

The NEXUS Low-Risk Criteria

According to the NEXUS Low-Risk Criteria, cervical spine radiography is indicated for trauma patients unless they exhibit ALL of the following criteria:

- No posterior midline cervical spine tenderness
and
- No evidence of intoxication
and
- Normal level of alertness
and
- No focal neurological deficit
and
- No painful distracting injuries

Explanations:

These are for purposes of clarity only. There are not precise definitions for the individual NEXUS Criteria, which are subject to interpretation by individual physicians.

1. Midline posterior bony cervical spine tenderness is present if the patient complains of pain on palpation of the posterior midline neck from the nuchal ridge to the prominence of the first thoracic vertebra, or if the patient evinces pain with direct palpation of any cervical spinous process.
2. Patients should be considered intoxicated if they have either of the following: a) a recent history by the patient or an observer of intoxication or intoxicating ingestion; or b) evidence of intoxication on physical examination such as odor of alcohol, slurred speech, ataxia, dysmetria or other cerebellar findings, or any behavior consistent with intoxication. Patients may also be considered to be intoxicated if tests of bodily secretions are positive for drugs or alcohol that affect level of alertness.
3. An altered level of alertness can include any of the following: a) Glasgow Coma Scale score of 14 or less; b) disorientation to person, place, time, or events; c) inability to remember 3 objects at 5 minutes; d) delayed or inappropriate response to external stimuli; or, e) other.
4. Any focal neurologic finding on motor or sensory examination.
5. No precise definition for distracting painful injury is possible. This includes any condition thought by the clinician to be producing pain sufficient to distract the patient from a second (neck) injury. Examples may include, but are not limited to: a) any long bone fracture; b) a visceral injury requiring surgical consultation; c) a large laceration, degloving injury, or crush injury; d) large burns; or e) any other injury producing acute functional impairment. Physicians may also classify any injury as distracting if it is thought to have the potential to impair the patient's ability to appreciate other injuries.