

Head, Neck, and Spine Injuries (Adult and Pediatric)**CFR AND ALL PROVIDER LEVELS**

1. ABCs and vital signs while stabilizing the cervical spine.
2. Airway management, and appropriate oxygen therapy.
3. Seal open neck wounds with an occlusive dressing.
 - a. **DO NOT** bandage completely around the neck.
4. Assess for shock and treat, if appropriate. Observe spinal injury precautions and apply a rigid cervical collar if potential mechanism for spinal injury.

● CFR STOP**EMT**

5. Patients meeting one or more of the following criteria, either at the time of evaluation or at any time following the injury in question, must have spinal precautions during care and transport:
 - a. Altered mental status for any reason, including possible intoxication due to drugs or alcohol
 - b. GCS < 15
 - c. Complaint of, or inability of the provider to assess for neck and/or spine pain or tenderness
 - d. Weakness, paralysis, tingling, or numbness of the trunk or extremities at any time since the injury
 - e. Deformity of the spine not present prior to the injury
 - f. Distracting injury or circumstances, including anything producing an unreliable physical exam or history
 - g. High risk mechanism (axial loading such as diving or tackling, high-speed motor vehicle collisions, rollover collisions, falls greater than standing height)
 - h. Provider concern for potential spinal injury
6. If the patient meets any of the above criteria for spinal precautions, is not awake, or is unstable, then apply a rigid collar.
7. Continue to monitor the Glasgow Coma Score. (See Appendix F.)
8. Transport.

● EMT STOP**Paramedic**

In patients with head trauma with a GCS of 13 or lower:

9. Perform Advanced Airway Management in patients with a Glasgow Coma Scale is less than eight (8) AND if less invasive methods of airway management are not effective.
 - a. Consider procedural sedation if patient is alert prior to performing Advanced Airway Management.
10. Begin cardiac monitoring.
11. Intravascular access.
12. If a seizure is witnessed, treat with parenteral benzodiazepines per the Seizures (Adult), or Seizures (Pediatric) protocol.

● Paramedic STOP

Medical Control Options

If seizure activity persists:

1. Repeat or administer parenteral benzodiazepines per the Seizures (Adult), or Seizures (Pediatric) protocol's Online Medical Control Options.

Key Points / Considerations

1. Do not use a nasopharyngeal airway in patients with facial burns or if severe head injury has occurred.
2. Hyperventilation should not be performed.