

Selective Spinal Immobilization Process Improvement – Run Review

Developed by the North Central Regional Trauma Advisory Council

Use this form to review documentation of blunt trauma cases where a selective spinal immobilization protocol was used to determine that a patient did not require immobilization.

| Step | Criteria | Documented? | Comments |
|------|---|-------------|----------|
| 1. | No altered level of consciousness, GCS 15 | Y N | |
| 2. | No evidence of alcohol or drugs | Y N | |
| 3. | No distracting injury | Y N | |
| 4. | No communication barriers | Y N | |
| 5. | No spinal pain | Y N | |
| 6. | No spinal tenderness | Y N | |
| 7. | No spinal column deformity | Y N | |
| 8. | No neurological deficit | Y N | |
| 9. | Mechanism of injury clearly described | Y N | |

Comments:

Reviewer _____

Date _____

Referred to Medical Director for review? Y N

Medical Director

Date