



PROCEDURE CHECKLIST

Fitting a cervical collar

Sizing and applying a rigid cervical collar, as part of spinal motion restriction, in a trauma patient with suspected cervical spine injury.



Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Rigid adjustable or sized cervical collar (adult and paediatric sizes)
- ☐ Head blocks and tape or straps
- ☐ Padding
- ☐ A trained assistant for manual in-line stabilisation

Before · Assess and prepare

- ☐ Assess ABCDE; a collar is never a priority over airway management.
- ☐ Decide whether spinal motion restriction is indicated (mechanism, symptoms, inability to clear).
- ☐ Explain to the patient what you are doing and ask them to keep still and not to nod.
- ☐ Remove earrings, necklaces and anything that will lie under the collar; check the neck for wounds, swelling, tracheal deviation and distended veins before covering it.
- ☐ Perform and document a baseline neurological examination of all four limbs.

During · Manual in-line stabilisation

- ☐ An assistant holds the head from above (or the side) with hands over the ears and mastoids, fingers along the mandible.
- ☐ Gently bring the head to a neutral in-line position only if it moves freely without pain.
- ☐ **Stop moving the head if the patient reports pain, you feel resistance, there is spasm, or neurological symptoms or airway compromise develop; hold it where it is.**

During · Sizing

- ☐ With the head neutral, measure with your fingers the vertical distance from the top of the shoulder (trapezius) to the line of the chin.
- ☐ Match this to the sizing mark on the collar (the distance from the sizing line to the bottom of the rigid plastic), or adjust an adjustable collar to this setting and lock it.
- ☐ Pre-form the collar according to the manufacturer's instructions.

During · Fitting — supine patient

- ☐ Slide the back of the collar behind the neck without lifting or moving the head.
- ☐ Bring the front of the collar up the chest and position the chin piece snugly under the chin.
- ☐ Hold the front in place and fasten the strap to the back piece so the fit is snug but not tight.
- ☐ Check the chin is supported and centred, the jaw is not forced open, and the patient can open the mouth and breathe freely.
- ☐ If the size is wrong, maintain manual stabilisation, remove and refit a correct size; do not accept a poor fit.

During · Completing motion restriction

- ☐ Apply head blocks either side of the head and secure them with tape or straps across the forehead and chin piece.
- ☐ **Do not tape the head down in a patient who is vomiting or combative without a plan to protect the airway.**
Have suction ready; be prepared to log-roll.
- ☐ Manual in-line stabilisation may be released only when the collar and blocks are secured.

After · Monitoring and documentation

- ☐ Repeat the neurological examination and compare it with baseline.
- ☐ Check the collar is not causing airway compromise, difficulty swallowing, or pressure on the jugular veins.
- ☐ Check pressure areas (occiput, chin, mandible, clavicles) regularly and pad them.
- ☐ Log-roll with a team and a leader controlling the head for any movement.
- ☐ If the patient vomits, log-roll immediately with in-line stabilisation and suction the airway.
- ☐ Aim to clear the spine clinically or radiologically as early as possible and remove the collar.
- ☐ Document the indication, collar type and size, fit check, neurological findings before and after, and the time applied.



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.

EM Orbit · Emergency medicine, in one orbit · proc-cervical-collar · red rows are the steps that must not be missed