

## IMMOBILIZING A SUPINE PATIENT

**NOTE:** If the patient is found in a sitting or semi-sitting position, you must use a short backboard device to immobilize the patient's cervical spine prior to using a long backboard.

- Take appropriate body substance isolation precautions.
- Instruct a helper to manually stabilize the patient's head for in-line stabilization.
- Assess each extremity for the presence of distal pulse, motor function and sensory function.
- Size and apply a cervical collar to the patient if this has not already been done and continue to maintain manual in-line stabilization.
- Place the long backboard next to the patient on the opposite side where you will be positioned when performing the log roll. Be sure that the board is positioned so that when the patient is rolled onto it, the patient's head is not hanging off the top end of the board.
- Position yourself next to the patient's torso. Instruct your 2nd helper to position him/herself at the patient's legs. Place one of your hands at the patient's shoulder and the other hand at the patient's pelvis while your helper places his/her hands at the pelvis and legs.
- When all personnel are in position and ready, the helper stabilizing the head will call for the log roll which will be performed in unison. The helper at the head will make sure that the patient's head remains in a neutral position throughout the procedure. You and your other helper will log roll the patient towards you so that the patient is now positioned on his/her side. You can support the patient with your thighs.
- Now, reach behind the patient for the backboard. Tilt the board so that it is positioned against the patient's back. If there is another rescuer available you can have that person position the backboard.
- When all personnel are ready, the helper at the head will call for the log roll onto the board. Continue to hold the board as the log roll is performed.
- When the log roll is complete and the patient is supine, check the patient's position on the board. The patient should be centered on the board with the head close to the top of the board. If adjustments need to be made, perform those with your 2nd helper positioned at the pelvis and you at the patient's chest. All moves should be at the direction of the helper maintaining stabilization of the c-spine and should be performed in unison by moving the body as a single unit. Avoid any twisting of the patient's body.
- With the patient properly positioned on the board, begin securing the patient to the board. Apply padding to voids between the torso and the board as necessary.
- Secure the patient's torso first and remember to secure the bony portions of the body. Run one 9' strap through the hole closest to the patient's underarm and across the chest to the corresponding hole on the other side. Bring the strap back under the patient's arms to meet the buckle, which should be secured and positioned off the center of the chest. Have the patient inhale deeply and hold their breath (if possible) and then tighten

- the strap. This will assure that the strap does not impede the patient's respirations. The patient's arms should not be strapped in at this point.
- Now secure the pelvis by locating a hole closest to the center of the pelvis. Run the strap through the hole, across the pelvis and to the corresponding hole on the opposite side. Bring the strap back across the pelvis to meet the buckle.
- The legs may be secured in a similar way or you may use cravats if necessary.
- Once the torso and legs are secured, you can begin to secure the head. Be sure that whichever head immobilization device you use allows you to secure the patient's head in a neutral position. Do not remove manual in-line stabilization of the head until the head is completely immobilized to the long backboard.
- Place the arms securely under the strap passing across the lower torso or loosely tie the patient's wrists together with a cravat or other soft bandaging.
- After the immobilization has been completed, reassess all four (4) extremities for distal pulse, motor function and sensory function.
- During transport continue to check the straps to assure they have not come loose.
- If the patient is in a prone position, assess for pulse, motor, and sensory function in all four (4) extremities, quickly assess the patient's posterior, and then log roll the patient as a unit to the supine position while maintaining cervical spine stabilization. Position yourself next to the patient's torso. Instruct your 2nd helper to position him/herself at the patient's legs. Place one of your hands at the patient's shoulder and the other hand at the patient's pelvis while your helper places his/her hands at the pelvis and legs. When all personnel are ready, the helper at the head will call for the log roll onto the board. Continue to hold the board as the logroll is performed.

**NOTE:** There are numerous commercially manufactured strapping devices, such as the Spider Straps, which may be used. Follow the manufacturers guidelines to assure proper application of the device you use.