

Please consider the following issues when deciding between the use of the SIPQuik Vacuum Cervical Splint vs a standard rigid collar:

Comfort – In a typical scenario, the patient will be wearing a c-collar for a minimum of 30 minutes. At some point during transport or in the ER the patient will become so uncomfortable that they can no longer remain still. The patient will start moving their head and neck around, tugging on the rigid collar, trying to find a comfortable position. This is counter-productive to our goal, which is to have a stable, compliant patient the entire time they are in c-spine stabilization. The SIPQuik cervical splint very comfortably stabilizes the patient in place, allowing for a calm & compliant patient for the duration of the call.

Visualization of the neck area – We have been conditioned to want to have visualization of the neck area to check for tracheal deviation, jugular venous distension, or to perform a needle cricothyrotomy. Regarding tracheal deviation or jugular venous distension for a tension pneumothorax, these findings would be for a patient who is also absent lung sounds on one side, has severe dyspnea, a diminished pulse ox, deteriorating skin signs, etc. Confirming whether or not a patient also has tracheal deviation or jugular venous distension will not be a determining factor as to whether or not you are going to perform a needle cricothyrotomy.

Regarding performing a needle cricothyrotomy: this is not a procedure that you would ever perform through a hole in a rigid collar. On this patient, the airway would be the priority. You would first stabilize the patient to the best of your ability, perform the needle cricothyrotomy and then if necessary, apply a cervical collar.

It's also important to note that these above procedures are EXTREMELY uncommon. Most EMT's and Paramedics will rarely, if ever, encounter these situations in their career. However, in the event you do come across a patient where you feel visualization of the neck is necessary, the SIPQuik Cervical Splint can be applied *backwards*, creating a space for visualization of the neck while still providing proper stabilization of the cervical spine.

Finally, we must acknowledge the need to stop using rigid cervical collars. There is overwhelming evidence that rigid collars have been causing injuries to patients. Dr. Raymond Fowler, one of the founders of the Gathering of Eagles, states: "Cervical traction needs to go away. The new standard of care is to stabilize in place using a device that does not put traction on the neck."