



Guidelines on the management of the patient with spinal trauma

In Neurosurgery of March 2013 have been published the guidelines of the Congress of Neurological Surgeons (CNS) and the American Association of Neurological Surgeons (AANS) on the management of the patient with spinal trauma.

There are two points of great interest in the recommendations contained.

Regarding routine immobilization of trauma patients in the prehospital phase recommendation (Level II) is: All trauma patients with lesions in the cervical spine or spine, or mechanical trauma that could potentially cause a spinal injury, must be restrained. (The spinal axis with straps associated with a rigid collar and a locking system of the cervical spine is recommended LEVEL III)

The practice of immobilization with sandbags and patch is not recommended (LEVEL III).

And here's the most important RECOMMENDATION compared to the previous practice (LEVEL II).

The immobilization of patients who are victims of trauma:

- *Who is conscious, oriented, not intoxicated;*
- *Who do not have pain or tenderness in the cervical spine;*
- *Without motor or sensory deficit;*
- *Free of other distracting injuries;*

NOT 'RECOMMENDED'

Finally, criteria for the selective immobilization of the injured patient!

The immobilization of victims of penetrating trauma patients is not recommended because delays resuscitation attempts and so worsens mortality (LEVEL III).

As mentioned in a previous post on the use of emergency cervical collar, Nexus criteria are extended to the prehospital phase of emergency.

Indeed, there are many works that validate the specificity and the sensitivity outside the hospital.

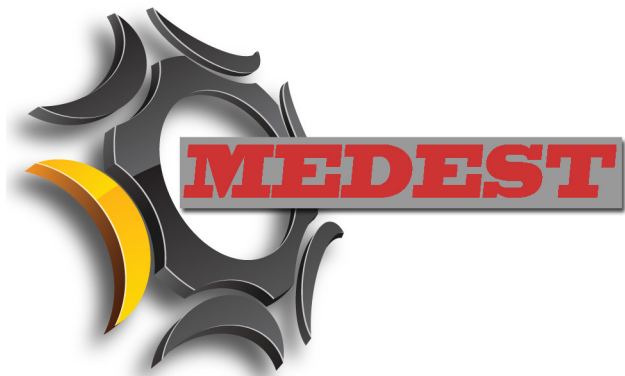
Now the guidelines incorporate the outcomes and, despite not in the LEVEL I grade, affirm for the first time the use of discriminatory criteria for the immobilization of trauma patients.

Another recommendation that radically changes the daily practice is that the use of Methylprednisolone in spinal trauma patients is NOT RECOMENDED.

The Methylprednisolone is not approved for this use by the FDA, there is no evidence any of Class I or II (only a few Class III) on its usefulness in spinal trauma, while there is evidence of class I, II, and III on the fact that the use of high-dose corticosteroids causes potentially lethal side effects.

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So in summary two key recommendations for the daily practice of traumatized patient. Selective criteria for spinal immobilization and Methylprednisolone coming out from the indications in spinal trauma.



