

FOCUSED SPINAL ASSESSMENT: SPANC	
S = SOBER	Ask: "Have you taken any alcohol, medications, over-the counter drugs or anything else that would impair your ability to feel pain?" <i>If "yes" the patient fails FSA</i>
P= PALPATE ENTIRE SPINE	Palpate the spine from the base of the skull to the waistline. Looking for DCAP-BTLS, any vertebrae out of line, any numbness, tingling or pain. <i>If anything is found, the patient fails FSA</i>
A= ALERT AND ORIENTED BY 3 OR 4	Patient must be able to appropriately answer at least "person", "place", and "time" questions <i>If the patient is AXO by 2 or less the patient fails FSA</i>
N= NO DISTRACTING INJURIES	Go behind the patient and very lightly touch a shoulder (out of patient's sight), the patient should correctly tell you what you are doing. <i>If the patient cannot tell you, the patient fails FSA</i>
C= CSM INTACT IN ALL FOUR EXTREMITIES	Check for: circulation (cap refill within two seconds or palpable pulse at radial and pedal), sensation ("which finger/toe am I touching?"), and motion ("Can you move your fingers/toes?") <i>If CSM is not appropriate in any extremity the patient fails FSA</i>
For long patient contact times this procedure should be repeated. Also inform the patient that they need to communicate if anything changes.	Per MVEMSA and TCEMSA protocol, if the patient passes FSA then spinal immobilization is not required. <u>However, if – for any reason – in the judgment of the Responder the patient should be immobilized then do so.</u>