



<b>MANUAL:</b> Radiology- Diagnostic	<b>FOLDER:</b> Procedure
<b>TITLE:</b> Cervical Spine Immobilization	<b>POLICY OWNER:</b>
<b>POLICY ADMINISTRATOR:</b>	<b>COMPLIANCE REVIEW:</b>
<b>ORIGINAL DATE:</b>	<b>REVISION DATE(S):</b>
<b>KEYWORDS:</b>	

**SCOPE:**

Department of Radiology- Diagnostic section

**PURPOSE:**

To ensure that all patients in cervical spine immobilization are imaged in an efficient, timely, and safe practice throughout the Diagnostic Radiology Department

**DEFINITIONS:**

Cervical spine immobilization: Use of devices to stabilize the neck in a neutral position until adequate evaluation can be undertaken to determine the absence or presence of cervical spine injury

**PROCEDURE:**

**A. Patient transfers**

**ED Patients/ Initial Trauma Alert patient**

- Radiologic technologist may not slide ED patients or Trauma Alert patients in cervical spine immobilization; unless permission has been granted by the ordering physician or registered nurse caring for the patient. If cervical spine hold is required; radiology personnel will request assistance from a physician, registered nurse (RN) or medic. This is to minimize the movement of patients who may have sustained traumatic injuries and injury severity is not yet known.
- If patient is cleared to allow for imaging without cervical spine hold, the technologist will hold and support neck for supine to supine transfer, ensuring to log roll the patient .
- If patient is collared and sitting in a wheelchair or ambulatory, they are able to move themselves onto the exam table.

**Inpatients:**

- Radiologic technologist may slide inpatients in cervical spine immobilization without the presence of a physician or RN; unless contraindicated by the patient chart indicating cervical hold is required. This is because the patient has been fully assessed and all other traumatic injuries have been treated and stabilized.
- Technologist will hold and support neck for a supine to supine transfer , ensuring to log roll the patient.
- If patient is collared and sitting in a wheelchair or ambulatory, they are able to move themselves on to the exam table.

## **B. Flexion/Extension Imaging**

### **Trauma patients (ED or inpatients):**

Flex/Extension views may be ordered if patient has sustained traumatic injury and has point tenderness and/or pain with motion and the CT results were unremarkable.

- Radiologic technologist may not remove cervical spine immobilization for flex/ex films on any patient who has sustained traumatic injury.
- Radiologic technologist may remove cervical spine immobilization with physician order. This will be indicated by the trauma surgeon/PA "Ok to remove collar" in comment field when placing a physician order.
- The cervical collar must be removed by physician, physician assistant, RN, or medic for imaging.

### **Post-op Patients:**

Flexion/Extension views may be ordered if patient has had surgery and surgeon would like to evaluate patient's range of motion.

- Radiologic technologist may remove cervical spine immobilization with physician order. This will be indicated by the neurosurgeon "Ok to remove collar" in comment field when placing a physician order.
- If a patient is able to remove their collar for certain activities such as showers or therapy, the technologist is able to remove the collar for imaging and must replace collar when finished.
- If you need any further clarification on the patient's limitations or restrictions contact the RN.

## **COMMITTEE/COUNCIL APPROVALS:**

### **CANCELLATION:**

This policy supersedes all previous policies, memoranda, and/or other communications pertaining to this policy.