

SPINAL INJURY

A spinal injury is an injury to one or more vertebrae. This can occur to either the neck or back. Spinal injuries can result in damage to the spinal cord. If the spinal cord is damaged around the neck region, a large proportion of the body may be paralysed or the casualty may die. Injuries to the back can cause paralysis.

Spinal injuries occur in accidents where there is a massive impact on the body, e.g. a car accident or fall down stairs.



What do you observe?

It is difficult for a first aider to know for sure if a spinal injury has occurred. You can only suspect that this is the case.

- Suspect a spinal injury in the following cases:
 - in a car accident;
 - in a diving accident (if there has been a blow to the neck or head);
 - the casualty has fallen from a height greater than 1 metre or more than 5 stairs;
 - reduced or tingling sensation in the limbs;
 - reduced feeling or muscle weakness in the upper limbs or the upper body;
 - other painful wounds, especially to the head and neck;
 - reduced consciousness or intoxication;
 - in children under 3 years with evidence of a head or neck trauma;
 - in a fall involving a casualty older than 65 years.
- Pain in the neck or back.
- Possible severe injuries to the head.
- The casualty may display signs of disturbed consciousness: drowsiness, sleepiness, anxiety, memory loss or unconsciousness.
- If in doubt about the gravity of the situation, assume the worst.
- Pay attention to breathing and airways in a casualty with a head injury. Check his vital signs regularly, and remember his spine should not be moved.



What should you do?

- Call 112.
- Reassure the casualty and persuade him not to move.
- Immobilise the casualty's head and neck. Only do this if the casualty wants to cooperate (i.e. not if the casualty is anxious or restless). See 'Technique: Immobilising the head with both hands', p. 76. See 'Technique: Stabilising the head between the legs', p. 76.
- If you suspect that the casualty has suffered a spinal injury, but he is no longer breathing normally or is unconscious, then the priority is to open the airway. See Resuscitation, p. 28.

TECHNIQUE: IMMOBILISING THE HEAD WITH BOTH HANDS

- 1 Kneel behind the casualty's head. Hold the head in both hands, supporting your forearms on your thighs. Do this without moving the casualty's head.
- 2 Stabilise the head until the emergency services arrive.



TECHNIQUE: STABILISING THE HEAD BETWEEN THE LEGS

- 1 Kneel behind the casualty's head.
- 2 Place both knees as close as possible on either side of the casualty's shoulders. Take care not to move the head.

