

LFEMSC Quality Improvement Template

Spinal Immobilization

Date and Time of Incident _____

Incident Number _____

Nature of Call/Incident Type _____

Immobilization Documented

Yes Cervical Backboard KED

No Cleared by _____
Name of provider and certification
Acceptable explanation for not immobilized?

Yes No

Action Needed _____

Referred to OMD for review Yes

No

(Oct. 2005)