

ADULT <65 YRS C-SPINE

TRAUMATIC INJURY

High Risk Factors

Head injury with suspected c-spine injury

Age 65yrs or older
See separate > 65 yrs proforma

Paraesthesia in the Upper or Lower Limbs

Focal Peripheral Neurological Deficit

Type of injury:

- Distracting
- Hyper-flexion
- Hyper-extension

Dangerous Mechanism

- Fall from height > 1meter or 5 steps
- Axial loading to head e.g. diving
- High speed motor vehicle Collision
- Rollover motor accident
- Ejection from motor vehicle
- Accident involving motorised recreational vehicles
- Bicycle Collision
- Motor Cycle collision
- Horse riding accidents

Consider straight to CT

Medium Risk Factors

Mechanism

- Minor Rear-end motor vehicle collision
- Comfortable in sitting position
- Ambulatory at any time since injury
- No midline c-spine tenderness
- Delayed onset of neck pain
- Unable to actively rotate neck 45 degrees left and right
- Under 65 years

**Consider Plain Film
Consult a Senior ED Radiographer**

Low Risk

- If they have one of the low risk factors
- And are able to actively rotate neck 45 degrees left and right

Is imaging necessary?

CT C-Spine Proforma (Forms not fully completed will be rejected) ADULTS < 65 Years

ADULT <65 YRS C-SPINE

Patient Name:		Referrer (PRINT Name):	
DOB:		Grade: (MUST BE completed by ED SpR or Consultant)	
NHS No.:		Tel/Bleep:	
Mechanism of Injury (a least one field MUST be completed)			
RTC	Injury to more than one body part	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:
	High speed impact	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify speed:
Fall	Injury to more than one body part	<input type="checkbox"/> YES <input type="checkbox"/> NO	Body parts only: <i>(Details in the Clinical Region of Concern section)</i>
	Fall from over 1 metre	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify Height:
Assault	Injury to more than 1 body region	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify:
Other Mechanism	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify Mechanism:	
Other Considerations (Fill in ALL fields)			
Head Injury	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES have you completed the CT Adult Head Proforma?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Current GCS	Specify GCS:		Intubated <input type="checkbox"/> YES <input type="checkbox"/> NO
Haemodynamically <i>(Tick Box that applies)</i>	Stable	Unstable	Cannulated (PINK) <input type="checkbox"/> YES <input type="checkbox"/> NO
Clinical Region of Concern (Include point tenderness and/or clinical signs)			
Type of Injury	<input type="checkbox"/> Hyper flexion <input type="checkbox"/> Hyper Extension <input type="checkbox"/> Distracting	Comment	
Pre-existing Comorbidities Check PACS for previous imaging	Please list:		
Plain Films Inadequate	Why?		
Plain Films suspicious or show an abnormality	Please detail:		
Clinical Question to be answered?			
LMP (11-55yrs)		Patient Age	
<i>I have reviewed the patient and the clinical information given is correct to the best of my knowledge (ED SpR or Consultant)</i> Signature of Referrer:		Date + Time	Radiologist Signature