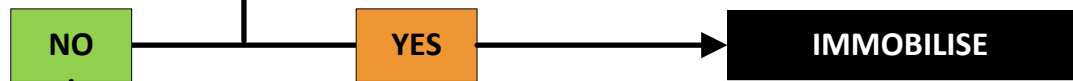


# ACT AMBULANCE SERVICE SPINAL IMMOBILISATION ASSESSMENT FLOWCHART

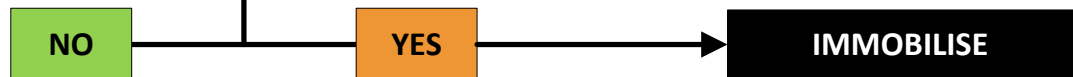


## 1. PATIENT MENTATION

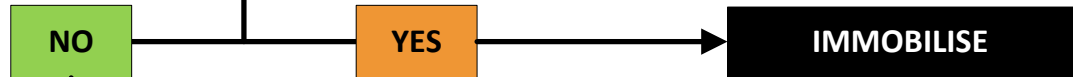
DECREASED LEVEL OF CONSCIOUSNESS?



ALCOHOL / DRUG IMPAIRMENT?

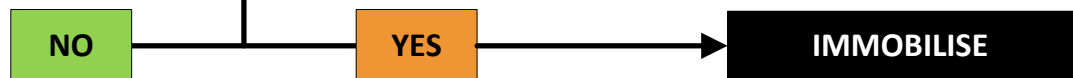


LOSS OF CONSCIOUSNESS INVOLVED?



## 2. SUBJECTIVE ASSESSMENT

CERVICAL / THORACIC / LUMBAR SPINAL PAIN?

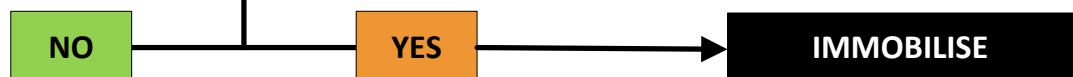


NUMBNESS / TINGLING / WEAKNESS OR BURNING SENSATION?

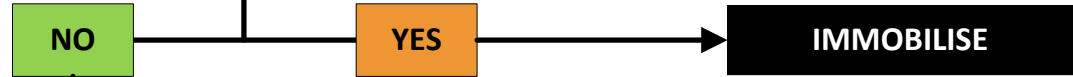


## 3. OBJECTIVE ASSESSMENT

CERVICAL / THORACIC / LUMBAR SPINAL TENDERNESS?



OTHER PAINFUL INJURY OR SIGNIFICANT DISTRACTION?



PAIN WITH SPINE RANGE OF MOTION? *(only to be checked if all other criteria are negative!)*



**MAY TRANSPORT WITHOUT SPINAL IMMOBILISATION.**

continues over

**ACT AMBULANCE SERVICE**  
**SPINAL IMMOBILISATION ASSESSMENT FLOWCHART –**  
**cont.**



**NOTES (regarding spinal assessment):**

- exercise care if a patient is seen very soon after the event
- significant distraction can be something other than a physical injury – for example, significant injury to a loved one or significant damage to car
- *re-check* the patient before clearing, if not transporting
- your clinical judgement may still be exercised to utilise spinal immobilisation, even if the algorithm clears the patient
- pre-existing spinal disease and older age should increase the level of suspicion even with a clear process