ACH Trauma
C-Spine Clearance

Disclaimer: This clinical pathway is provided as a general guideline for use by Licensed Independent Provider’s (LIPs) in planning care and treatment of patients. It is not intended to be and does not establish a standard of care. Each patient’s care is individualized according to specific needs.

Do NOT initiate steroids with suspected or confirmed spinal cord injury.

Altered LOC or abnormal neurological exam?

- YES
- C-Spine CT and consult Spine Team
- Consult Spine Team

- NO
- Planning other CT scan?
  - NO
    - NO TO ALL
    - What is patient’s range of motion?
      - NORMAL WITHOUT PAIN
        - C-Spine Clear: Remove collar
          - C-Spine clearance can be performed by:
            - ED Attending or designee
            - Trauma Attending or designee
            - ICU Attending or designee
            - Neurosurgery attending/resident
            - Orthopedic attending/resident
            - APRN/PA for trauma/NSGY/Ortho after completing preceptorship with attending
      - LIMITED OR PAIN
        - C-Spine X-ray
          - Lateral cervical should include occiput to T1
          - Add open mouth view for children 5
          - ABNORMAL RESULT
            - ABNORMAL
              - Conduct a C-Spine CT (Spine attending or neuroradiologist must review films)
            - Normal
              - Consult Spine Team

  - YES TO ANY
    - Mild tenderness, distracting injury, or intoxication?
      - YES
        - C-Spine CT and consult Spine Team
      - NO
        - Consult Spine Team

Isolated transverse process fractures:
1. No spine consult necessary regardless of location, displacement, or number
2. CTA of the neck should be performed if foramen transversarium is involved:
   - Consult neurosurgery if CTA shows vascular injury
   - No consult necessary if CTA is normal

Isolated spinous process fractures:
1. Consult spine service for any spinous process fractures of C2-T1
2. No spine consult necessary for spinous process fractures of T2 and below regardless of number or displacement.
Revision Notes

- Trauma Council Approval: 9-1-20