Cervical Spine Injury in Adults

Discharge Criteria
- Normal imaging or imaging not indicated
- No other condition requiring admission
- No persisting neurology
- Able to mobilise to normal level

Immobilise C spine if any of:
- Significant mechanism of injury
- GCS < 15 on initial assessment
- Midline bony tenderness tenderness
- Focal neurological deficit or paraesthesia
- Any other clinical suspicion of C spine injury
  eg distracting injury, intoxication

STOP! THINK!
Is a trauma call required?

1. Can range of neck movement be safely assessed?
   • Involved in simple read-end RTC
   • Comfortable in sitting position in ED
   • Ambulatory at any time since injury
   • No midline cervical spine tenderness
   • Presents with delayed onset neck pain
   • No neurological symptoms arms or legs

2. Is imaging required?
   Patient alert & stable with clinical suspicion of cervical spine injury where ANY of following present:
   1. Age > 65 yrs
   2. Unable to safely assess range of movement
   3. Unable to rotate neck 45° as above
   4. Dangerous mechanism of injury:
      - fall > 1m or 5 stairs
      - axial load to head eg diving
      - High speed RTA
      - Ejection from vehicle
      - Rollover RTA
      - Bicycle collision
   5. Focal peripheral neurological deficit
   6. Paraesthesia in upper or lower limbs

3. Is a CT scan required?
   Admit to CDU to complete scan if no exclusions
   • GCS < 13 on initial assessment with head injury
   • Patient has been intubated
   • Definitive diagnosis of C spine injury needed urgently (eg before surgery)
   • Patient having other body areas scanned for head injury or multi-region trauma

4. Is a CT scan required after x-ray?
   • Plain x-ray suspicious or definitely abnormal
   • Plain x-ray technically inadequate
   • Strong clinical suspicion of injury despite normal x-ray

Request Immediate CT
Imaging to be carried out within 1 hour of request
Provisional written report should be available within 1 hour of scan being completed

MRI Cervical Spine:
May be indicated in addition to CT if neurological signs and symptoms
Discuss with ED Senior

Major Trauma
Discuss with ED Consultant RLH #6116
bleep 1115 or 0203 594 5722
The ED Consultant RLH will liaise with neurosurgery as required and if necessary identify a suitable bed

Trauma Transfer
0207 902 2511 or #6209
Critical Transfer = within 10 minutes
  eg cord compression
Immediate Transfer = within 1 hour

The receiving hospital for spinal injury as part of the major trauma network in East London is Stanmore Hospital #6225

ED Senior Team
v1
March 2014 [review March 2016]
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Reference Documents

Triage, assessment, investigation and early management of head injury in children, young people and adults, NICE CG176, January 2014