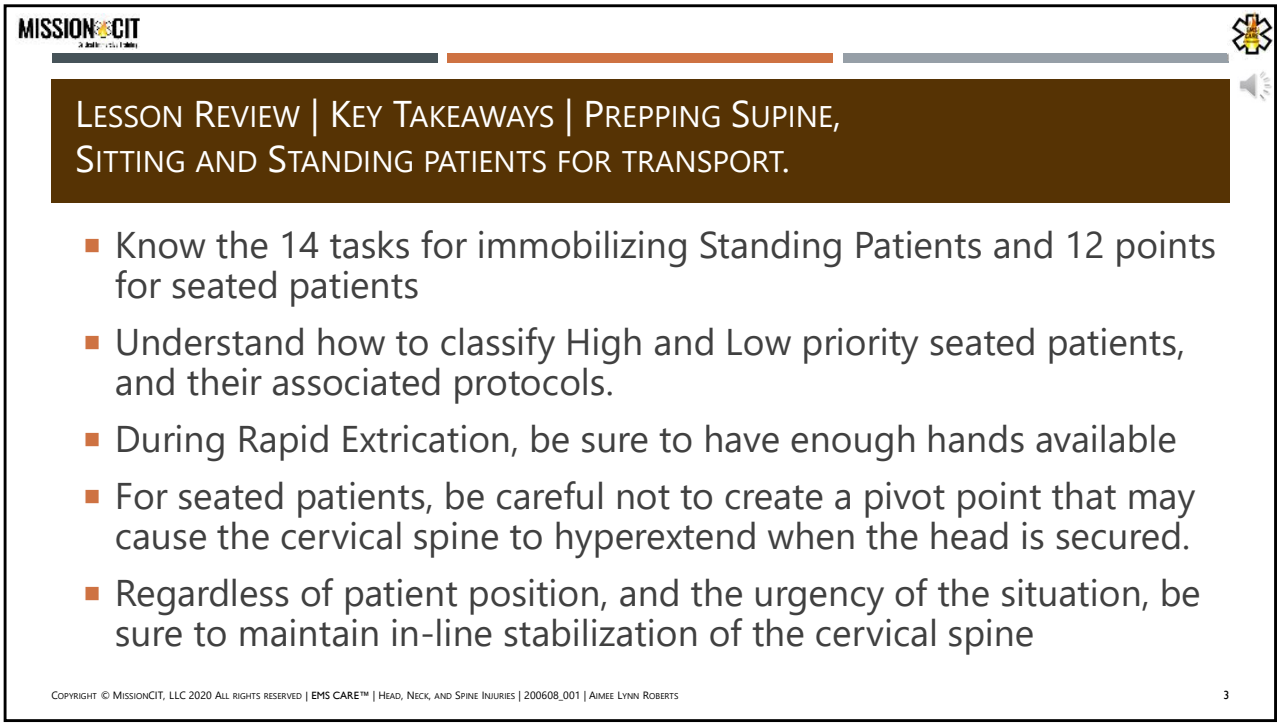
Good studying



The first set of 5 takeaways regarding the Transport of 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. The 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.

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



Here are the next set of 5 takeaways regarding the Transport of Patients with Head, Neck and Spine Injuries:

1. Know the 14 tasks for immobilizing Standing Patients and 12 tasks for seated patients
2. During Rapid Extrication, be sure to have enough hands available to do the task safely.
3. For seated patients, be careful not to create a pivot point that may cause the cervical spine to hyperextend when the head is secured.
4. Regardless of patient position, and the urgency of

the situation, be sure to maintain in-line stabilization of the cervical spine, and

5. Understand how to classify High and Low priority seated patients, and their associated protocols. A high priority condition for a seated patient may be exemplified as:

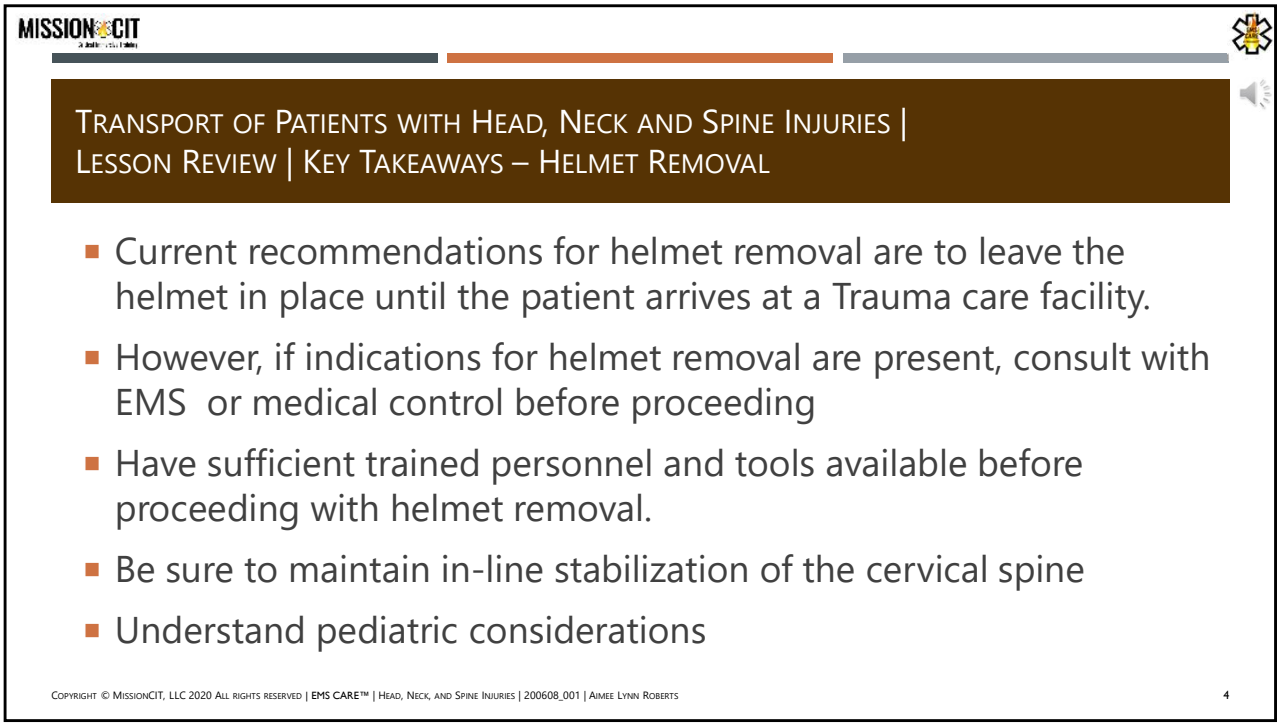
   The vehicle or scene is unsafe.

   The patient cannot be accurately assessed before being removed from the vehicle.

   The patient needs an immediate intervention that requires a supine position.

   The patient's condition requires immediate transport to the hospital. Or,

   The patient blocks access to another seriously injured patient.



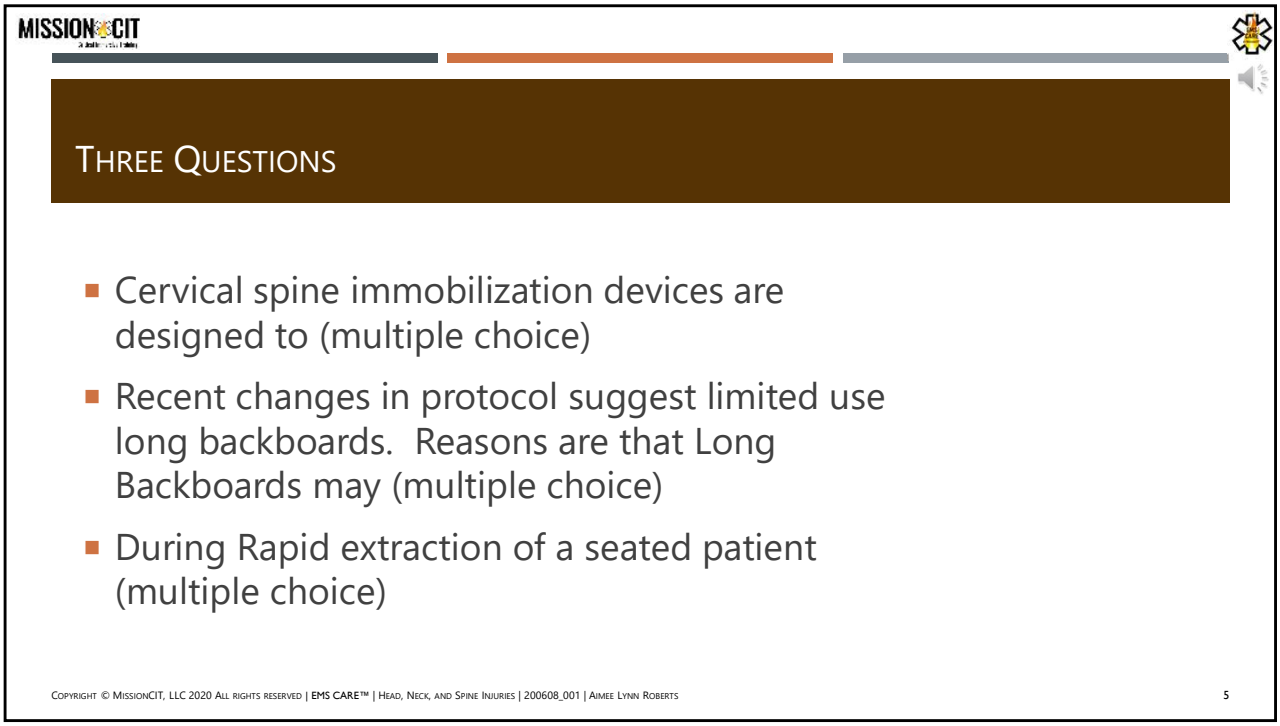
And here are 5 more takeaways regarding Helmeted Patients:

1. Current recommendations for helmet removal are to leave the helmet in place until the patient arrives at a Trauma care facility.
2. However, if indications for helmet removal are present, consult with EMS or medical control before proceeding. The indications to remove a helmet are: A Suspected cervical spine or head injury. Or if You are unable to securely immobilize the neck prior to transport. Or, If the patient is in cardiac

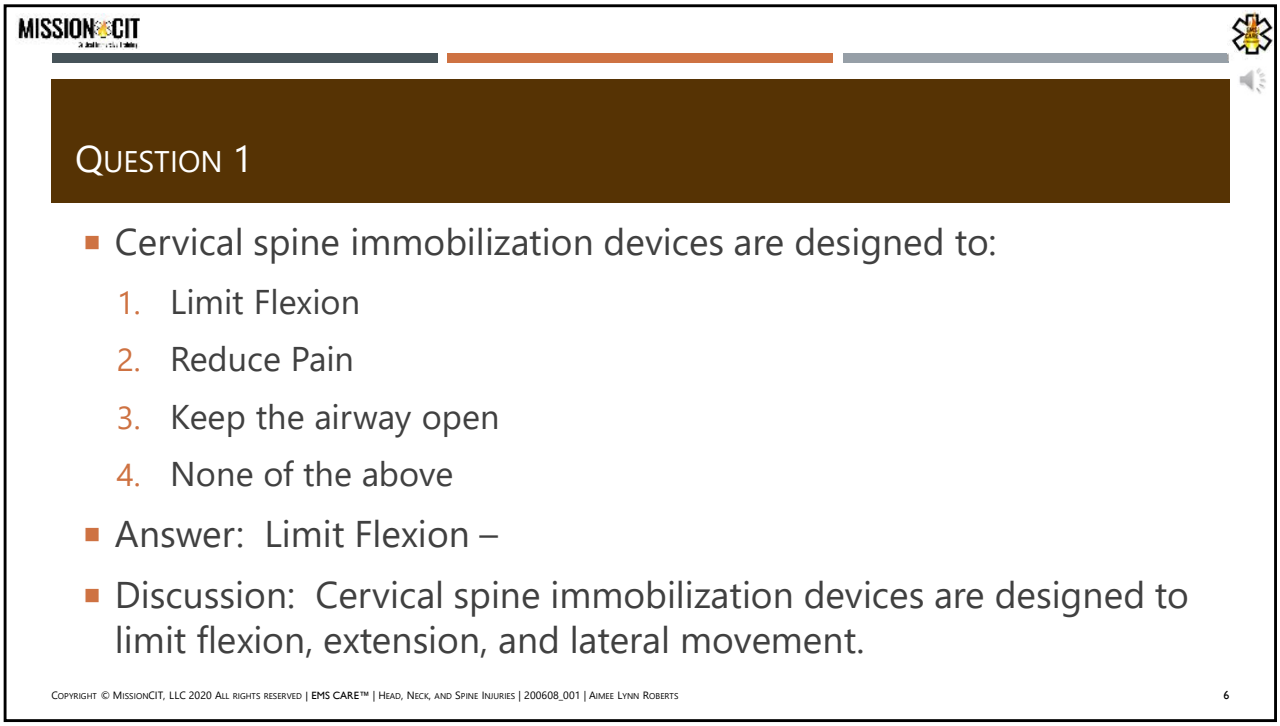
arrest.

3. Have sufficient trained personnel and tools available before proceeding with helmet removal. This requires 2-4 persons. And be sure to have the proper tools ready.
4. Know the step by step processes for removal of both full-face motorcycle and football helmets.
5. Be aware of pediatric considerations for padding to maintain in-line stabilization.

So, next are some interactive questions to test your knowledge.

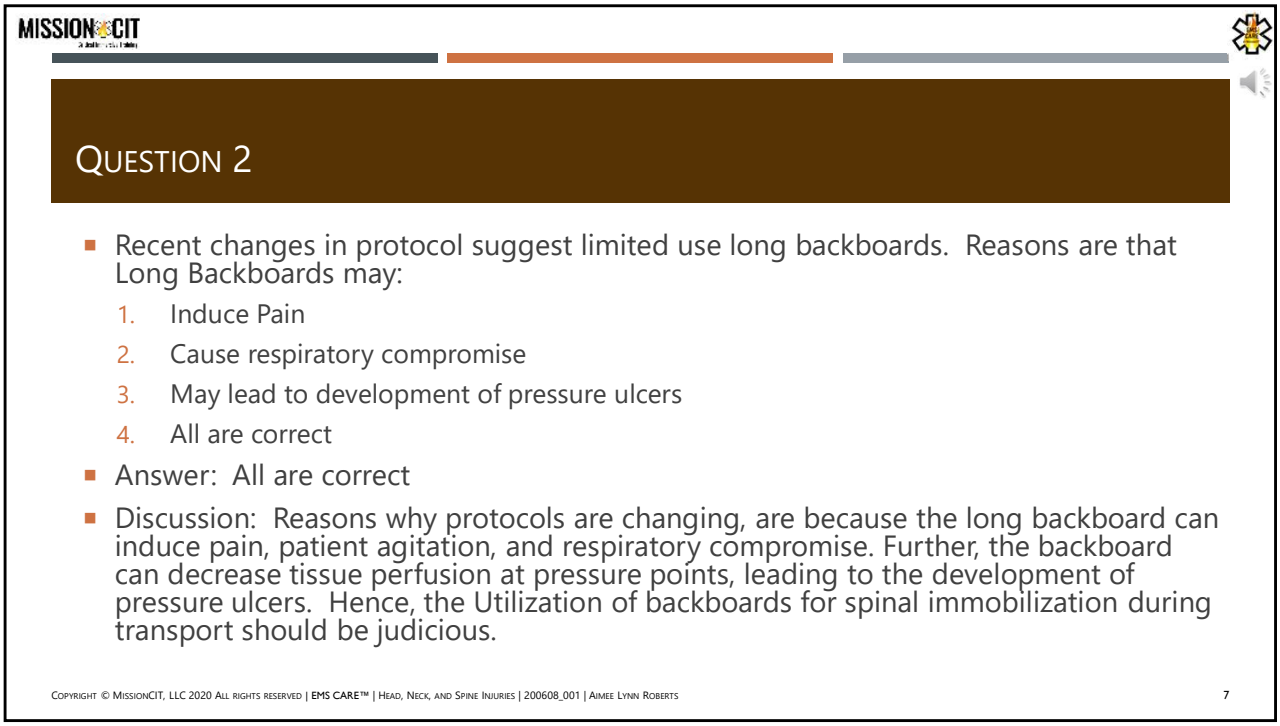


And here are 3 questions to test your knowledge on the Transport of Patients with Head, Neck and Spine Injuries:

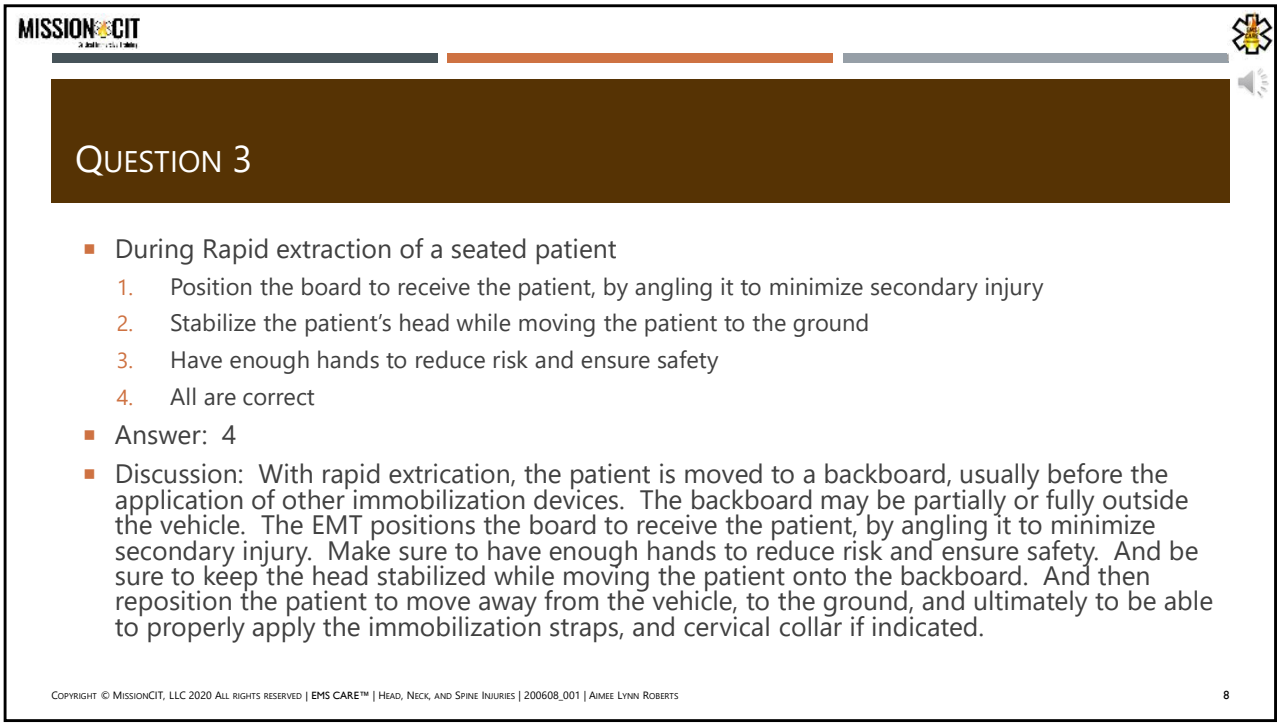


How did you do? Here are the answers to each question.

For the first question, the answer is to limit flexion. As we learned, Cervical spine immobilization devices are designed to limit flexion, extension, and lateral movement.



For the second question, the answer is that all are correct. As we learned, the Reasons why protocols are changing, are because the long backboard can induce pain, patient agitation, and respiratory compromise. Further, the backboard can decrease tissue perfusion at pressure points, leading to the development of pressure ulcers. Hence, the Utilization of backboards for spinal immobilization during transport should be judicious.



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