

Cervical Collar: Skin Care Needs of the Patient Wearing a Cervical Collar
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BARNES-JEWISH HOSPITAL
ORGANIZATIONAL POLICIES/PROCEDURES

TITLE: Cervical Collar: Skin Care Needs of the Patient Wearing a Cervical Collar

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Policy Statements

- A. Skin care needs for all patients with cervical collars (c-collars) will be addressed through assessment of skin and risk factors for potential breakdown in skin integrity.
- B. Assessments will be performed on admission and every 12 hours throughout the hospital stay. Preventative and therapeutic interventions will be implemented based on these assessments.
- C. Patients requiring c-collar immobilization for more than 24 hours will have their field collar changed to an inpatient cervical collar.
- D. Cervical collars are ordered in the electronic medical record (EMR) to ensure that only approved products are in use. The services that order c-collars are trauma, neurosurgery and orthopedics.

Purpose

- A. To provide immobilization, stabilization and/or support of the head and neck for patients requiring a c-collar.
- B. To provide guidelines for placing, cleaning and maintaining cervical collar.
- C. To maintain skin integrity.

Procedure

- A. Assessment
 - 1. Observe patient in collar for appropriate fit.
 - a. A properly fitted collar should extend from the mandible to the sternal notch.
 - b. The tracheostomy hole and the posterior vent hole should be midline.
 - c. The chin piece should be flush with the edge of the chin.
 - 2. Assess occiput, neck, chin, ears, shoulders and superior aspect of scapula for any breakdown.
 - a. If necessary (patient requiring c-collar immobilization for more than 24 hours) fit patient using sizing card which is available in the package with the cervical collar (see [Attachment I](#)).
- B. Plan
 - 1. Explain procedure to patient
 - 2. Assemble the following equipment:
 - a. Cervical collar on patient or from the supply room or order in the EMR if not available on the division.
 - b. Soap, washcloth and towels
 - c. Extra universal pads (provided with collar)
 - d. Appropriate assistive personnel as needed
- C. Implementation
 - 1. The registered nurse is responsible for maintaining cervical alignment and assuring the neck is stabilized and free of breakdown.
 - 2. Instruct the patient not to move their head or neck. Assess movement in the patient's extremities (i.e., Wiggle your fingers and toes, etc.), and assess the need for sedation.

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3. Position the patient supine with arms to the side with neck in proper alignment. Utilize two persons to control patient movement, one to hold the patient's head in a neutral position with the chin straight and the second to fit the collar as needed, cleanse and assess the skin.
 4. When fitting the collar, place the sizing guide against the side of the head with the color-coded section facing outward. The bottom of the sizing card should be resting at the tip of the trapezius muscle. Draw an imaginary line from the chin to the sizing card and select the appropriate color-coded size. If the size is between two sizes, choose the smaller of the two sizes.
 5. Obtain the proper size collar and pre-form it by rolling up the back panel (like a hand towel) and rolling the front panel sides inward and finish by flexing the flex tabs located on both panels.
 6. Slide the back of the collar behind the patients' neck and shoulder by pushing down on the mattress and centering the collar between the scapulae. Hold the front of the collar under the chin in the "choking position" and rotate the collar ends up against the neck and toward the ear. When correctly positioned tighten the velcro straps by pulling steadily and firmly one at a time.
 7. If necessary, place protective padding along the bony prominences to provide an extra cushion from the collar.
 8. Assess for appropriate fit. **KEY POINT:** A properly fitted collar extends from the mandible to the sternal notch. The tracheostomy hole and the posterior vent hole should be midline. The chin piece should be flush with the edge of the chin. If the chin hangs out over the chin piece then the next larger size collar should be applied.
 9. Foam pads should extend beyond plastic at all points so that no plastic touches the skin.
 10. Cleanse the plastic parts of the collar and replace soiled foam pads with daily bath or more frequently as needed.
 11. For routine cleansing follow steps, 1, 2 and 3 from above.
 - a. Release the velcro straps and remove the front part of the collar.
 - b. Remove foam pads and replace as needed.
 - c. Clean hard plastic pieces of collar.
 - d. Observe the neck and skin for any breakdowns or irritation.
KEY POINT: For any noted breakdown in skin, apply topical agent and/or dressing per Wound Care Team recommendations or MD order and document the breakdown in the electronic medical record.
 - e. Wash the neck with mild soap and water and dry thoroughly.
 - f. Replace the collar front and fasten the Velcro straps.
 12. Supporting the neck, logroll the patient to the side position.
 - a. Remove the back of the collar, replace any pads as needed and clean the neck with mild soap and water and dry thoroughly.
 - b. Replace the back of the collar and secure the Velcro straps.
 - c. Logroll the patient back to the supine position and assess the collar for proper fit.**KEY POINT:** It is necessary to utilize assistive personnel to maintain neck alignment.
 13. Wash the foam pads in mild soap and water and allow to air dry so they may be reused.
 14. Reassess the movement in the extremities after the collar is reapplied
 15. Assistance with fitting the collar and maintenance may be obtained by calling the Surgical Intensive Care Unit (extension 2-4060) or the Trauma Floor (extension 2-4052).
 16. See Attachment for Instruction Sheet.
- D. Documentation
1. Movement of extremities before and after c-collar care of fitting.
 2. Proper alignment and fit of c-collar.
 3. Assessment of skin and treatments.

Resources/References

Carrie Sona, RN, CCRN, CCNS, AHCNS-BC, Clinical Nurse Specialist Surgical Services

Ham, HW, Schoonhoven LL, et al. (2014). Cervical collar-related pressure ulcers in trauma patients in intensive care unit. J of Trauma Nursing, 2014; May-June; 21(3): 94-102

Powers, J, Daniels, D, McGuire C, Hilbish C, The Incidence of Skin Breakdown Associated with use of Cervical Collars. J Trauma Nursing, 2006; Oct-Dec; 13(4): 198-200.

Approval

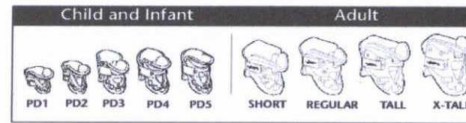
Coreen Vlodarchyk, MSN, RN; Chief Nurse Executive

Date of Approval 10/13

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Attachment I



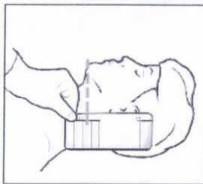
The Aspen® Cervical Collar is available in infant, child, and adult sizes

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SUPINE PATIENT APPLICATION INSTRUCTIONS

SUPINE SIZING



- Maintain head in neutral or desired position or according to hospital protocol and/or physicians' orders.
- Place arms down along side.
- Place sizing guide against head at the highest point of the shoulder muscle.
- Draw an imaginary line from chin bottom to sizing guide.
- Select collar size.

1. PRE-FORM COLLAR



- Roll up back panel (like a hand towel).



- Roll collar front panel sides inward.

2. POSITION BACK



- Fold loop Velcro strap over foam pad.
- Place back panel under cricoid of neck.



- Press down on the back panel with one hand and push with other until back panel is centered under neck.
- The end of each Velcro strap should come to same position on each side.
- Velcro straps should be centered between the ear and the top of the shoulder muscle.

3. POSITION FRONT



- Flare sides of front panel outward.
- Place chin piece directly under chin (generally, the chin should not extend beyond the edge of the plastic).



- Hold firmly with one hand.
- Push sides of front panel up over shoulder muscles and around neck.

4. ATTACH FRONT



- While holding collar front panel with one hand, center back panel and attach both sides to front.
- To ensure a proper fit, select loop strap that has the greatest distance from the trach opening. Place index and middle fingers in trach opening. While positioning thumb firmly against lower corner of front panel side, simultaneously undo Velcro with other hand by firmly gripping back panel Velcro strap. Pull *straight out* (laterally) until slack is removed. When reattaching back panel, make sure Velcro strap is attached high enough so that back panel plastic does not make contact with skin. If this is not possible, select a different back panel (see section BACK PANELS).

NOTE: It is not necessary to tighten the Occipital Support Strap™ on supine patients.

5. PROPER SIZE AND FIT



- Patient's chin should be flush with end of collar chin piece.
- Inner trach bar should not be touching airway (if it does, refit with next taller size collar).
- All slack should be removed from collar back.
- Back panel should be centered (from the front, the back Velcro straps should be symmetrical).

SIZING GUIDELINES

ADULT SIZES

COLLAR SIZE	LABEL COLOR	TOP OF SHOULDERS TO CHIN DIMENSION	CIRCUMFERENCE (WITH STD. BACK)
SHORT	BLUE	≤5/8" (2 cm)	ALL ARE
REGULAR	ORANGE	5/8" to 1-1/4" (2 cm to 3 cm)	13" to 21"
TALL	GREEN	1-1/4" to 1-7/8" (3 cm to 5 cm)	(33 cm to 53 cm)
X-TALL	YELLOW	≥1-7/8" (5 cm)	

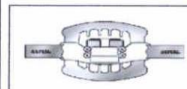
CHILD AND INFANT SIZES

COLLAR SIZE	LABEL COLOR	AGE IN YEARS	CIRCUMFERENCE
PD1	PINK	1-18(months)	8" to 12" (20 cm to 30 cm)
PD2	RED	9-24(months)	11" to 13" (28 cm to 33 cm)
PD3	PURPLE	1-3	11.5" to 14" (29 cm to 36 cm)
PD4	YELLOW	2-5	12" to 14.5" (30 cm to 37 cm)
PD5	WHITE	3-6	13" to 16" (33 cm to 41 cm)

NOTE: the above age guideline is based on normal growth and development.

BACK PANELS AND ACCESSORIES

ADULT SMALL BACK



Use the Small Back when the Standard Back (packaged with all collars) makes contact with ears and/or overlaps collar front panel to the point where there is less than 2" of Velcro contact on each side (up to 20" circumference).

ADULT LARGE BACK



Use the Large Back when back panel plastic does not make contact with front panel plastic (up to 25" circumference).

SIZING GUIDE



INSERVICE VIDEO & PATIENT HANDBOOK

