**Goals**

- Prevent further c-spine injury
- AVOID episodes of hypoxia and hypotension
- AVOID hyperventilating these patients
- Support airway & breathing, and maintain adequate perfusion
- Minimize time on spineboard (less than 60 minutes)

**Tips**

- Determine and document the actual time of injury
- Avoid intubation if able to adequately oxygenate with BLS maneuvers
- Continuously reevaluate GCS as well as motor and sensory function
- Isolated head injuries do not cause hypotension (look for other causes)

**Considerations**

- Consider c-spine immobilization
- Oxygen to keep SpO₂ at 100%
- Control external hemorrhage
- Administer fluid to maintain blood pressure ~120mmHg
- Stabilize penetrating objects *in situ*
- Consider transporting the patient in a Semi-Fowler's position if isolated head injury
- Consider analgesia