

PROTOCOL

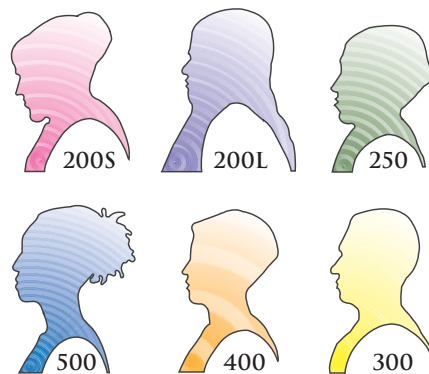
TRAUMA PRACTICE MANAGEMENT GUIDELINES

CERVICAL COLLARS: APPLICATION AND SKIN CARE

Care for the trauma patient requiring cervical immobilization should proceed as follows:

A. Extrication / Hard collars should be replaced with a properly fitting Miami J® collar prior to transfer out of the Emergency Department.

1. Explain the procedure to the patient and instruct the patient not to move his/her head or neck. Assess need for sedation.
2. Use proper c-spine precautions: Place the patient in supine, neutral position with arms to the side, making sure that the patient's head is in proper alignment. Several persons may be required if the patient is restless or combative. Two persons, one to hold the patient's head in a neutral position and the second to fit the collar, are needed to control for patient movement.
3. Miami J® collar sizes are phenotype-driven. Identify your patient's phenotype according to the Sizing Silhouettes on the wall chart, pocket reference guide or product packaging. Use the largest size that fits comfortably and maintains desired treatment alignment.



4. Slide the back piece behind the patient's neck and center it. Ensure the blue Sorbatex™ padding extends beyond the edge of the plastic.
5. Flare the sides of the Front out, slide it up the chest wall and scoop it up under the chin.
6. Sides of the collar Front should be oriented up, off the trapezius, and toward the ears.
7. While holding the Front securely, curl the ends snugly against the patient's neck. Apply the velcro strap and secure the opposite side of the collar in the same fashion. Tighten straps alternately, one at a time, to an equal length on both sides.

8. Velcro straps must be aligned symmetrically and oriented "blue-on-blue" to the Front adhesive sections. When the patient is properly fit, there should be equal amounts of excess velcro over-hanging the Front blue adhesive sections.
9. Make sure the chin is centered in the front piece. The chin should not extend over the edge of the Sorbatex™ pad, nor fall inside the collar. Collar application must be secure to ensure proper fit, maintain alignment, and to prevent the chin from slipping inside. If the patient can slip his/her chin inside the collar, it is a clear indication that it is not snug enough.
10. To improve comfort and reduce pressure areas at the back of the head, minor adjustments in the angulation of the front and back pieces can be made with angulation rivets. Turn the rivet so the arrow is in the "up and down" position. Slide the rivet to the desired location and turn it sideways to lock. Make the same adjustments on the opposite side of the collar.
11. The Miami J® includes a removable sternal pad to distribute ambulatory pressure. It may be removed if patient anatomy dictates, for comfort during sleep and/or during meals to ease chewing and swallowing.
12. Upon physician recommendation, collar corners and edges may be modified or trimmed to relieve discomfort or pressure. Excess velcro strap may also be trimmed as necessary.

B. Skin Care

1. Inspect the skin beneath the collar for breakdown every 12 hours or more often as needed, anteriorly as well as posteriorly. Special attention should be paid to the chin, clavicles, sternum and occiput. For patient's with an unstable cervical spine injury, change the collar ONLY with the patient in a supine position and with the bed flat utilizing proper cervical spine precautions.

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2. Cleanse plastic parts of the collar and replace soiled foam pieces with daily bath and more frequently if needed for patients with excessive oral drainage or diaphoresis resulting in dampness of the padding.
 - a. Position the patient in supine neutral position, assistant will stabilize the neck and maintain alignment at all times.
 - b. Release velcro straps and remove front of the collar. Remove the foam pads and clean the plastic of the collar with mild facial soap and water. Observe the patient's neck for any signs of breakdown or irritation. Wash neck with mild soap and water and dry thoroughly. No powder is to be applied to the skin under the collar. Attach a fresh set of Sorbatex pads to the front of the collar. Replace the front part of the collar and fasten the velcro straps as per above.
 - c. Supporting the neck, logroll the patient to the side, taking care to support the head and neck. For unstable patients, a Physician's Order is required to logroll the patient. Patients in a RotoRest bed may have the posterior neck accessed by opening the top hatch from underneath while a nurse holds the patient's head in neutral alignment from above. Remove the back of the collar. Remove the pads from the collar and clean the plastic parts of the collar with mild facial soap and water. Visualize and feel skin, scalp and under hair for any irritation or breakdown. Wash the back of the neck gently with mild soap and water and dry thoroughly. Attach clean, fresh Sorbatex™ pads to the back collar piece and refasten the velcro. Logroll the patient back to the supine position. Assess the collar for proper fit and patient comfort. Reassess the patient's neurological function to ensure no alteration from baseline.
 - d. Immediately notify patient's physician of any skin breakdown associated with collar or positioning.
 - e. Wash the used pads in mild facial soap and water, wring excess water out in a towel and allow to air dry so they may be reused.
 - f. Document any change in findings and post-care neurological exam.

C. Documentation:

1. Documentation of assessment and inspection findings is to be noted in the nurse's notes and includes the following:
 - a. skin assessment
 - b. interventions initiated and patient response
 - c. collar care
 - d. patient and caregiver instruction, and level of understanding
 - e. other pertinent findings

D. High Risk Patients

This high risk population includes; patients who are greater than 65 years of age with poor skin assessment on admission to the ICU, patients who sustain high volume fluid resuscitation and show signs of skin breakdown such as edema and blistering, patients who remain in a supine position for long periods of time related to respiratory, neurological or hemodynamic instability, long term ventilator patients who can not be clinically cleared by exam or radiographic clearance, diabetic patients with poor skin integrity and other patient populations that may require special precautions related to cervical collar care.

1. Once a high-risk patient has been identified, the physician should be notified and orders received to initiate use of the Occian™ collar back. This special back piece is made with pressure-relieving Intuitex™ viscoelastic material to decrease the incidence of occipital ulcers.
2. Assessment and skin care should remain the same as the Miami J cervical collar. Cleaning of the Occian Back entails wiping down the pad with a mild facial soap and water and drying with a towel.

Adapted from: Winters, D., et al; Trauma Practice Management Guidelines, Cervical Collars: Application and Skin Care; Trauma Administrative Manual; Div of Trauma Services, Delray Medical Center, Delray Beach, FL; 11/04.

