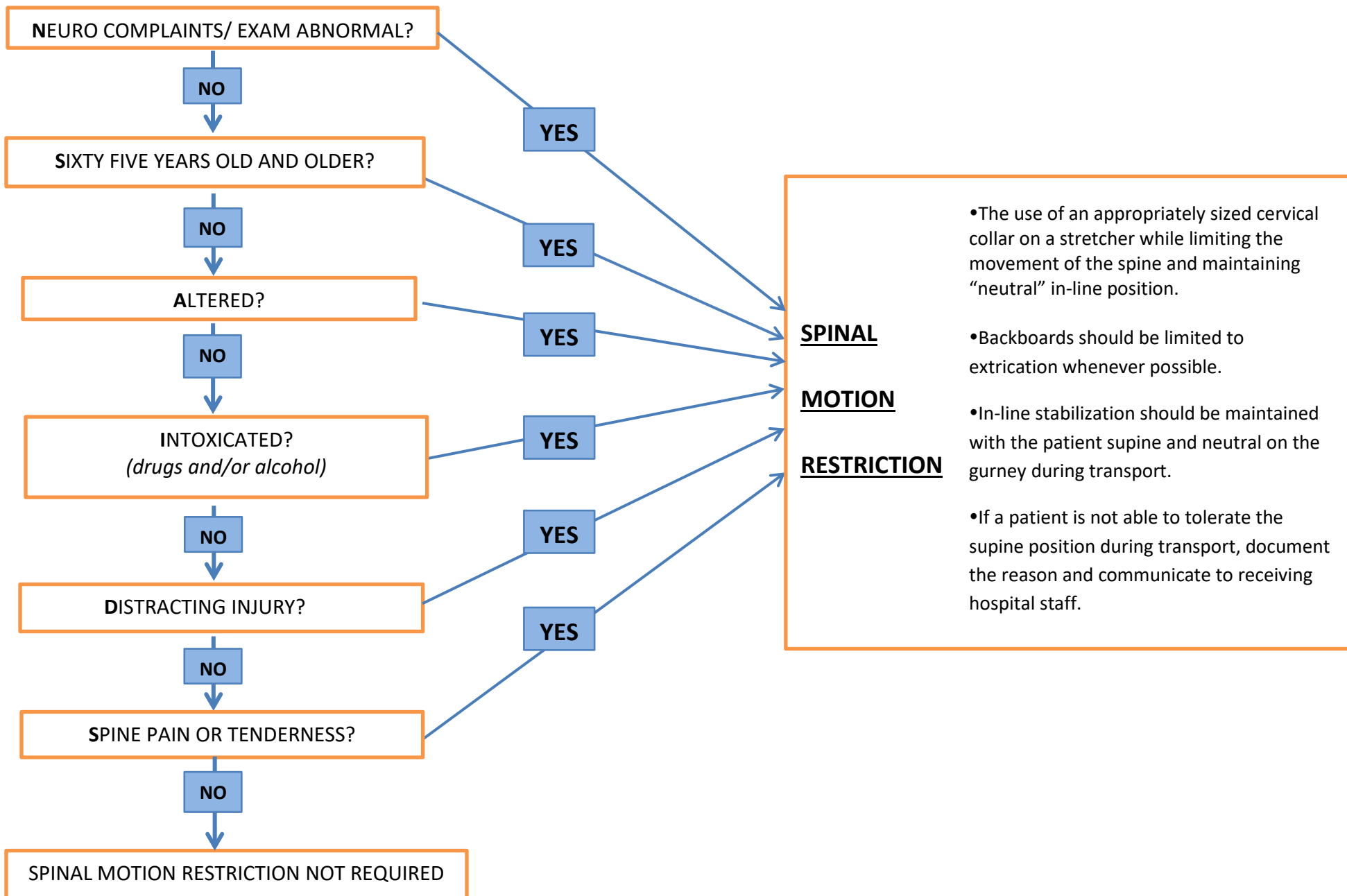


Spinal Motion Restriction Algorithm: NSAIDS



The Acronym “NSAIDS” Should Be Used to Remember the Steps in Algorithm

N- Neurologic exam- Are there any abnormal sensory or motor findings? Weakness/numbness or complaints of paresthesia? Look for focal deficit, such as tingling, reduced strength, numbness in an extremity.

S-Sixty five- Greater than or equal to 65 years of age?

A- Altered- Is the patient oriented to person, place, time and situation? Is the patient altered in any way? Is there a language barrier? Is the patient cooperative?

I-Intoxication- Is there any indication that the person is impaired by drugs or alcohol?

D-Distracting injury- Is there any other injury which is capable of producing significant pain in this patient?

S-Spine exam- Does the patient complain of neck or back pain? Assess entire spine for point tenderness or spinal process tenderness.

SPECIAL CONSIDERATIONS

- Prehospital provider assessment will determine what method is needed. Every patient with trauma must receive an assessment. If any assessment component is positive, the patient requires spinal motion restriction.
- Patients with severe kyphosis or other anatomical or medical conditions (e.g., ankylosing spondylitis or rheumatoid arthritis) may be stabilized using a combination of pillow, blanket, or other devices.
- Spinal motion restriction should be accomplished using the most appropriate tool for the specific circumstance. May include, but are not limited to, vacuum splints, pneumatic splints, cervical collars, soft collars, straps, tape, as well as soft materials, such as pillows and blanket to minimize movement, compression, or distraction of the spine.
- Patients with acute or chronic difficulty breathing: Use spinal motion restriction with caution in patients presenting with dyspnea and place patient in position best suited to protect the airway.