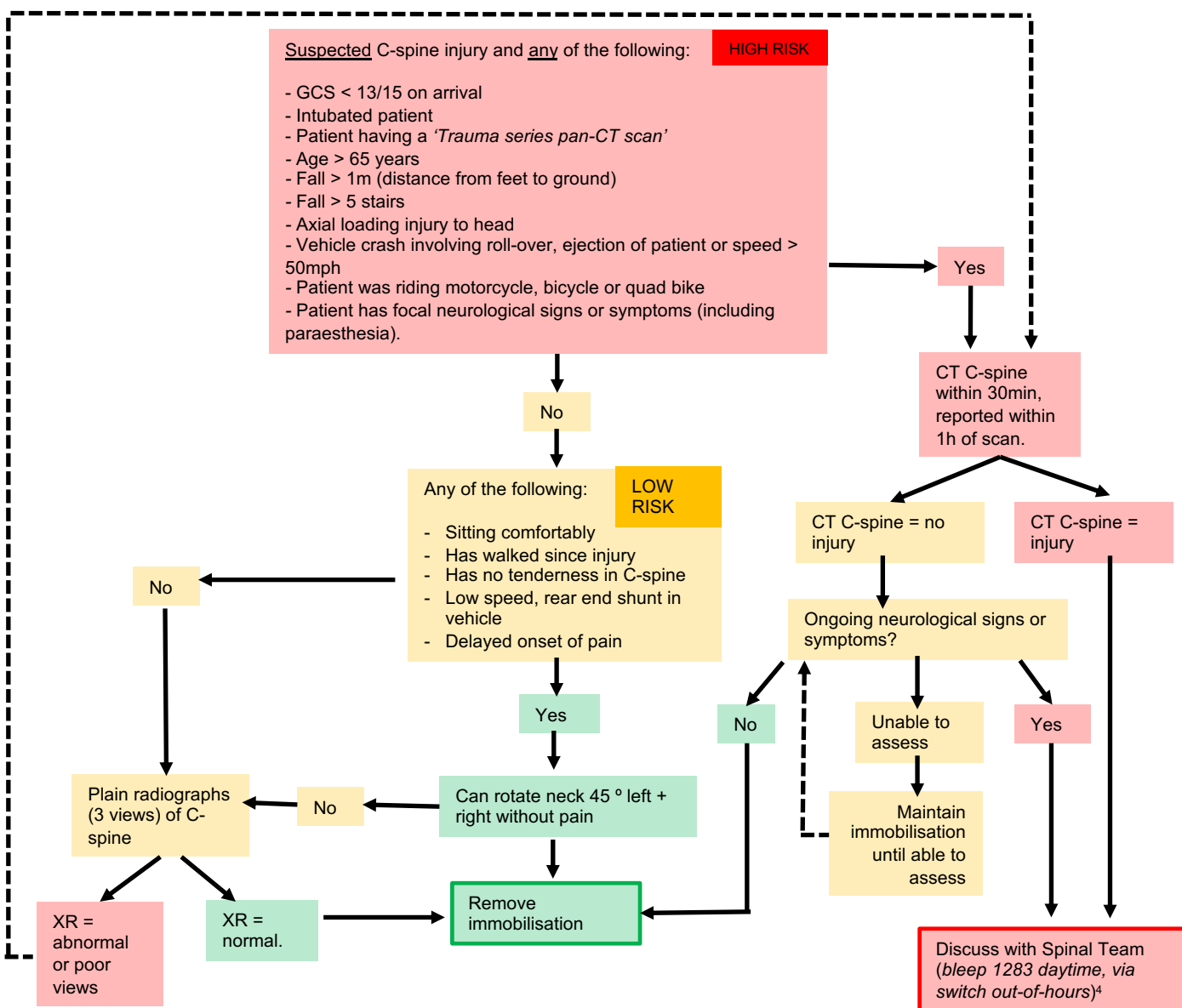


How to immobilise the C-spine; *Remember to document how and why this is done:*

- (a) **Trauma mattress** (with metal zip at foot end of patient)
- (b) **Tape across forehead** (there is no need to put across jaw / neck)
- (c) **Stenson head blocks** ($\pm$ semi-rigid collar if tolerated)
or
Vacuum spint (for kyphotic spines and children having CT, in particular)

For patients who won't tolerate immobilisation, consider:

- (i) Manual In Line Stabilisation (MILS) and reassurance (particularly useful in children)
- (ii) Self-immobilisation in a position of comfort (keeping still is preferable to having a collar and moving the C-spine)
- (iii) Most senior doctor available to consider whether patient needs sedation or anaesthesia to immobilise and facilitate imaging.



Suspected C-spine injury (children): initial management

- **Trauma mattress:** Place children with suspected C-spine injuries on a trauma mattress with metal zip at foot end of patient.
- **Minimise movement** of the C-spine using one of the following strategies in decreasing order of preference:
 - **Option 1: Stenson head blocks + tape across forehead.** *Remove semi-rigid collar.*
 - **Option 2: Vacuum splint + tape across forehead.**
 - **Option 3: Manual In Line Stabilisation (MILS)** by reassuring member of staff.
 - **Option 4:** If patient won't keep still despite above measures, **Consultant(s)** to consider whether **sedation or anaesthesia** is warranted, given mechanism of injury and clinical findings, to allow option 1 or 2 above.

