The purpose of this protocol is to standardize and streamline the imaging of the cervical spine in the Pediatric Trauma patient. The imaging will be determined by patient age (< 9 yrs. or > 9 yrs.), level of consciousness, symptoms of pain, signs of tenderness or focal deficit, and mechanism.

For Level 1 pediatric trauma patients, the cervical spine will be cleared on alternate weeks by the Pediatric Neurosurgery service and Pediatric Orthopedic surgery services. The change in service will occur on Mondays.

The indications for Pediatric Neurosurgery Consultation in Level I Trauma patients remain unchanged:
- GCS < 15 at any time (in Transport or in the Trauma Suite)
- History of LOC or amnesia for event
- Patients admitted with significant mechanism for traumatic brain injury (e.g. fall > 3 body lengths) with GCS = 15 and normal Head CT
- Multisystem trauma patients going to the OR for non-Neurosurgical procedures
- Patient who are admitted/observed and are not ready to go home because of persistent headache, nausea, altered mental status, sleepiness, etc.

It is understood that in the Pediatric ED C-spines may be cleared clinically without imaging, and without involvement of the trauma, neurosurgery or orthopedic services, in Non-Level 1 Trauma patients.

Revised 10/10/2012
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Revised July 2012

DISCLAIMER:
This clinical guideline has been developed for the purpose of unifying the general emergency care of children with c-spine injuries. It is intended to aid, rather than substitute for, professional judgment. It is not intended to serve as a rigid protocol or a written proxy for the standard of care. Failure to comply with this guideline does not represent a breach of the standard of care.