PED-ED

2023 Pediatric Thoracolumbar Spine Evaluation Clinical Guideline



Patients with suspected spinal injury should be transported immobilized so please remain cognizant of board times and minimize when possible

- Protect the spine by keeping the patient flat and log-rolling
- Do not keep patient on board for longer than necessary (2 hrs. maximum)
- Only use the rigid board for patient movement (don't use slider board to transfer patient)
- Reassess sensory/motor function with every turn, transfer, and PRN
- Keep suction and airway equipment readily available for patients on logroll precautions
- Evaluate for risk factors associated with skin breakdown
- Consider placing a pillow under knees for comfort (no lower extremity trauma or contraindication)

https://www.hopkinsallchildrens.org/getattachment/f312cf3d-6898-4375a56e-bfc6f0711e53/Trauma-Spine-Thoracolumbar-Evaluation-and-Cleara



2022 Pediatric Thoracolumbar Spine Evaluation **Emergency Spinal Evaluation**

SP	S.P.E.E.D inal Emergency Evaluation of Deficits	í.	
Motor Scoring Ankle or toe movement (please circle)		Right	Left
S1 Lateral side of calcaneus	None	o	0
	Flicker movement at toe or ankle	1	1
	Definite movement at toe or ankle	2	2
Sensory Scoring Light touch S1 (please circle)		Right	Left
	None	0	0
	Altered	1	1
	Normal	2	2
Exclusion high cervical injury Light touch C3 (please circle)		Midline (Jugular notch)	
C3 Jugular notch		None	
		Altered	
		Normal	
Confirmation of cervical SCI Hand grip (please circle)		Right	Left
"Can you squeeze my hand"		None	None
		Weak	Weak
		Strong	Strong
Approximate location of Please mark on diag		\mathcal{I}	

SPinal Emergency **Evaluation of Deficits** (SPEED) assessment. Color image is available online at www.liebertpub.com/neu