

DIAGNOSTIC IMAGING: NEXUS LOW RISK CRITERIA

C-spine imaging is recommended for patients with trauma unless they meet all of the following criteria:

Absence of posterior midline cervical spine tenderness

Patient with midline posterior bony cervical-spine tenderness present with reports of pain on palpation of the posterior midline neck from the nuchal ridge to the prominence of the first thoracic vertebra, or if the patient expresses pain with direct palpation of any cervical spinous process.

No evidence of intoxication

Patients should be considered intoxicated if they have a recent history provided by the patient or an observer of intoxicating ingestion or evidence of intoxication on physical exam such as odor of alcohol, slurred speech, ataxia, or any behaviour indicative of intoxication. Patient may also be considered to be intoxicated if laboratory tests are positive for alcohol or drugs that affect the level of alertness.

A normal level of alertness and consciousness (baseline mental status)

Patients with an altered level of alertness may include any of the following: A Glasgow coma Scale score of 14 or less; disorientation to person, place, time, or events; inability to recall three objects at five minutes; a delayed or inappropriate response to external stimuli; or alternative findings consistent with altered mental status.

Absence of focal neurological deficit

Patient with a focal neurological deficit is any focal neurological finding on motor or sensory examination.

Absence of any distracting injuries

Patient with a distracting injury is any condition that, in the examiner's judgement could be producing enough pain so as to distract the patient from another, particularly cervical, injury. Such injuries may include a long-bone fracture; a visceral injury; a significant laceration, degloving injury, or crush injury; large burns; or any other injury causing acute functional impairment.

Panacek EA, Mower WR, Holmes JF, et al. Test performance of the individual NEXUS low-risk clinical screening criteria for cervical spine injury. *Ann Emerg Med.* 2001;38:22-2