



# SPINAL ASSESSMENT

SELECT

**SPINE NOT ASSESSED**

Action required to complete:  
\_\_\_\_\_

OR

**SPINE ASSESSED & THERE IS NO INJURY**

No requirement for spinal precautions

OR

**SPINE ASSESSED & THERE IS AN INJURY**

STABLE  or **UNSTABLE**



## CARE PLAN

(select from below)

**Cervical spine collar:**

No  Yes  Collar type: \_\_\_\_\_

**Log Rolls:**

No  Yes

**Bed Tilt allowed**

No  Yes  Max degrees: \_\_\_\_°

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation  
(RMO/SMO only)

\_\_\_\_\_  
Date



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