

SPINAL ASSESSMENT

SELECT

SPINE NOT YET CLEARED

Action required to clear:

OR

SPINE ASSESSED & THERE IS NO INJURY

No requirement for spinal precautions

OR

SPINE ASSESSED & THERE IS AN INJURY

STABLE or **UNSTABLE**

Management plan:

Operative Conservative



CARE PLAN: select from below

Cervical spine collar:

No Yes Collar type: _____

Log Rolls:

No Yes

Bed Tilt allowed

No Yes Max degrees: ____°

Signature

Name (PRINT)

Date & Time

Designation: ICU SMO Orthopaedic SMO Neurosurgical SMO

or ICU/Ortho/Neurosurg registrar in discussion with SMO: _____

Name

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