



Greater Glasgow
and Clyde

Assessment and Management of Neck Injuries

Use this form instead of the standard clerking sheet

Only for fully **CONSCIOUS, STABLE**, Patients >16 years old with neck pain after **BLUNT** trauma

1. Addressograph label here

	INCIDENT	MIU ARRIVAL
Date		
Time		

2. Biomechanical Data

	Patients Vehicle	Impacting Vehicle
Make		
Model		
Car/ big van/ HGV		
Vehicle drivable?		
Seat belt worn?		

3. Past history of neck problems? Y/N

4. Assessment:

- a) Alert & orientated with good communication
(i.e. no deafness, dementia, learning difficulty) **Agree**
- b) Age under 65 years? **Agree**
- c) No neurological symptoms or signs, including
paraesthesia? **Agree**
- d) No dangerous mechanism of injury?
(High speed >60mph/rollover/Ejection) **Agree**

If agree with all above then proceed to next page, otherwise request medical review

ANY factor associated with low risk?

- Simple rear end RTA (excludes pushed into Oncoming traffic, hit by bus/large truck)
- Sitting position in MIU
- Ambulatory at any time
- Delayed onset of neck pain
- Absence of midline tenderness

Yes

No

Agree

e) One or more of the above factors present

Agree

f) Pt able to actively rotate neck 45° left and 45° right

If 'agree' to boxes a-f, then c-spine x-rays are NOT REQUIRED

If not then request member of medical staff to review patient

7) MANAGEMENT

- Provide analgesia now & to take home
- Explain condition, using advice sheet, which should be given to patient. Emphasise that it is usual for pain & stiffness to increase over the first 48 hours before starting to get better.
- Encourage mobilisation. Do not provide cervical collar
- Tell patient to see GP if no improvement in 1 week
Return to ED if unexpected increase in or new symptoms

Signature _____

Date _____