### CERVICAL COLLAR - PRESSURE AREA SURVEILLANCE IN A PATIENT WITH A CROSS REFERENCES

<table>
<thead>
<tr>
<th>Cross references (including NSW Health/ SESIAHS policy directives)</th>
<th>CHN CLIN048 Philadelphia collar – Fitting and care of</th>
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### 1. What it is

This document aims to inform staff of the need for pressure area surveillance in the patient with a cervical collar and how to provide appropriate skin and collar care.

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### 2. Employees it applies to

Medical officers, Registered Nurses (RN) & Physiotherapists trained in log rolling and collar care. The RN with allocated responsibility for the patient is responsible for assessing and coordinating the pressure ulcer prevention care for the patient.

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### 3. When to use it

**Collar Duration:**

As recommended by the manufacturer:

- **Short term collars**
  - Hard Collar: Remove / Change within 4-6 hours to Philadelphia collar
  - Philadelphia collar: Remove/change within 48 to 72 hours to a long term collar

- **Long term collars**
  - Miami J: as prescribed by the neurosurgical VMO or Registrar.
  - Aspen: as prescribed by the neurosurgical VMO or Registrar.

**Collar removal for Skin inspection and Skin care**

- Skin care and pressure area inspection is to occur twice a day. In patient that are bed bound, collar care needs to occur 4/24 and pressure area surveillance to occur twice daily.
- A care plan specific to the patient’s needs must be documented in the patient centred care plan. Pressure area care and surveillance of the patient with an abnormal imaging and cervical spine injury on full spinal precautions must be directed by the Neurosurgical Consultant/Registrar until stability or definitive orthotic immobilisation is arranged.
- Collars are to be cleaned and any removable foam inserts changed once a day, preferably on the morning shift for continuity. (see points 7 and 21 of the process for instructions for cleaning)

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### 4. Why the rule is necessary

To minimise pressure ulcer occurrence while maintaining optimal neck alignment.

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### 5. Who is responsible

- The treating medical team are responsible for the assessment and documentation in the clinical notes record of the need for cervical collar including the size of the collar when fitted.
- Nursing Managers – HDU, ICU, Neurosurgical wards, Emergency Department, Community and Transitional care and any other area which is caring for a patient with a collar.
### 6. Process

Please note:
- Staff 1 and 2 **must** either be a Medical officer, RN or physiotherapist trained in this procedure.
- ENS/AINS/ Orderlies can assist with log rolling under the direction of the Registered Nurse, they are **not** to hold the head or provide collar care.

1. Inform the patient
2. Administer analgesia and/or sedation as clinically indicated and prescribed.
3. Gather all necessary skin care and wound management equipment and staff (according to log roll requirements) before commencement.
4. Remind the patient of the procedure and ensure the patient will be compliant when the collar is removed. If the patient is not going to be compliant, sedation may be required. Consult with the medical officer managing the patient if you are concerned.
5. Assess the patient neurologically to establish a baseline before collar care is undertaken.
6. Staff 1 hold the patient’s head ensuring spinal alignment is maintained using bi trapezius grip/hold.
7. Staff 2 Loosen the collar & removes front section.

8. Staff 2 Clean the hard plastic parts of the collar with mild soapy water and dry it with disposable towel. Change any inserts/lining on the morning shift and as clinically indicated.

9. Staff 2 cleans the front of the neck and sternum with facial soap inspecting for pressure areas under the chin, jaw line, ears, collar bone and the top of the sternum, then rinse and dry well (no powder or lotion).
10. Two to three extra staff called for the log roll
11. Log roll patient onto side off the collar ensuring spinal alignment is maintained.
12. Staff 2 removes back of collar, cleans, dries and replaces lining, cleans and dries the back of the neck and inspect occipital area and areas in contact with collar.
13. Consider clipping hair from the occipital area if there is difficulty assessing this area for pressure ulcers.
14. If a pressure ulcer is identified refer to Appendix 1: collar pressure ulcer flow chart for management guidelines.
15. Staff 2 puts back of collar in position on the back of the patient’s neck.
16. Patient is log rolled back ensuring collar is straight when patient returns to supine position.
17. Staff 2 replaces the front section of the collar
18. Reassess the patient neurologically for changes. Activate a PACE call for the patient immediately if a neurological change is detected according to the adult PACE calling criteria.
19. Ensure the patient is comfortable
20. The soiled liner can now be washed with mild soap and water, then rinsed and wrung out gently in a towel and then can be placed flat to dry

21. Document assessment & care given in the clinical notes. Document on the wound care chart if pressure ulcer is present. Pressure ulcers are a clinical incident and must be notified via the Incident Information Management System (IIMS) and the IIMS notification number documented in the clinical notes.

| 7. Compliance evaluation | 1. What designation of staff may conduct this procedure
A: Staff 1 and 2 **must** either be a Medical officer, RN or physiotherapist trained in this procedure.

2. How long should a Philadelphia collar remain in situ before it needs to be changed to a long term collar or removed according to medical assessment?
A: 48-72 hours

3. What action should be taken if a pressure ulcer is detected?
Assess the stage of the ulcer, submit an IIMS and document the IIMS notification number in the notes. Manage the pressure ulcer according to the wound care chart. |

| 8. Keywords | Pressure area care and cervical collar |

| 9. External references | ● Australian Orthotic Technologies product information
● Life health care product information
● The Alfred Spinal Clearance Management protocol June 2006 |
The Royal Melbourne Hospital Nursing education and trauma Services. Spinal Care (collar care & management, log rolling & head holding) Learning package. Registered nurses April 2006

I, Martin Mackertich, Director of Clinical Services of St George Hospital attest that this business rule is not in contravention of any legislation, industrial award or policy directive.

Revision and approval history

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision number</th>
<th>Contact Officer (Position)</th>
<th>Date for revision</th>
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</thead>
<tbody>
<tr>
<td>May 2010</td>
<td>0</td>
<td>Cervical collar care working party</td>
<td>May 2013</td>
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</table>
Stage 1 Pressure Ulcer
Non-blanchable intact skin

No Sting Barrier Wipe™ to area when Collar Care attended. Notify Medical/Surgical Team.

Stage 2 Pressure Ulcer
Partial thickness skin loss

Foam Dressing to wound e.g. Mepilex™ or Allyven™. Wound Care CNC (STG)/Wound Care CNC (TSH). Review.

Stage 3 Pressure Ulcer
Full thickness: no bone, muscle or tendon

Foam Dressing to wound e.g. Mepilex™ or Allyven™. Wound Care CNC Review (STG) / Wound Care CNC (TSH). Medical/Surgical review to consider change of collar.

Stage 4 Pressure Ulcer
Full thickness: with bone, muscle or tendon

Dressing product dependant on the nature of the Stage 4 pressure ulcer. Wound Care CNC(STG) / Wound Care CNC (TSH). Review. Medical/Surgical review to consider Halo Traction. Possible Plastics team review for surgical intervention.

Please note that occipital pressure ulcers may require the hair to be clipped to be able to monitor the site and for dressing application.

Continue with Foam Dressing until wound healing

Nil further breakdown

No Sting Barrier Wipe™ to area when Collar Care attended. Notify Medical/Surgical Team.

Continue with wipes and monitor skin for further breakdown

Nil further breakdown

Continue with dressing regime as the wound assessment dictates until wound healing.