

A. Introduction

Patient movement after an injury has the potential to worsen the injury, and/or increase a patient's pain. The scoop stretcher can be placed under a patient with minimum movement. It can then be lifted a few inches and a long spine board placed under the patient. This action can alleviate the need for logrolling a patient prior to placing them on a long spine board (LSB).

B. Indications

- 1. Patient with hip/proximal femur fracture.
- 2. Patient with pelvic injury.
- 3. Patient with suspected spinal injury, who needs placement on LSB.

C. Contraindications

- 1. Use as the sole immobilization device for spinal injuries.
- 2. As a lifting device in technical rescue situations.

D. Procedure: Hip/ Proximal Femur Fracture

BLS

- 1. Place padding (i.e., folded blanket) between the patient's legs. Secure legs together with triangular bandages or straps.
- 2. Adjust the Scoop EXL to the length of the patient.
- 3. Separate the Scoop EXL into right and left halves.
- 4. Position the stretcher halves on opposite sides of the patient.
- 5. Gently slide the stretcher halves under the patient on both sides. Slight rolling of the patient from side to side will facilitate rejoining of the stretcher halves.
- 6. After checking to prevent pinching, rejoin halves by opening and Engaging safety locks at both ends.
- 7. Apply at least three straps to secure patient to Scoop EXL.

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E. Procedure: Spinal Injury

BLS

- 1. If the patient has a suspected spinal injury, manually immobilize the head and neck, and apply a cervical collar.
- 2. Adjust the Scoop EXL to the length of the patient.
- 3. Separate the Scoop EXL into right and left halves.
- 4. Position the stretcher halves on opposite sides of the patient.
- 5. Gently slide the stretcher halves under the patient on both sides.
- 6. After checking to prevent pinching, rejoin halves by opening and engaging safety locks.
- 7. With two rescuers on each side of Scoop EXL, lift stretcher 4 to 6 inches, and slide LSB under patient.
- 8. The Scoop EXL can be removed by reversing process, and patient immobilized to LSB.

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