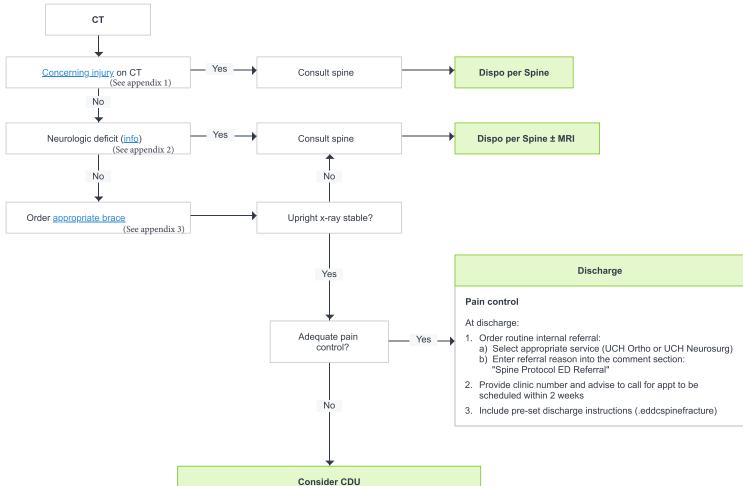
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Concern for spinal injury?



Useful for: pain control, awaiting MRI, awaiting brace Not for: patients anticipated to be admitted to spine service

Upon entering CDU:

- Consult spine on-call if not already initiated. (Not if simply awaiting brace).
- Consider PT consult good for patients with goal as discharge. Not if: spine instability or spine precautions

Upon discharge:

- 1. Order routine internal referral:
 - a) Select appropriate service (UCH Ortho or UCH Neurosurg)
 - b) Enter referral reason into the comment section: "Spine Protocol ED Referral"
- 2. Provide clinic number and advise to call for appt to be scheduled
- 3. Include pre-set discharge instructions (.eddcspinefracture)

Created: 3/17/20

Department of Emergency Medicine

SPINAL INJURY APPENDICES:

Appendix 1

Concern for spine injuries:

Compression fracture with one of the following:

- ≥ 50% vertebral body height loss
- ≥ 20 degrees traumatic kyphosis
- ≥ 50% canal encroachment
- ≥ 3.5 mm of anterolisthesis
- Facet involvement
- ≥ 3 contiguous vertebral bodies
- Cervical fracture

Two-column/Three-column injury including the following:

- Burst fracture
- Chance fracture
- Fracture dislocation injury

PLC injury suggested on CT:

- Widened interspinous space
- Avulsions and transverse fractures of SP or articular facets
- Widened or dislocated facet joints
- Vertebral body translation or rotation

Appendix 2

Sign of neurologic deficit:

- Weakness
- Paresthesias
- Bowel or bladder incontinence
- Saddle Anesthesia

Appendix 3

Brace recommendations:

Brace for:

Any vertebral body fracture

3 or more TP or SP fractures

Intractable pain

- T1 T5 → Miami J with thoracic extension
- T6 L2 → Off the shelf TLSO
- L3 L5 → Off the shelf LSO