

Guideline



CCHMC Trauma Service Guidelines

Title: Backboard Clearance

Effective Date: 05/2015

Number: TR-05

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1.0 SCOPE

- 1.1. Care of the Trauma Services Patient at CCHMC who needs clearance from a backboard after arrival to the ED.

2.0 DEFINITIONS

- 2.1. **Backboard:** Patient handling device used primarily in pre-hospital trauma care designed to provide rigid support during movement of a patient with suspected spinal or limb injuries.

3.0 GUIDELINE

- 3.1. Primary survey per CCHMC trauma guidelines.
- 3.2. During the secondary survey the patient will be log-rolled with in-line immobilization of cervical spine maintained.
 - 3.3.1. The physician will evaluate the thoracic/lumbar/sacral spine for abnormalities and the backboard removed as per the direction of the trauma team leader and/or surgical attending physician/fellow.
- 3.3. The goal is to remove all patients from the backboard safely but as expediently as possible within **20** minutes of presentation to the emergency department.
- 3.4. If the patient is transported to radiology on the backboard, the backboard should be removed upon arrival to post-imaging destination (OR, PICU, ED, or floor).
- 3.5. Time of backboard removal and pertinent findings will be documented in the patient record

4.0 REFERENCES

- 4.1. American College of Surgeons Committee on Trauma. (2012). Spine and spinal cord trauma. In Advanced trauma life support: Student course manual,(9th ed. (p. 176). Chicago: IL.
- 4.2. Kwan, I., Bunn, F., & Roberts, I. (2001). Spinal immobilization for trauma patients.Cochrane Database Systematic Review, 2, CD002803.
- 4.3. Vickery, D. (2001). The use of the spinal board after the pre-hospital phase of trauma management. Emergency Medicine Journal, 18, 51-54,
- 4.4. Wardrope, J., Ravichandran, G., Locker, T. (2004). Risk assessment for spinal injury after trauma. British Medical Journal, 328 (7442), 721-723.

5.0 APPROVALS

All revisions of this guideline are approved by the Trauma Services Department. This guideline is reviewed every three years or sooner if deemed necessary. Authority for this document resides with the Trauma Service Department. This guideline is approved by the Trauma Service Manager and the Director of Trauma Services.

HISTORY	
Original Date	
01/2005	
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11/10, 10/13, 05/15	
Review Date	