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Christoph Lecznar

VCU Health, Christopher.lecznar@vcuhealth.org

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Cervical Collar Clearance: Using EBP to Decrease Pressure Injuries

Christoph Lecznar, BSN, RN, CCRN, TCRN
Surgical Trauma Intensive Care Unit, VCU Health



Translation of EBP promotes positive patient outcomes.

Protocols and guidelines should be updated regularly to reflect the most up to date EBP.

In this EBP project, a modification to a practice guideline led to a decrease in MDR HAPIs.



Background:

- Our unit observed an increase in C-collar MDPI, 3 PIs in 2019 and 3 PIs in 2020 on date of survey.
- Two validated and widely accepted guidelines for the stable and alert trauma patient, NEXUS and Canadian C-spine rule.
- Many trauma critical care patients fail to meet these criteria and therefore may have prolonged periods of C-collar use and increased risk for MDPI.

PICO:

In the adult obtunded blunt trauma patient, should a c-collar be cleared with a negative CT, compared to a negative CT with adjunct imaging to reduce adverse events such as C-collar MDPI?

Methods:

Databases searched:

- Pubmed, Embase, CINAHL.
- Search strategy: English Language within last 5 years.
- “Adult” AND “Blunt Trauma” AND Cervical Collar” AND “Clearance”.

Results:

- A review of the findings was presented to the trauma performance improvement and patient safety (PIPS) committee.
- Revised the existing guideline to include C-collar clearance 24 hours or less based on initial CT scan and clinical findings.
- Since implementation, our unit observed zero C-collar related MDPIs.
- Significant reduction in MRIs ordered for purpose of C-collar clearance.
- Significant reduction in cost, increased safety, and decreased risk of pressure injury development.

Evidence Summary

