

1. Which hospital do you work at?

Wrightington, Wigan & Leigh NHS Trust

2. Does your hospital accept or manage trauma patients?

YES / NO

3. Is your hospital a designated major trauma centre?

YES / NO

4. Approximately how many obtunded patients with head injury does your hospital manage in a year?

11 Patients with serious head injuries per year

5. Does your department have a written guideline for the management of potential cervical-spine injuries in obtunded patients following trauma?

YES / NO / VERBAL ONLY / UNSURE

6. What is your guideline taken from? (For example : BOA, BOAST 2, Local Guideline etc)

Local

7. Which form of immobilisation is used for the C-Spine before clearance?

RIGID COLLAR ONLY / RIGID COLLAR AND SIDE SUPPORT /

SOFT COLLAR ONLY / SOFT COLLAR AND SIDE SUPPORT /

OTHER (Please specify)

8. If you use a collar, what type is normally used on your unit?

Ambuperfitace

9. Which of the following plain radiographs views are routinely requested in the unconscious trauma patient?

No plain films are routinely requested / *Lateral only* /
AP and lateral / *AP, Lateral and peg views* /
Other (please specify)

10. What is your unit's policy for discontinuation of cervical-spine immobilisation in obtunded patients?

No set policy

Normal xrays

Normal Xrays and CT scan

Normal CT scan

Normal MRI scan

Normal CT AND MRI scan

Dynamic Fluoroscopy

Wait until patient is awake

11. Who has the ultimate responsibility for the interpretation of imaging (in particular the CT)?

Radiologist

12. Which specialty ultimately responsible for clearing the cervical-spine (i.e. making the decision to remove the cervical collar) in an obtunded patient?

Emergency medicine

13. What grade of doctor is responsible for clearing the cervical-spine spine (i.e. making the decision to remove the cervical collar) in an obtunded patient?

Consultant or middle-grade

14. In obtunded patients with a normal CT C-Spine, do you undertake MRI of the cervical spine routinely?

YES, IN ALL PATIENTS / YES, BUT NOT IF THEY ARE MECHANICALLY VENTILATED / NO

15. Are you aware of any cervical-spine injuries being missed in your hospital in the last 5 years following the discontinuation of cervical spine immobilisation?

YES / NO

16. If so, how many?

2

17. Is there a mechanism in your hospital (e.g. audit process) whereby missed cases of cervical injuries in obtunded patient are collected, for example by examining readmission data?

YES / NO

18. If you have such a mechanism in your hospital please describe it

Monthly Trauma review