

SEND COMPLETED CHECKLIST TO [EMEDSERVICES@CO.SKAGIT.WA.US](mailto:EMEDSERVICES@CO.SKAGIT.WA.US)

**SKAGIT COUNTY EMS  
SPINE ASSESSMENT CHECKLIST**

A CHECKLIST SHOULD BE COMPLETED BY BLS PROVIDERS ANY TIME A PATIENT IS EVALUATED USING THE SPINE ASSESSMENT AND IMMOBILIZATION GUIDELINES.

Is there a mechanism of injury?

**NO**

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**No immobilization indicated**

**YES**

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**Maintain manual stabilization during assessment**

- When evaluating a patient be aware there may be an increased risk of injury if A) Age ≥ 65 years or ≤ 3 years or B) History of rheumatoid arthritis, cancer, or underlying spinal/bone disease. **High Risk Mechanisms include:**
- Vehicular ejection, motorcycle accidents, long falls (>15 ft or clinical concern), and diving injuries. BLS personnel should immobilize patients with High Risk Mechanisms.

- 1. Is the patient evaluable?**  
(Calm, alert, sober, normal)

**NO**

➔
- 2. Is there clinical evidence of intoxication?**

**YES**

➔
- 3. Does the patient have signs or symptoms of spinal injury?**

**YES**

➔
- 4. Does patient have a distracting injury?**

**YES**

➔
- 5. Is there spinal tenderness?**

**YES**

➔
- 6. Is there pain on range of motion?**  
(NOTE: This question is ALWAYS LAST)

**YES**

➔

**Immobilization Indicated**

**Place C-collar**

**Low Risk?**  
(alert, symptoms, no neuromotor deficits)

- Includes alert, reliable patients with spine pain and or tenderness but no neuromotor deficits.
- Allow self-extrication if situation permits
- No “standing take-downs”
- Rigid backboard use not required
- Secure to gurney

**High Risk?**  
(not evaluable, neuromotor deficits, high risk mechanism)

- Use rigid backboard for patient movement
- When available, use full-body vacuum splint

Remove helmets as needed for airway access or to maintain in-line, neutral spinal alignment

**NO**

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**If the patient is alert and evaluable, all subsequent options must be NO. If in doubt, immobilize. Document assessment.**

**No immobilization indicated**

**Patients with penetrating trauma and no clinical signs, symptoms, or exam findings of spinal injury do not require spinal immobilization**