CERVICAL (PHILADELPHIA) COLLAR - CARE OF A PATIENT REQUIRING A

Cross References
(incorporating NSW Health/SESLHD policy directives)
SGH CLIN035 - Cervical Collar - Pressure Area Surveillance In A Patient With A (SGH)
SGSHHS CLIN ED - Clearance Of A Suspected Cervical Spine Injury
SGH CLIN340 - Spinal Clearance – Patients With Major Trauma In The Adult Intensive Care Unit (SGH)

1. What it is
When, where and how to fit and care for Philadelphia Collars

2. Risk Rating
Medium

3. Employees it Applies to
Medical officers, RNs & Physiotherapists trained and accredited in collar care/fitting.

4. Process
4. Measurement and Application
Explain procedure to patient, assess and document neurologic status.
Maintain spine alignment with 2 staff members (1 to stabilise head/neck, other to apply collar)
Remove Stiffneck collar if one in situ.
Ensure neck is free of debris, fluid, wounds are covered, skin is dry, jewellery is removed.

4.1 Step 1
Place back of collar on patient ensuring it is positioned under ear lobes, arrow is pointing up, and collar piece is central (step1)

4.2 Step 2
Prior to measurement, apply occipital padding to ensure measurements are correct.
Place chin-cup of the front piece of collar to patients chin and slide lower front down or up in order to align bottom of opening with sternal notch. Observe the number that is in line with correct fit

4.3 Step 3
Lift the front away from patient and push the two tabs to lock the size. Once locked cannot be re sized
4.4 Step 4
Adjust circumference by tearing away sections of the back piece foam (if any portion of back section is visible through front window, tear 1 tab section from both sides until not visible. Centre the collar

4.5 Step 5
Apply the front of the collar with the chin secured in the recess
Ensure patient can open mouth, feels comfortable
Recheck neurologic status and note any alteration.
Documents procedure and skin status

4.6 Cleaning and maintenance
Proper hygiene and product cleaning are an important part of a patient's recovery. In addition, it will keep the patient clean, comfortable and prevent skin irritation.

After the Collar is removed, gently clean the patient's neck and face; observe for any signs of skin irritation or pressure areas. The patient's neck and face should be dried completely before the Collar is reapplied.

The entire Collar can be cleaned with mild soap and clean water. The Collar should be dried completely with a cloth or air-dried before it is applied to the patient. While a mild disinfectant is acceptable, do not use harsh chemicals or bleach.

Skin care and pressure area inspection is to occur twice a day. In patients that are bed bound, collar care needs to occur 4/24 and pressure area surveillance to occur twice daily.

SGH CLIN035 - Cervical Collar - Pressure Area Surveillance In A Patient With A (SGH)

For ill-fitting collars at SGH, contact the trauma case manager, Neurosurgical Registrar or Orthotist. At TSH, contact the TSH Emergency Department CNE /CNC

A folded towel (height approximately 1-2 cm) can be placed underneath the adult patient's head to assist in maintaining normal cervical spine alignment.

Manual in-line stabilisation must be maintained whilst turning patient for pressure area surveillance of the occiput as the collar has to come off before turning patient.
5. **Keywords** | Cervical Spine, Collar, Trauma
---|---
6. **Functional Group** | Emergency, Trauma, Surgery

7. **References**

8. **Consumer Advisory Group (CAG) approval of patient information brochure (or related material)** | Not applicable

9. **Implementation and Evaluation Plan**
   **Including education, training, clinical notes audit, knowledge evaluation audit etc**
   - Consultation with key stakeholders regarding education, training and equipment has occurred.
   - An education strategy and launch date has been developed
   - Monitoring of application technique, compliance and adverse events will be conducted by the trauma service’s comprehensive trauma quality monitoring program.

10. **Knowledge Evaluation**
    - **Q1:** Which patient requires a Philadelphia collar and in what timeframe?
      - A: For patients with a neurological deficit or radiological evidence of a cervical spine injury cervical cord neurology, until neurosurgical review and advice
    - **Q2:** The fitting of a Philadelphia collar
      - A: Regular audits by trauma service
    - **Q3:** The care of a Philadelphia collar
      - A: Pressure Injury surveillance by Trauma service and Wound CNC

11. **Who is Responsible** | St George Hospital Trauma Committee
## Approval for PHILADELPHIA COLLAR - CARE OF A PATIENT REQUIRING A

* N/A where appropriate

| **Specialty/Department Committee** | Committee title Trauma Committee  
|                                      | Chairperson name/position A/Prof Richard Morris  
|                                      | Date: 13.09.16 |
| **Nurse Manager**                   | Name / position: Kim Bonnici, A/ Nurse Manager Critical Care Services  
|                                      | Date: 20.10.16 |
| **Medical Head of Department**      | Name /position A/Prof Richard Morris  
|                                      | Date: 13.09.16 |
| Contributors to CiBR development    | Kate Curtis, Trauma CNC  
| e.g. CNC, Medical Officers (names and position title/specialty) | Dr Mark Davies, Director of Neurosurgery  
|                                      | Dr Alex Tzannes, Trauma Staff Specialist  
|                                      | Lauren Neuhaus, A/Emergency CNC  
|                                      | Sarah Jones, Intensive Care CNC |

### Revision and Approval History

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<th>Author (Position)</th>
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### General Manager’s Ratification

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<tbody>
<tr>
<td>Leisa Rathborne</td>
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