

STANDING TAKE DOWN

NOTE: A standing take down is only performed on patients who are found standing or walking around a scene and are suspected to have possible cervical spinal injuries. This procedure is not intended for use on patients who are found in a sitting or semi-sitting position. In these cases a short backboard device should be used in conjunction with a long backboard.

The standing take down requires a minimum of three (3) rescuers who are trained in this procedure.

- Take appropriate body substance isolation precautions.
- Instruct the patient not to move their head and to hold still.
- Manual inline stabilization
 - Position the tallest rescuer (rescuer #1) behind the patient to bring the patient's head into a neutral position and begin and maintain manual inline stabilization of the cervical spine throughout the procedure.
- Assess pulse, motor, sensory
 - Assess pulses, motor function, and sensory function in all extremities.
- Apply a cervical collar
 - Have rescuer #2 apply the appropriately sized cervical collar while rescuer #1 continues to maintain manual inline stabilization.
- Position long backboard
 - Have rescuer #2 or #3 position the backboard upright directly behind the patient. Rescuer #1 will still be maintaining manual inline stabilization as the backboard is positioned in-between his arms and placed behind the patient. The backboard should be held against the patient's back by rescuer #2 or #3.
- Prepare to lower the patient
 - Rescuers #2 and #3 position themselves on each side of the patient and facing the patient. Rescuers #2 and #3 each grasp the backboard, with their closest hand to the patient, at a hand hold in the backboard which is directly under the patient's armpit or slightly higher than the patient's armpit. When the backboard is tilted back the patient will be suspended, temporarily, by his/her armpits.
- Slowly lower the backboard
 - Explain the next step of the procedure to the patient. The patient may be anxious about this step, however, you should continue to reassure the patient and let them know what they need to do and not do during this step. Rescuer #1 (at the head) is in charge of coordinating the next move. On rescuer #1s count, slowly begin to lower the patient backwards down to the ground. Rescuer #1 must continue to maintain inline stabilization and keep the patient's head against the backboard. As rescuer #2 and #3 move in to the squatting position to lower the patient to the ground, in unison, rescuer #1 will need to rotate his/her hands while continuing to maintain manual inline stabilization. Continue to lower the backboard until it is securely on the ground.

NOTE: All rescuers should use proper body mechanics during this procedure to avoid injury.

- Secure patient to the backboard

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.

- 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 and make the necessary adjustments.