



Kitsap County EMS and Trauma Care Council
Training Scenario
Spinal Motion Restriction
Scenario 2

Behavioral objective: Given a simulated patient, the BLS team will:

- Identify a possible spinal injury.
- Appropriately determine the need for Spinal Motion Restriction.
- Appropriately package the patient for transport.
- Make the appropriate transport decision for the patient.

EMS Level: EMT

Skills:

- Patient Assessment
- Airway management
- C-collar placement
- Patient movement with a rigid extrication device

Materials needed:

- C-collar(s) either adjustable or various sizes.
- Long spine board or scoop stretcher
- Ambulance with stretcher
- Appropriate strapping
- Patient assessment supplies
- Blankets

References:

- Kitsap County “Spinal Motion Restriction” procedure.

Time Frame: 20 minutes

Preparation:

- In preparation for the this station the student should have:
 - Read the *Kitsap County “Spinal Motion Restriction” procedure*.
 - Reviewed the accompanying slide presentation on the KCEMS website.
 - Completed the “Spinal Motion Restriction” worksheet.

Performance Drill:

Dispatch time: 1000hrs. The garage of a suburban residence.

Scenario: Patient is a 44 year old male (or female). The patient reportedly slipped on some oil getting out of a car. The patient is lying right lateral recumbent. The patient c/o pain to the lower back and some minor neck pain.

1.	Team wears PPE to include eye protection.
2.	Size-up: Single patient. Patient is alert but in pain.
3.	Initial Assessment: <ul style="list-style-type: none">• The patient is conscious and alert and oriented (GCS – 18).• The patient did not lose consciousness.• The patient is breathing without distress. It is noted that the patient has a normal rate and good tidal volume.• The patient’s skin is pink, warm and dry. No signs of obvious bleeding.
4.	Expected Actions: <ul style="list-style-type: none">• Manually stabilize c-spine.• Perform a rapid trauma assessment.• Obtain a patient history.
5.	Further Assessment: <ul style="list-style-type: none">• S – Patient is complaining of pain to the neck, which increases on movement.• A – .Codeine, Iodine• M – Lopressor, Atorvastatin• P – High blood pressure, high cholesterol• L – Last meal was a bagel with coffee 40 minutes ago.• E – Mechanical fall.• Initial vitals show a BP - 142/92, Pulse – 110, Respirations. – 20 SpO2 = 95% on ambient air.• Patient has no neurological deficits.• The patient denies alcohol or drug use.• The patient has no distracting injuries.
6.	Expected Actions: <ul style="list-style-type: none">• Place a properly sized cervical collar to the patient’s neck.• Position the patient onto the rigid extrication device.• Move the patient onto the EMS stretcher.• Remove the patient from the rigid extrication device.• Secure the patient to the stretcher in the supine position with enough seatbelts to insure minimal movement during transport.• Consider head blocks or other means to prevent the rotation of the patient’s head.• Transport.

7.	<p>Further Evaluation:</p> <ul style="list-style-type: none"> • BP - 132/94, Pulse – 116, Respirations. – 18 SpO2 = 95% on ambient air. • Patient reports increased back pain lying supine.
8.	<p>Expected Actions:</p> <ul style="list-style-type: none"> • Assist the patient to move into a position of comfort. • Use pillows, blankets and straps to secure the patient for a comfortable transport.
9.	<p>Further Evaluation:</p> <ul style="list-style-type: none"> • Patient remained stable enroute to the hospital.

Application: The scenario should be performed as close to actual field performance as possible. A team approach should be used to set up equipment and procedures as needed.

Evaluation: The team should discuss the scenario performance in the usual after action format.

Assignment: None.