

PRE-REMOVAL CHECKLIST

| INCIDENT INFORMATION | | | |
|-----------------------------|-----------------------------------|------------------------------|--------------|
| PATIENT'S NAME | CHECKLIST COMPLETED BY (PROVIDER) | INCIDENT DATE (DD / MM / YY) | TIME (24 hr) |

When the listed Indications are met, Contraindications are ruled out and Conditions achieved, a Qualified Provider¹ may remove a spinal motion restriction device (i.e. long back board, scoop stretcher or vacuum mattress) from beneath a spinal motion restricted patient who has been transported to an appropriate facility (ski patrol hut/clinic, infirmary or similar facility).

INDICATIONS FOR SPINAL DEVICE REMOVAL

- Hemodynamically stable patients, spinal motion restricted in the non-urban environment who have been transported to an appropriate facility exhibiting vital signs within the following values:

GCS 14-15, RR>10 / <24, HR<110, BP = bilateral easily palpated radial pulses

CONTRAINDICATIONS OF SPINAL DEVICE REMOVAL

1. Patients that are hemodynamically unstable
2. Patients that exhibit signs and symptoms of a spinal cord injury including neurological deficits including (but not limited to): limb weakness, numbness, tingling, paralysis, hemiplegia, etc.
3. Patients displaying or experiencing respiratory and/or circulatory distress that requires ongoing resuscitation

CONDITIONS OF USE (ALL CONDITIONS MUST BE ACHIEVED PRIOR TO SPINAL DEVICE REMOVAL)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a Secondary Assessment
- Obtained and recorded baseline vital signs including: GCS, RR, HR, Skin Temp. and Condition
- Applied a rigid cervical collar with head stabilization in place (i.e. manual or sand bags, etc.)
- Ruled out contraindications
- Patient must be observed (uninterrupted) by a Qualified Provider or higher medically qualified person until care of the patient is transferred to EMS
- Emergency medical equipment (minimum) must be available on site including but not limited to: Oxygen, suction, airway adjuncts (OPA and/or NPA) and BVM
- The procedure for the removal of a spinal motion restriction device is to be carried out in accordance with PEAK's Spinal Motion Restriction Device Removal Procedure

¹ Qualified Provider - an individual who has received specific PEAK training.