TRAUMATIC INJURY

OVER 65 YRS C-SPINE

High Risk Factors

Head injury with suspected c-spine injury

Facial Injury with suspected c-spine injury

Know pre-existing comorbidities or know spinal pathology

Paraesthesia in the Upper or Lower Limbs

Focal Peripheral Neurological Deficit

Type of injury:
- Distracting
- Hyper-flexion
- Hyper-extension

Dangerous Mechanism
- Fall from chair or from standing
- Falls down 3 stairs or more
- Axial loading to head e.g. diving
- High speed motor vehicle Collison
- Rollover motor accident
- Ejection from motor vehicle
- Accident involving motorised recreational vehicles
- Bicycle Collison
- 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

Consider CT if plain film is likely to be inadequate ? 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?

Devised from the NICE and RCR Guidelines
Kingston Radiology MAR 2017 Version 1.2

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

OVER 65 YRS C-SPINE

Patient Name:			Referrer (PRINT Name):		
DOB: PATIENT LABEL HERE			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	☐ YES ☐ NO	**Body parts only:** *(Details in the Clinical Region of Concern section)*		
	High speed impact	☐ YES ☐ NO	**Specify speed:**		
Fall	Injury to more than one body part	☐ YES ☐ NO	**Body parts only:** *(Details in the Clinical Region of Concern section)*		
	Assessment of severity of fall?	**Specify height:**			
Assault	Injury to more than 1 body region	☐ YES ☐ NO	**Body parts only:** *(Details in the Clinical Region of Concern section)*		
Other Mechanism	☐ YES ☐ NO	**Specify Mechanism:**			
Other Considerations (Fill in ALL fields)					
Head Injury	☐ YES ☐ NO	**If YES have you completed the CT Adult Head Proforma?**		☐ YES ☐ NO	
Current GCS	**Specify GCS:**			Intubated	
Haemodynamically *(Tick Box that applies)*	Stable		Unstable		Cannulated (PINK) ☐ YES ☐ NO
Clinical Region of Concern (Include point tenderness and/or clinical signs)					
Facial Injury	**Comment:**				
Type of Injury	❑ Hyper flexion ❑ Hyper Extension ❑ Distracting	**Comment :**			
Pre-existing Comorbidities Check PACS for previous imaging	**Please List:**				
Clinical Question to be answered?					
On anticoagulant therapy	☐ YES ☐ NO	**Type:**	**Dose:**	Patient Age	
I have reviewed the patient and the clinical information given is correct to the best of my knowledge (ED SpR or Consultant) Signature of Referrer:		Date + Time		Radiologist Signature	

Devised from the NICE and RCR Guidelines
Kingston Radiology MAR 2017 Version 1.2

NOTE: C-SPINE PATIENTS MUST BE TRIPLE IMMOBILISED UNLESS DISCUSSED; TOTAL SPINAL ALIGNMENT MAINTAIN. USE A TRAUMA MATTRESS.