IMAGING OF A POTENTIAL NECK INJURY Who should receive imaging of the cervical spine?

Use this guideline to help you decide whether or not to CT/x-ray a **stable and alert** (GCS 15/15) patient **with potential neck injury** following **blunt trauma**. *If in doubt consult a Senior*.

Any **High-risk factors** which mandates imaging?

- a) Neck pain and Age ≥65 years
- b) **Dangerous mechanism*** and visible injury above clavicle (or thoracic injury with severe pain ≥7/10 even if no neck pain/tenderness)
- c) Neurological Deficit, Paralysis, Numbness or Tingling in an extremity
- d) **Severe neck pain** (≥ 7/10 severity)

None

Any **Low-risk factor** which allows safe assessment of the neck range of motion?

a) Simple rear-end MVC**

or

- b) **Sitting position in department** or
- c) Ambulatory at any time or
- d) **Delayed onset of neck pain** or
- e) Absence of midline c-spine

YES

Patient **voluntarily** able to laterally rotate their neck to 45° bilaterally **without** severe pain (≥7/10)?

ABLE

Cervical Spine imaging not required

Rule not applicable if

- Non-trauma case
- GCS < 15
- Chronically impaired cognition
- Abnormal vital signs
- Age < 16
- Acute paralysis
- Known vertebral disease
- Previous c-spine surgery
- Penetrating Injury
- >48hrs from injury
- Re-attends with neck pain

As with any clinical tool this should be applied with care and is not a substitute for clinical judgement in individual patients. You can make exception to the rule if based on justifiable clinical grounds.

Cervical Spine imaging REQUIRED

CT Scan if

- ≥ 65 or vertebral disease
- Presence of neurology
- CT scan of other areas being undertaken

* Dangerous Mechanism

- Fall > 1m / 5 stairs
- Axial load to head e.g. diving
- MVA high speed >60mph, rollover, ejection
- Bicycle collision
- Motorised recreational vehicle e.g. Quad Bike

** Simple rear-end MVC excludes

- Pushed into oncoming traffic
- Hit by bus/large truck
- Rollover
- Hit by high speed vehicle >60mph

MABLE

NO