

This algorithm does not replace clinical judgment and is not intended to be prescriptive for all patients.


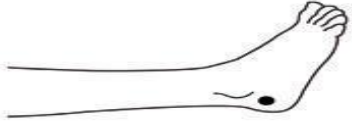

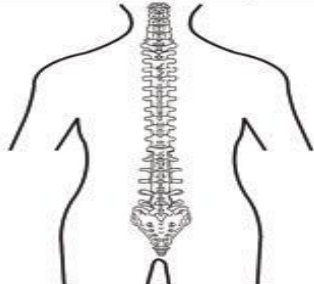
For centers without peds spine subspecialists consider PED1 follow-up. Call 801-662-1655 for appointment

2022 Pediatric Thoracolumbar Spine Evaluation Spinal Precautions Logroll Guidelines

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**)

2022 Pediatric Thoracolumbar Spine Evaluation Emergency Spinal Evaluation

S.P.E.E.D <i>SPinal Emergency Evaluation of Deficits</i>			
Motor Scoring Ankle or toe movement (please circle)		Right	Left
	None	0	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)	
		None	
		Altered	
		Normal	
Confirmation of cervical SCI Hand grip (please circle)		Right	Left
"Can you squeeze my hand"		None	
		Weak	
		Strong	
Approximate location of spinal pain Please mark on diagram:			

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