

PRE-APPLICATION 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 ruled out and Conditions achieved, a Qualified Provider¹ may apply a Spinal Extrication Device (SED), for a patient who requires prophylactic spinal motion restriction and who will be transported by helicopter in a seated position for no longer than 30-minutes travel time.

INDICATION FOR USE

- Hemodynamically stable patients requiring prophylactic spinal motion restriction in the non-urban environment exhibiting vital signs within the following values:

GCS 14-15, RR>10 / <24, HR<100, BP = bilateral easily palpated radial pulses

CONTRAINDICATIONS OF USE

1. 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.
2. Patients that complain of midline spine pain / tenderness
3. Patients that have lower limb or pelvic injuries
4. Patients displaying or experiencing respiratory distress and requiring ventilatory assistance

CONDITIONS OF USE

(ALL CONDITIONS MUST BE ACCOMPLISHED PRIOR TO APPLICATION OF A SED)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system and notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: GCS, RR, HR, Skin Temperature & Condition
- Obtained patient consent
- Applied a rigid cervical collar
- Ruled out contraindications
- Patient must be observed by a 'Qualified Provider' or higher medically qualified person during helicopter transport
- Emergency medical equipment (minimum) must be available during helicopter transport including but not limited to: Oxygen, suction, airway adjuncts, BVM

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