

# C-Spine Clearance – for the unreliable patient

**Unreliable patient legend:**

- GCS  $\leq$  14
- Intoxication
- Distracting injuries
- Communication

**Major Blunt Mechanism**

GCS <14 or non-compliant

**Maintain SMR with Collar if:**

- Unreliable patient
- Abnormal sensory/motor exam
- Spinal deformity or tenderness
- Pain with range of motion

**Transfer off Spine Board:**

- To padded, firm surface
- C-spine precautions, with neutral spine
- 3-person turn/log roll
- HOB <20 degrees

Multidetector CT C-Spine (2mm cuts)  
Foramen Magnum to T1

Normal CT  
No Fracture

Abnormal

CONSULT  
Neurosurgery/Orthospine  
MRI if neurologic deficit

For unreliable patients with a negative CT and normal motor examination, options are:

- Continue C-Spine immobilization
- Remove collar on the basis of CT (EAST 2015)
- Obtain MRI for high risk mechanism or projected delay in clinical clearance

Maintain C-Spine precautions

Consider MRI Spine  
For high-risk injury pattern  
and mechanisms

Consider:

- Axial loading injury
- MVC ejection
- Blunt trauma
- Motorcycle/ATV/Bicycle

Normal

Abnormal

Clear C-Spine  
Trauma or ICU Staff  
(based on final MRI report)  
Remove collar as soon as feasible

Consult  
Neurosurgery/Orthospine  
Maintain precautions

