MWLC EMSS Skills Sheet Spinal Motion Restriction (SMR)

Name:	1st attempt:	Meets Standard	Does not meet standard
Date:	2 nd attempt:	Meets Standard	Does not meet standard

Instructions: The purpose of this skills sheet is to outline the requirements for applying spinal motion restriction (SMR). Indications and methods for applying SMR exist in both MWLC EMSS SOP and policy. MWLC EMSS personnel shall understand both SOP and policy relating to SMR. This skills sheet shall be utilized when evaluating SMR practice in training and skills validation by both practicing MWLC EMSS personnel and students. Required items to meet standards are indicated with an asterisk.

Performance standard		
NP=Step not performed.		
0=Does not meet standard. Unsuccessful; critical or excess prompting; improper technique. 1=Meets Standard. Successful; minimal to no prompting; proper technique.		2 nd attempt

* BSI: Gloves, Eye Protection, Respiratory Protection (as indicated) / evaluated scene safety	
* State intended purpose of spinal motion restriction:	
□ Purpose: a procedure used to limit patient movement with possible spinal injuries. The procedure:	
reduces gross movement, minimizes the potential of additional damage to the spine, and includes regular	
reassessment of motor/sensory function.	
* State indications for applying spinal motion restriction:	
□ Demonstrates understanding of MWLC EMSS SOP - Spine Trauma: Adults & Peds	
□ All elderly patients who have fallen per MWLC EMSS SOP – Elderly Patients (65 and older)	
* State contraindications for applying spinal motion restriction:	
□ Penetrating trauma to head, neck, or torso	

* Determine Method

* Situational awareness:	1	
□ Evaluates mechanism of injury / challenges presented on scene	1	
□ Considers methods available		
□ Evaluates personnel available		
□ Verbalizes the method utilized and justifies why this is an appropriate option		
* Cervical Spine:	1	
□ Applies appropriately sized cervical collar and maintains stabilization (manual stabilization if needed)		
* Thoracic and Lumbar Spine:		
□ Evaluates neuro status and pain levels prior to beginning:	1	
 Exam normal: patient moves head and neck into axial alignment 	ı	
 Exam abnormal: splints as found unless airway cannot be secured 	ı	
□ Applies SMR while restricting gross movement.	1	
 Splints patient in position found, while filling voids appropriately, if inappropriate to place patient in axial alignment 		
□ Utilizes one (or more) of the following:	1	
Ambulance cot	1	
Kendrick extrication device	1	
Scoop stretcher	ı	
Infant car seat with appropriate padding	1	
 Approved child SMR / Restraint commercial device per manufacturer's procedure 	ı	
Long backboard	1	
□ Reevaluates neuro status and pain levels after SMR complete.		

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□ Complies with accepted practice in allowing a patient to self-extricate: • Conscious without: • Severe injury • Neuro deficits • Altered mental status • Less than 65 years old □ Follows acceptable extrication procedure. □ Is not permitted to walk under any circumstance.	
 □ Maintains supine position (ideal) • Provides appropriate positioning (never prone) based upon inability to place patient in axial alignment □ Only if elevating head required: prevents elevating head more than thirty (30) degrees. 	
* Special Considerations	
* Verbalizes / Demonstrates: □ Children ≤ 3 yrs are abdominal breathers; place straps over chest/pelvis, not abdomen. Heads are disproportionately large. Board should have recess for head or elevate shoulders/torso 1-2 cm to avoid neck flexion when SMR applied. □ For pediatric patients found in car seats, use the following if SMR indicated: • Infants restrained in a rear-facing car seat may remain in car seat if not compromised and their condition allows (no signs of respiratory distress or shock). Additional padding should be used as needed to ensure limiting gross movement. • Children restrained in a car seat (with a high back) may be immobilized and extricated in the car seat; however once removed from the vehicle, the child should be placed in SMR using an approved method (above). • Children restrained in a booster seat (without a back) need to be extricated with SMR applied as above. □ If patient is transported on a hard device (long backboard), apply adequate padding to prevent tissue ischemia and increasing discomfort. □ Combative patients: avoid methods that provoke increased spinal movement and/or combativeness. □ Under no circumstances may any patient requiring SMR be allowed to walk.	
* Chariel desumentation considerations	
* Special documentation considerations	
* Thoroughly documents (when indicated): □ Factors that impede assessment: • Altered Mental Status (intoxication, etc.) • Communication barriers • Combative patients • Scene conditions □ Factors that impede applying and/or maintaining SMR per procedure. □ Respiratory implications associated with applying SMR to elderly and pediatric patients.	
* Risks and Complications □ Tissue ischemia / Pressure sores □ A reduction of up to 20% in respiratory function (Elderly and Pediatric Patients)	

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Evaluator printed name and signature:		
Evaluator Comments:		