

### Process for Emergency Cervical Spine CT requesting from ED

Step	Action	Responsibility
1	Patient meets referral criteria for an Emergency CT Cervical spine (see Appendix A).	Referrer
2	Referrer must be ST3/ Registrar or above and to have clinically examined the patient.	Referrer
3	Request for CT Cervical spine to be completed by referrer and taken to the Radiology Department to be discussed with the radiographers.	Referrer
4	The Radiographers Level 1 competence or above in CT can Authorise under protocol as long as the Authorisation Protocol criteria are met (Appendix B)	Radiographer
5	All patients should be immobilised with a minimum of blocks and tape for their CT scan (see Appendix C)	Referrer
6	All patients for emergency cervical spine CT must be accompanied by an ALS trained professional to supervise log roll/ transfer.	ED
7	Where the clinical criteria does not fulfil the 'Emergency CT Cervical Spine' Authorisation protocol (including grade of referrer, clinical indications and immobilisation criteria), the request must be discussed with a Radiologist.  <b>Please note: Radiographers cannot legally authorise under protocol unless all of these components have been met.</b>	Referrer/ Radiologist
8	For patients who require an Emergency CT Head Scan, a referral must be made on the dedicated request form.  <b>Please note: the grade of referrer is different on the Authorisation Protocols.</b>	Referrer/ Radiographer

**Next Review date:** Nov 22

**Justifying Radiologist:**

**Accepted by:**

**Name**

Dr S Robbins

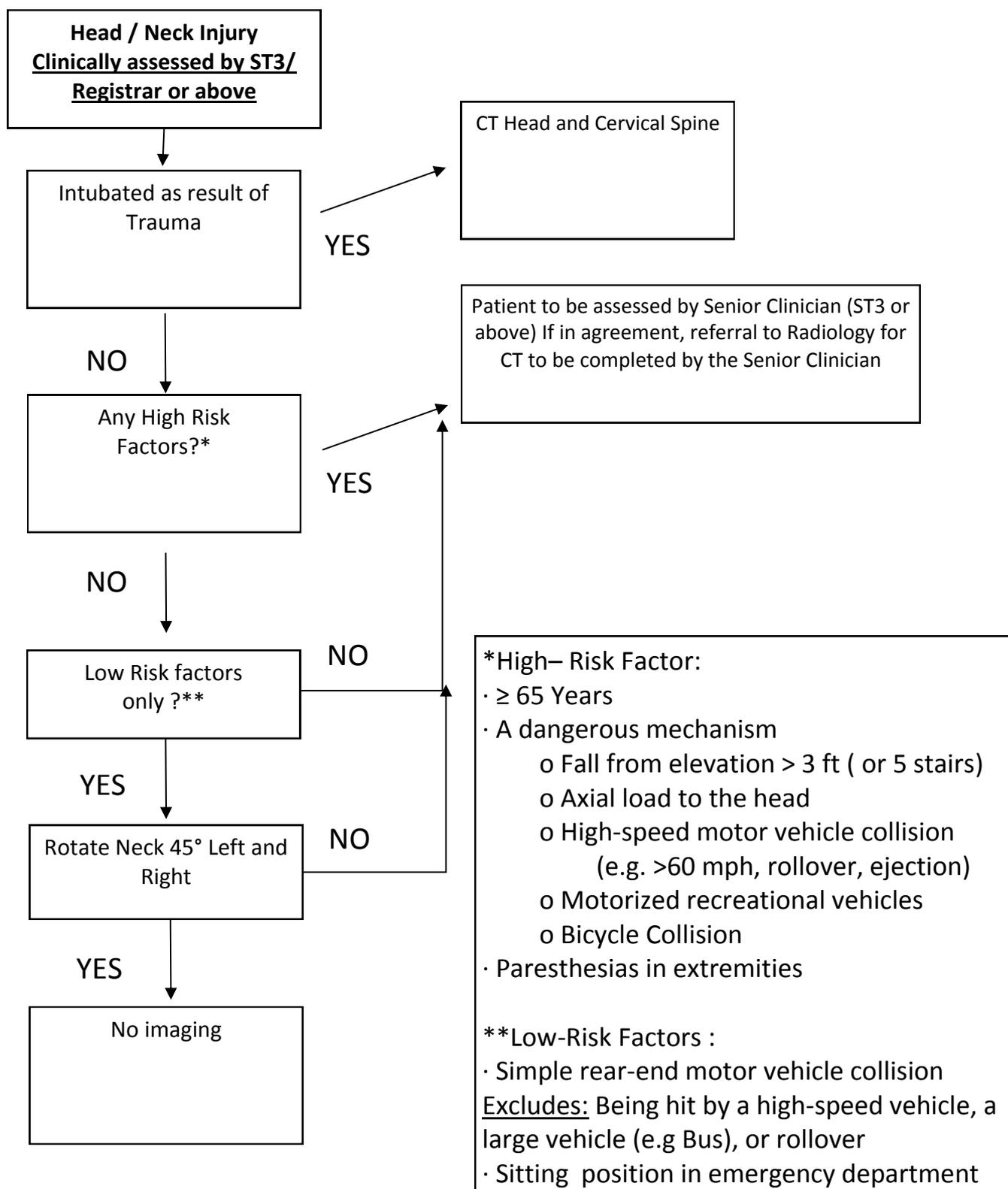
**Signature**



**Role**

Consultant Radiologist  
Lead Radiologist for Radiation  
Protection

**Appendix A: Referral Pathway**



**Next Review date:** Nov 22  
**Justifying Radiologist:**  
**Accepted by:**

**Name**  
 Dr S Robbins

**Signature**

**Role**  
 Consultant Radiologist  
 Lead Radiologist for Radiation  
 Protection

## Appendix B: Authorisation Protocol

October 2020

### Emergency Cervical Spine CT

Justifying Practitioner: **Dr Sian Robbins, Consultant Radiologist**

#### When can this protocol be used:

Referrals requested from the Emergency Department where:  
Referrer is grade ST3 or above

#### Who may authorise under protocol:

CT radiographers of competency level 1 or above

#### Examination

CT cervical spine for trauma

#### Clinical Indications:

**Adults who have sustained a head injury and have any of the following risk factors:**

*Scan less than 1 hour from injury*

GCS < 13 on initial assessment

The patient has been intubated

A definitive diagnosis of cervical spine injury is needed urgently  
(e.g. before surgery).

**The patient is alert and stable, there is clinical suspicion of cervical spine injury AND any of the following apply:**

Patient is aged 65 years or older

Patient presents with focal peripheral neurological deficit

Patient presents with paraesthesia in the upper or lower limbs

Patient has suffered a dangerous mechanism of injury

*Examples include:-*

*Fall from a height of greater than 1 metre or 5 stairs*

*Axial load to the head, for example diving*

*High-speed motor vehicle collision*

*Rollover motor accident*

*Ejection from a motor vehicle*

*Accident involving motorised recreational vehicles*

*Bicycle collision*

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**Exclusions**

Patients < 18 years

**Patient protection**

ID patient following IRMER Procedure A.  
Safety Checklist must be followed

**Where a request falls outside of this protocol, it must be justified by an IRMER Practitioner prior to being scanned.**

**Scan protocol**

- standard helical cervical spine protocol from base of skull to bottom of T4 vertebra
- 1mm axial sharp bone and soft tissue reconstructions to be sent to PACS
- sharp bone sagittal/coronal MPRs

**The Radiographer MUST inform the Radiologist or outsourced reporting agency that the scan has been performed in order for a report to be issued in a timely manner-**

**Documentation of authorisation by Radiographer**

- The request must be available on CRIS.
- The Radiographer who authorises the request will document that it has been 'Accepted under protocol' with their HCPC number & initials in the 'Events' column on CRIS.

**Any queries must be discussed with a Radiologist**

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### **Appendix C: Immobilisation Criteria**

- All patients should be immobilised with a minimum of blocks and tape.
- Self-presenting patients to the Emergency Department should be invited to lay flat on a trolley and blocks and tape should be applied.
- If the patient is in a collar from the ambulance crew then this should be left in situ. If the patient is not in a collar, then a collar is not required.
- If a patient has capacity and refuses immobilisation, then immobilisation cannot be instituted
- If a patient is agitated and will not tolerate immobilisation, then risks of immobilisation outweigh the risk of not being immobilized

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**Justifying Radiologist:**

**Accepted by:**

**Name**

Dr S Robbins

**Signature**



**Role**

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