

Selective Immobilization: Doesn't Mean No Immobilization

49th Annual UW Emergency Care & Trauma Symposium

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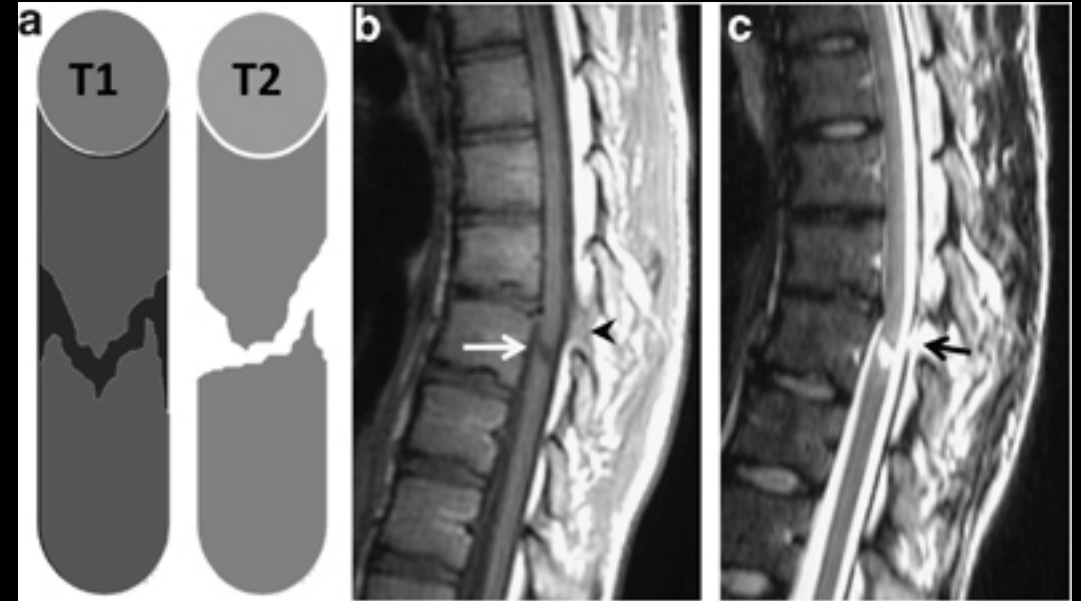
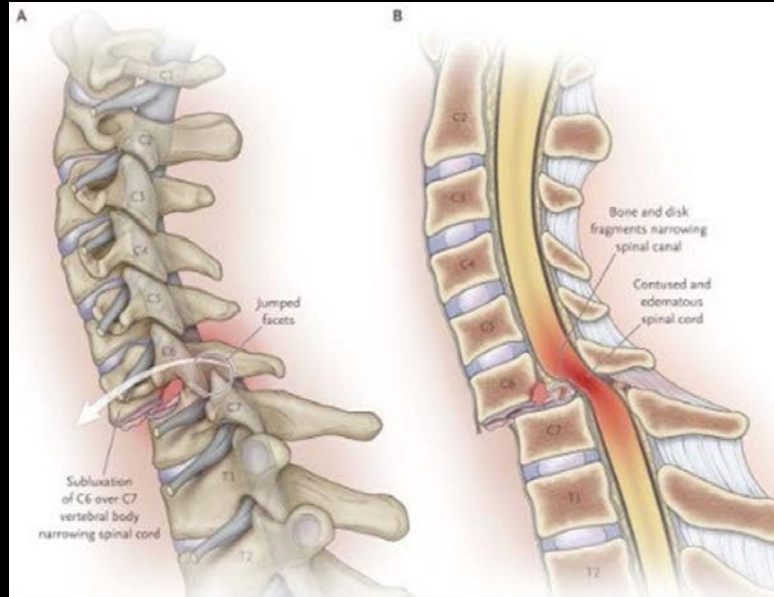


Image: This a 36 year old soldier was injured in a helicopter accident and had paralysis from the fracture-dislocation he sustained at T9-10 that required surgery to stabilize this severely unstable fracture and prevent further injury



Here's another good reason why I'm a Thinner.

I started smoking Silva Thins for their looks. You know, long, lean and elegant.

Now they're lower too. Low in tar. Because Silva Thins lowered tar 5mg. Which is another good reason for being a Thinner.



In menthol too.



Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

Filter and Menthol. 12 mg. "tar", 1.0 mg. nicotine av. per cigarette by FTC method.

YOU HAVE NOW
CROSSED
OVER INTO...

THE TWILIGHT ZONE

Bewitched

look for me at **McDonald's** speedee drive-ins

crispy, tender, delicious
FRENCH FRIES
only **12c**

"Like home-made, only better" that's what you'll say about McDonald's French Fries, golden brown and delicious. Only 12c for a giant, teeny-bull bag.

And don't forget our Wonderful Hamburgers
STILL ONLY **15c**

McDonald's Custom-Baked HAMBURGERS

McDonald's speedee drive-in

743 Grand Ave., Schofield
CONVENIENT HOURS:
Sun. thru Thurs. 11 to 11
Fri. and Sat. 11 to 12

OFTEN IMITATED, NEVER DUPLICATED



EVIDENCE

I'M A PARAMEDIC

Because what I do actually makes a difference.

Because I'm good at what I do.

Because I fucking save lives for a living, how cool is that?





Age	Sex	Chief Complaint	MD	TIN	RIA	Events
47	yeM	rectal bleeding/CA pt/getting chem	AD		Griffin	
51	yeM	? UTI/AF	DrT		Griffin	
51	yeM	Vomiting blood/bloody stools	SONG		Griffin	
78	yeF	gi bleed	AD		Griffin	
55	yeM	headache x 4 weeks	AD		Griffin	
65	yeM	neck hematoma	AD		Griffin	
48	yeM	R hand abscess	DrT	Je	Griffin	
53	yeM	ams+	SONG	son	Griffin	
44	yeF	multiple c/os, buttock abscess	AY	Kate	Griffin	
51	yeF	abd pain/vomiting blood	AD	Kate	Griffin	
64	yeM	? eva	RF	KB-1	Griffin	
18	yeF	abd pain/weakness/tx pt	AY		Griffin	
80	yeM	glt hip tx	SONG	KB-1	Griffin	
67	yeF	left foot infection/Tx pt	SONG	KB	Griffin	
48	yeF	elevated bp/nosebleed	SONG	KB	Griffin	
64	yeM	difficulty walking/ARF	AD		Griffin	
63	yeF	SOB	AY	JT		
56	yeM	multiple c/os	SONG	son	MA	
42	yeF	bowel obstruction/abd pain	AD	KB	MA	
29	yeF	abd/back pain/uti sx	AY		MA	
31	yeF	PANIC ATTACK/PSYCH	AY		MEI	
34	yeM	multiple c/os/bodyaches	AD	KB-1	MEI	
41	yeF	multiple c/os	AY		MEI	
51	yeM	pain with urination/scrotal pain	AY	KB	MS-1	

Critical decisions
in emergency medicine













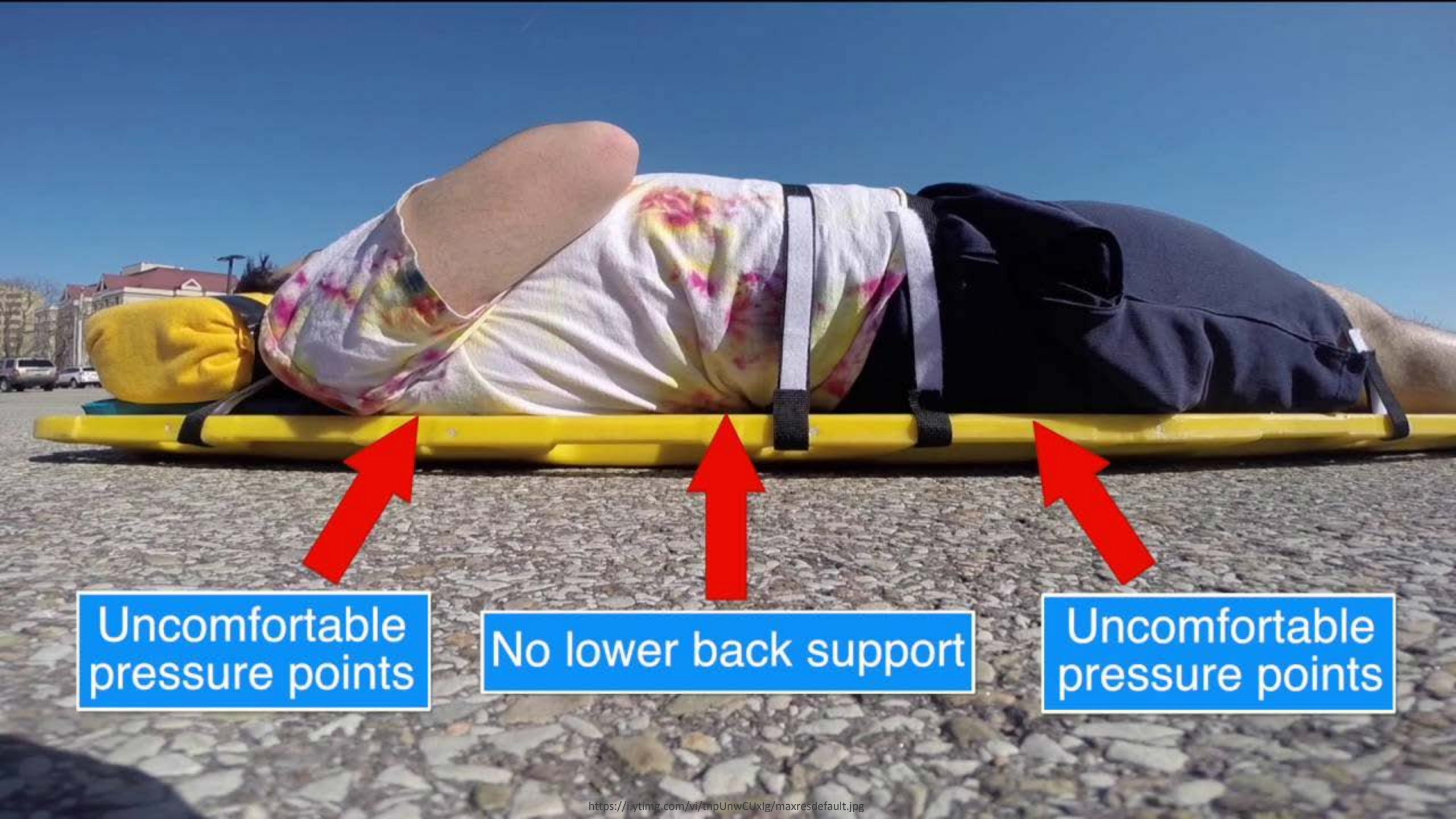
http://www.schlespain.com/wpblog/wp-content/uploads/2011/07/iStock_000015143546Small.jpg



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Uncomfortable pressure points

No lower back support

Uncomfortable pressure points



MakeAGIF.com





UNIVERSITI
MALAYA
K U A L A L U M P U R



THE UNIVERSITY *of*
NEW MEXICO

Hauswald M, Ong G, Tandberg D,
Omar Z.

Out-of-hospital spinal immobilization:
its effect on neurologic injury.

Acad Emerg Med. 1998;5:214–19

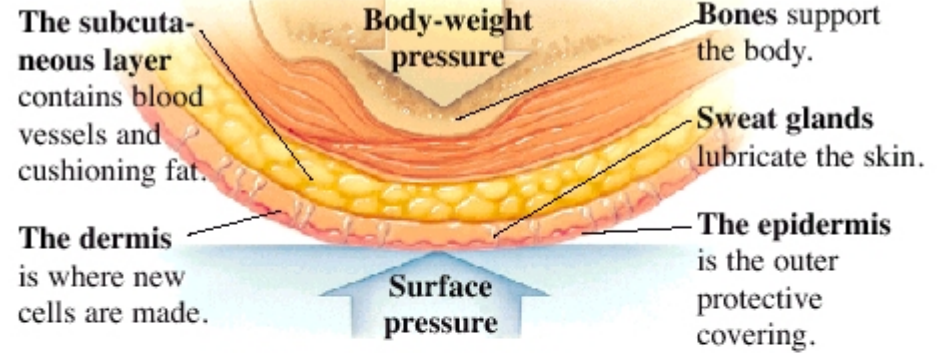




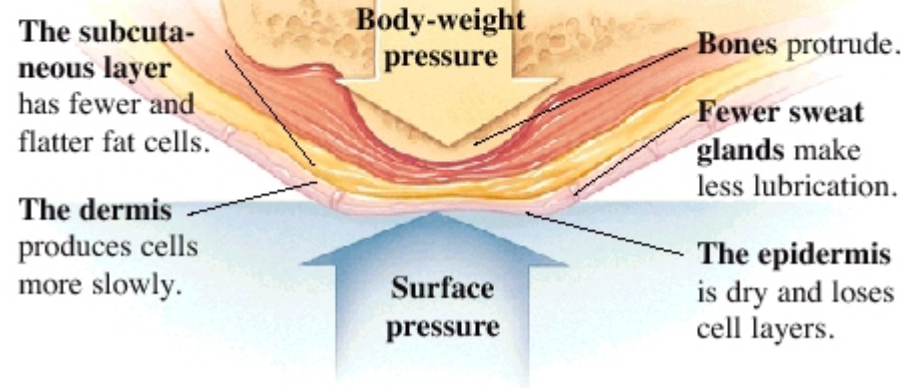
Shortness of
BREATH



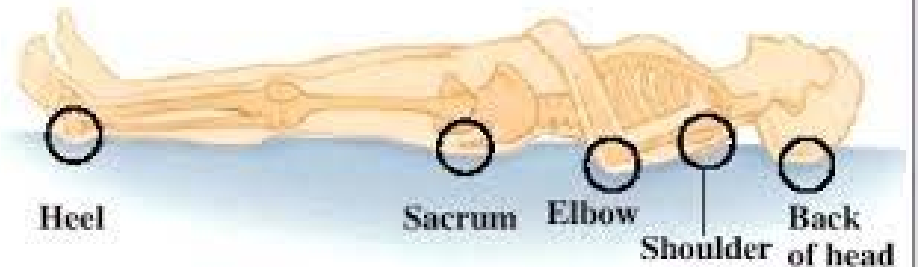
Healthy Skin



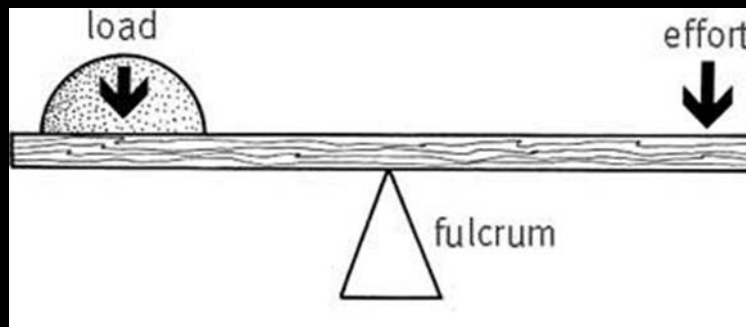
Fragile Skin



On the back



https://i.ytimg.com/vi/_JG41LnUS8/hqdefault.jpg - ulcer pic
<https://www.mountnittany.org/assets/images/kraimes/8243.jpg> - diagram
<https://www.mountnittany.org/assets/images/kraimes/8244.jpg> - other diagram



<https://theconservativetreehouse.files.wordpress.com/2011/06/fulcrum-e1308777599666.jpg?w=640>



http://r3.emsworld.com/files/base/image/EMSR/2004/04/16x9/640x360/1130786844939_10324734.jpg







THAT MOMENT WHEN YOUR EMT



URNS YOU INTO A FLIGHT MEDIC

Benefits













Anaesthesia Trauma and Critical Care



Spinal Motion Restriction (SMR) =
Efforts to Minimize Spinal immobilization

The decision to utilize a LBB is a separate decision based on:

Position patient found

Ability to assess mental status, vital signs,
intoxication

Pt ability to sit on the stretcher under their own
power

HIGH risk of Spinal Column Injury

Metastatic Disease

Pre-existing / past spinal injury/damage

RA

Long Term Steroid Use

Warrant Spinal Motion Restriction

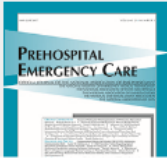
- GCS < 15
- Abnormal vitals/unstable vitals
- Known vertebral disease
- Distracting injuries
- Language barrier
- Intoxication

DANGEROUS Findings:

- Age < 5 or > 65
- Numbness & Tingling in extremities
- Dangerous MOI:
 - Fall > 3 ft / 5 stairs
 - Axial load injuries
 - MVC High Speed > 60 mph rollover or ejection
 - ATVs
 - Bicycle Struck
- Any Neuro Deficit

Low Risk:

- Ambulatory at any time on the scene
 - No neck pain at the scene
 - No midline pain
 - Simple rear-end MVC
-
- Recommend Pt regulated motion restriction on the stretcher/cot if: reasonable. Cooperative, non-intoxicated & w no neuro deficits



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Views

6

CrossRef citations

3

Altmetric

Position Statement

EMS Spinal Precautions and the Use of the Long Backboard

National Association of EMS Physicians and American College of Surgeons Committee on Trauma

Pages 392-393 | Published online: 04 Mar 2013

[Download citation](#) <http://dx.doi.org/10.3109/10903127.2013.773115>

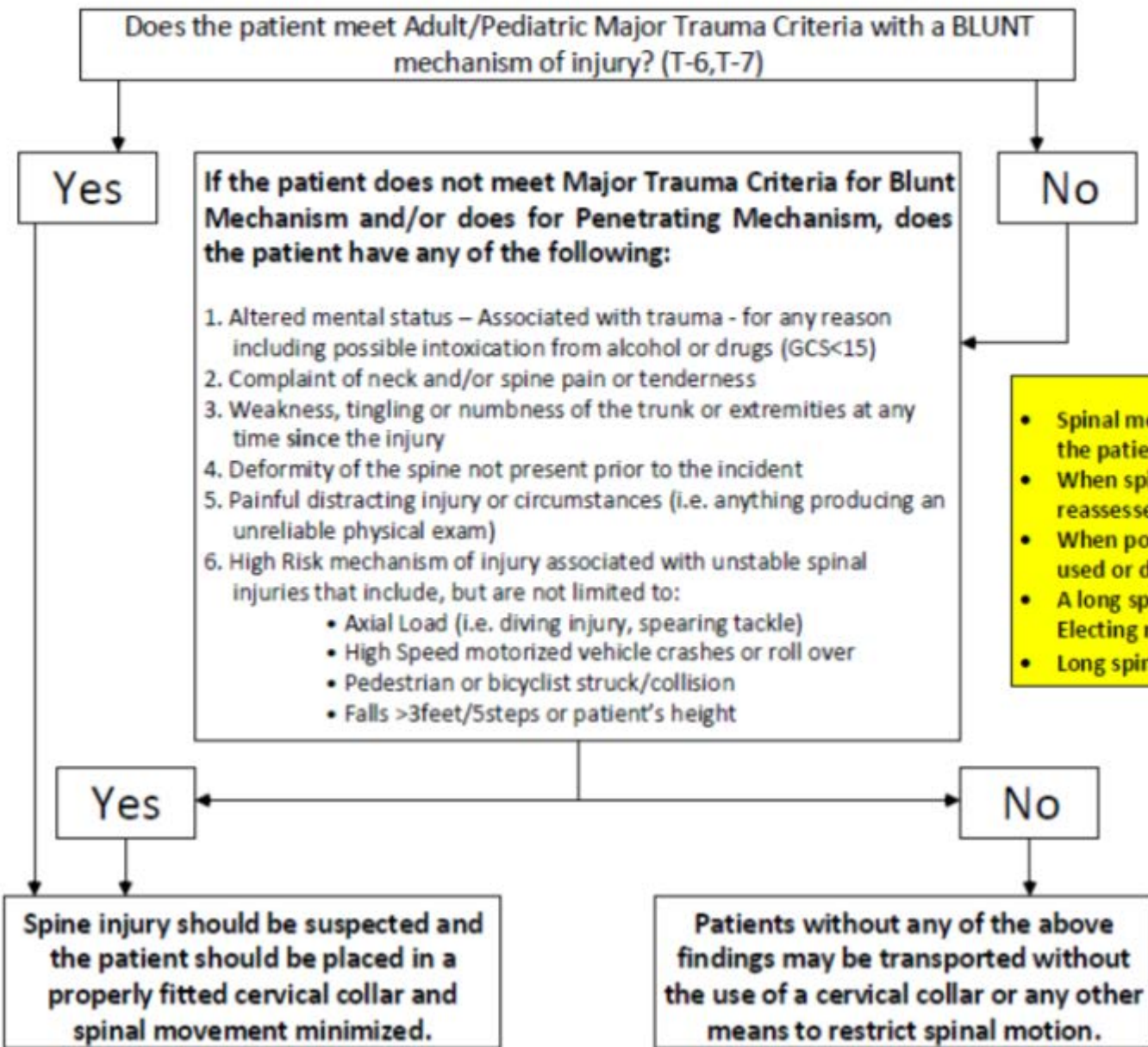
The National Association of EMS Physicians and the American College of Surgeons Committee on Trauma believe that:

- Long backboards are commonly used to attempt to provide rigid spinal immobilization among emergency medical services (EMS) trauma patients. However, the benefit of long backboards is largely unproven.
- The long backboard can induce pain, patient agitation, and respiratory compromise. Further, the backboard can decrease tissue perfusion at pressure points, leading to the development of pressure ulcers.
- Utilization of backboards for spinal immobilization during transport should be judicious, so that the potential benefits outweigh the risks.

2012 Position Statement: NAEMSP & American College of Surgeons Committee on Trauma

- Possible Appropriate LBB Vs Spinal Precautions
 - Blunt trauma w ALOC
 - Spinal Pain & Tenderness
 - Neuro S/S c/o numb & weak
 - Anatomic deformity of the spine
 - High energy MOI
 - Drug/ETOH
 - Inability to communicate
 - Distracting injuries

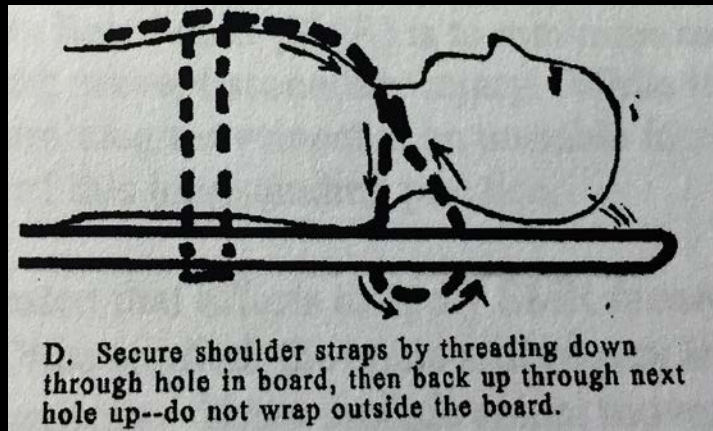
Suspected Spinal Injuries



Chris Fullagar
@87MD1 **FOLLOWS YOU**

Emergency Physician, ABEM EMS Subspecialty, Air Medical Physician and EMS Medical Director, Paramedic.
Syracuse, NY

- Notes:**
- Spinal movement can be minimized by application of a properly fitting rigid cervical collar and securing the patient to the EMS stretcher.
 - When spinal motion restriction has been initiated and a higher level of care arrives, patients should be reassessed for spinal injury (per this protocol).
 - When possible, the highest level of care on scene will determine if spinal motion restriction is to be used or discontinued (collar removed, etc.)
 - A long spine board is one of multiple modalities that can be used to minimize spinal movement. Electing not to use a long spine board will not constitute a deviation from the standard of care.
 - Long spine boards do not have a role in transporting patients between facilities



Key Points for ALL Providers

- There is **NO DATA** supporting use of Long Back Boards
- Spinal Motion Restriction in **Certain Populations** is Appropriate
- Know **High** Risk
- Know Low Risk

**PUSH YOURSELF
BECAUSE, NO ONE
ELSE IS GOING
TO DO IT FOR YOU.**

WHAT YOU DO MATTERS



 @CMGrffn

I did not become a medic to get a front row seat to other peoples tragedies.

I did it because I knew the world was bleeding and so was I.

Somewhere inside-I knew the only way to stop my bleeding was to learn how to stop somebody else's

- Daniel Jose Older