



PROCEDURE CHECKLIST

Clearing the cervical spine

A structured clinical assessment, using validated decision rules, to decide whether a trauma patient's cervical spine can be cleared clinically or needs imaging.



EM Orbit

Patient reference

Date

Time

Completed by

Equipment ready

- ☐ Trained assistant for manual in-line stabilisation
- ☐ Appropriately sized cervical collar and head blocks if motion restriction is to continue
- ☐ Neurological examination kit
- ☐ Access to CT (adults) or appropriate imaging (children)

Before · Primary survey first

- ☐ Complete the primary survey (ABCDE) and treat life threats before assessing the spine.
- ☐ **Maintain spinal motion restriction or manual in-line stabilisation until the spine is cleared.**
- ☐ Take the history: mechanism, speed, height of fall, ejection, rollover, onset of neck pain, and any limb paraesthesia or weakness.
- ☐ Record age, known vertebral disease, previous spinal surgery and anticoagulant use.

Before · Is the patient assessable?

- ☐ Confirm the patient is alert, orientated and GCS 15.
- ☐ Confirm the patient is not intoxicated with alcohol or drugs.
- ☐ Look for painful distracting injuries (e.g. long-bone fracture, large burn, visceral injury).
- ☐ Explain the assessment and ask the patient to keep still and to report any pain or tingling immediately.

During · Apply the decision rule — Canadian C-spine rule (adults, alert, stable)

- ☐ Check for any high-risk factor: age 65 or over, dangerous mechanism, or paraesthesia in the extremities.
- ☐ **If any high-risk factor is present, do not assess range of motion; request imaging.**
- ☐ Check for any low-risk factor that allows safe assessment of range of motion.
- ☐ **If no low-risk factor is present, do not assess range of motion; request imaging.**
- ☐ Alternatively, apply NEXUS criteria: no midline tenderness, no focal deficit, normal alertness, no intoxication, no painful distracting injury.

During · Clinical examination

- ☐ With an assistant holding in-line stabilisation, release the collar front and palpate the posterior midline from the occiput to T1.

- ☐ Examine for step, gap, swelling or bruising.
- ☐ Perform a focused neurological examination of all four limbs: power, sensation, reflexes and, where indicated, perianal sensation.
- ☐ **Stop and restore full immobilisation if midline tenderness or a neurological deficit is found; request imaging.**

During · Active range of motion

- ☐ If there are no high-risk factors, at least one low-risk factor and no midline tenderness, remove the collar and ask the patient to actively rotate the head 45 degrees left and right.
- ☐ **Do not passively move the neck at any stage of clearance.**
- ☐ **Stop immediately if the patient develops pain, paraesthesia or neurological symptoms, and re-immobilise and image.**
- ☐ If the patient can rotate 45 degrees each way without pain or symptoms, the cervical spine is clinically cleared and no imaging is needed.

During · If imaging is needed

- ☐ In adults, request CT of the cervical spine as first-line imaging when indicated.
- ☐ Consider MRI if there is a neurological deficit or ligamentous injury is suspected despite a normal CT.
- ☐ For the obtunded patient, clear on a normal high-quality CT or maintain precautions according to local protocol.

After · Care and documentation

- ☐ Remove the collar and blocks once the spine is cleared, clinically or radiologically.
- ☐ If the spine is not cleared, keep spinal motion restriction, log-roll, and check collar fit and pressure areas regularly.
- ☐ Document the rule used, each criterion and its result, examination findings, range-of-motion result and the imaging decision.
- ☐ Refer any confirmed fracture, ligamentous injury or cord injury to the spinal team.
- ☐ Give discharged patients written advice on neck pain, weakness, numbness or tingling that should prompt return.



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-cspine-clearance · red rows are the steps that must not be missed