

## PRACTICE GUIDELINE

Effective Date: 8-20-04

Manual Reference: **Deaconess Trauma Services**

### **TITLE: BACKBOARD REMOVAL**

**PURPOSE:** To provide rapid and safe removal of the patient from the longspine board (LSB) in the Emergency Department (ED).

**DEFINITION:** Backboard immobilization is a useful component of EMS care for extrication and transfer of trauma patients. It is not a tool for hospital care or for immobilization of the spine.

### **GUIDELINES:**

1. Maintain cervical collar placement and spine immobilization with logrolling and use of slider boards for bed-to-bed transfers until the patient's spine is cleared. The stretcher or bed is to remain flat until completion of spine clearance.
2. The Trauma Surgeon and/or ED physician are responsible for initiating the order to remove the board. The primary RN must document this order on the ED trauma flowsheet. Documentation should include the physician's name and the time the patient was removed from the LSB.
3. Remove the backboard during the logroll in the initial secondary assessment phase when the physician is examining the patient's posterior surface. Trauma patients should not be leaving the ED while still on the LSB, including going to CT scanner and the trauma intensive care unit.
4. The goal is to remove all patients from the LSB within 20 minutes of patient's arrival to the ED. This turn around time is monitored monthly by Trauma Services and is tracked at the Peer Review and Operational committees for staff and physician education. This indicator PI includes all Category I trauma patients. Any patient chart that does not meet this standard will be referred to the ED quality staff to do individual follow up with nursing staff.

### **REFERENCES:**

- Deaconess Trauma Guideline Manual, CERVICAL SPINE CLEARANCE.
- Deaconess Trauma Guideline Manual, NECK IMMOBILIZATION PRIOR TO CERVICAL SPINE CLEARANCE.

REVIEWED DATE	REVISED DATE
JAN 05	JAN 08
JAN 06	9-18-08
JAN 07	