

Test – EMR - Cervical stabilization – Cervical Collar

Name: _____

Date: _____

MULTIPLE CHOICE: Choose the one alternative that best completes the statement or answers the question.

Scenario

You are called to the scene of a work accident. The patient is a 55 y.o. male rancher, in good health, who wouldn't have called you at all, except when he fell off the 15 ft. fully extended ladder, he found that he couldn't move his right arm, so couldn't shift gears to drive himself to the hospital. Your exam shows an apparently healthy male, sitting on the ground in the shade against the side of the barn, with what will soon be a very black eye on the right side. You ask him where it hurts, and he sort of waves his left hand around his head and right shoulder, saying "This whole side is wrecked." There is a small laceration (1") to the right jaw, and his right shoulder has an obvious deformity with tenderness to palpation over the clavicle. He denies loss of consciousness. Motor and sensory is intact in 4 extremities.

1. You'll consider a cervical collar for the patient in this scenario because
 - a. He's already sitting up on his own
 - b. He's very tough, and might not want a cervical collar
 - c. Maybe he's confused from his head injury
 - d. Over 10ft. is considered a high fall, he gets a collar

2. You'll need to document the rationale for your treatment choices. What are the mechanisms of injury in this scenario that may cause cervical spine damage?
 - a. Force equals mass times acceleration, and 15" is high enough to gain some speed.
 - b. All of these are reasons for immobilizing the spine
 - c. There may have been twisting when his shoulder caught
 - d. He may have landed on his head
 - e. Vertebrae break, even landing on your buttocks.

3. Even if your exam shows no loss of function or sensation, you know
 - a. Swelling from little fractures can cause damage
 - b. Non-displaced fractures can move if not immobilized
 - c. Spasm can be lessened if immobilization devices are used
 - d. All of the above are true

4. People with spinal injuries, especially at the neck level, can
 - a. Have permanent loss of all sensation and function below the level of the injury
 - b. Have immediate surgery and intensive therapy and will get better over time
 - c. Usually do fine if the closest hospital has microsurgical capabilities
 - d. Get enough physical therapy to overcome their loss of motor and sensory function

5. A stabilized cervical spine means
 - a. You can bump and jar the patient, it's ok, you're safe to move them
 - b. Extra care is being taken, to prevent worsening unseen injuries
 - c. You don't have to worry about malpractice, you're covered
 - d. You don't have to worry about airways, since the neck can't bend
6. Finding the cervical collar that fits
 - a. Is easy if you use a tape measure
 - b. Usually takes two or three tries
 - c. Uses your fingerbreadth measure
 - d. Is best just guessed at
7. Most adults wear nearly the same size cervical collar
 - a. So you only need to have a couple of sizes ready to use
 - b. But not all patients are adults, so have an assortment available
 - c. And you can save money by reusing the supply you have
 - d. And you can get away without putting one on if you're careful
8. A good time to assess the back of the neck is when
 - a. You slide your hand around to place the collar
 - b. You logroll the patient to place the spine board
 - c. During the focused exam during transport
 - d. After the patient is secured to the gurney
9. Any spaces between the board and the head, neck, or shoulders of a patient wearing a cervical collar
 - a. Are good for ventilation because spine boards are hot
 - b. Only cause concern in children because they are flexible
 - c. Can be left if the transport time is under 20 minutes
 - d. Need to be filled with padding, like towels or washcloths
10. To secure the patient to the backboard
 - a. Tape the head down first because that's the important part
 - b. Tape the head down last so you can turn it if the patient vomits
 - c. Tape the body down first while holding the head manually
 - d. Tape the arms down first in case the patient tries to hit
11. The peripheral nervous system is composed of the
 - a. Spinal cord and brain.
 - b. Cranial nerves and spinal nerves.
 - c. Autonomic, cranial, and spinal nerves.
 - d. All the above.

12. A patient with an MOI consistent with suspected spinal trauma, when able to detect your touch:
- Does not have a spinal cord injury.
 - Has peripheral sensation intact.
 - May have trauma to the cord.
 - Should be fully immobilized regardless.
13. A patient who hits “something” and sustains a ‘goose-egg’ bruise and laceration to their forehead while diving off a dock at the lake:
- Should be treated as a possible c-spine fracture.
 - Can self-transport to care if the laceration isn’t bleeding.
 - Can self-transport after your assessment.
 - Should be thoroughly assessed and immobilized.
14. When assessing for spinal cord injury, you ask the patient “Can you feel my hands, can you squeeze my fingers?” If you get the correct response, these two questions
- Assures you the patient is conscious and responsive.
 - Assesses motor and sensory function in extremities.
 - Guarantees absence of any spinal cord impairment.
 - Guarantees your spinal immobilization is adequate.
15. The jaw-thrust maneuver is used to open the airway on a patient with suspected c-spine injury because
- Movement of the head may cause further damage to the spinal cord.
 - ABC’s come first, no matter what the extent of the injuries.
 - Both a and b are why the jaw-thrust is preferred.
 - You don’t have to use the jaw-thrust if you decide not to.
16. To logroll an unconscious trauma patient, the EMT at the patient’s head
- Must cross his hands in order to keep the patient’s head in-line with the spine as the patient is turned over.
 - Ensures that the crew is synchronized by giving the commands to turn the patient.
 - Will get help from another source to give two people keeping the thoracic and lumbar in-line while turning.
 - Performing all the above will help make the logroll procedure as safe as possible.

17. A trauma patient has an impaled object that penetrates both the helmet and the head. Before you transport, you should
- Leave the helmet on and immobilize the head and impaled object.
 - Remove the impaled object so that you can remove the helmet.
 - Get power equipment to cut the helmet off while in the field.
 - Call medical control for advice and describe scene to them.
18. The motorcycle accident victim is obviously dead. You should
- Remove the helmet so the coroner doesn't have to.
 - Leave the helmet in place.
19. A freak tackle accident has shattered a football helmet at the high school football practice, and the athlete is skewered with multiple splintered fragments. He looks like a porcupine. He is conscious and complaining bitterly. You should
- Remove the helmet to assess the damage, transport as indicated.
 - Provide immobilization as best you can, and transport.
 - Explain the entanglement, immobilize the head, and transport.
 - Pull the splinters out, remove the helmet, assess, and transport as indicated.
20. The motorcycle accident victim is unconscious. You need to establish an airway. You
- Without help you can pull the helmet straight off, being sure to not twist.
 - Have your partner manually stabilize the spine while you pull the helmet straight off.
 - Without help, pull the sides of the helmet apart while pulling it straight off from above the patient's head.
 - Your partner stabilized the spine; you pull the sides of the helmet apart and pull it straight off from above the patient's head.
21. The football player takes a helmet-to-helmet shot, and is rolling around on the ground yanking at his helmet while screaming "my neck, my neck." He has not unfastened the chin strap, and can't seem to figure out how to work it. You
- Unsnap the strap and let him take the helmet off by himself.
 - Try to reorient him and immobilize him at the same time. He just 'got his bell rung.'
 - Protect his c-spine, explain the procedures, and proceed with helmet removal.
 - Get him up and walk him to the bench. He'll be ok if he can walk.
22. To stabilize the c-spine for helmet removal you should
- Reach in from the front and hold onto the patient's cheeks while your partner pulls on the sides of the helmet – up and straight off from the top.
 - Reach underneath and push up so that you catch the patient's head while your partner pulls on the sides of the helmet - up and straight off from the top.
 - Reach the chin and the back of the neck and hold them still while your partner pulls on the sides of the helmet – up and straight off from the top.

23. The hand on each side of the head technique for manual c-spine stabilization doesn't work with helmet removal procedures because
- a. If you remove the helmet, your hands come off the head as well, ending the stability.
 - b. You can't remove the helmet and hold it still at the same time.
 - c. The head moves around too much inside the helmet.
 - d. All the above, that's why you hold the chin and the neck.

Answer Sheet – EMR - Cervical stabilization – Cervical Collar

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|------|-------|-------|
| 1. D | 9. D | 17. A |
| 2. B | 10. C | 18. B |
| 3. D | 11. C | 19. C |
| 4. A | 12. D | 20. D |
| 5. B | 13. D | 21. C |
| 6. C | 14. B | 22. C |
| 7. B | 15. C | 23. D |
| 8. A | 16. D | |