

REVIEW

Clinical practice guideline on spinal stabilisation of adult trauma patients: Endorsement by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine

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Abstract

The Clinical Practice Committee of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine endorses the clinical practice guideline *New clinical guidelines on the spinal stabilisation of adult trauma patients—consensus and evidence based*. The guideline can serve as a useful decision aid for clinicians caring for patients with traumatic spinal cord injury. However, it is important to acknowledge that the overall certainty of evidence supporting the guideline recommendations was low, implying that further research is likely to have an important impact on the confidence in the estimate of effect.

1 | BACKGROUND

Traumatic spinal cord injury (TSCI), although relatively rare, can lead to serious and permanent disability.¹ The immediate treatment of patients suspected of having TSCI includes swift and careful prehospital management and transportation to definitive care. Traditionally, a key point in the prehospital care of patients with TSCI is to avoid secondary injury, which is why stabilisation of the spinal cord has

been considered paramount.^{2,3} Since the 1960s, hard backboard and rigid cervical collar have been broadly adopted by prehospital medical services worldwide.^{4,5} Recently, however, their value and safety have been questioned.^{6,7}

Recently, a Danish interdisciplinary working group systematically searched the existing literature, summarised the available evidence, and provided guidance on the prehospital procedures for spinal stabilisation of adult trauma patients.⁸

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2 | METHODS

It was decided by the Clinical practice committee (CPC) of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) to assess the clinical practice guideline *New clinical guidelines on the spinal stabilisation of adult trauma patients—consensus and evidence based*⁵ for possible endorsement. The Appraisal of Guidelines for REsearch and Evaluation (AGREE) II tool⁹ was used. Details on the endorsement process are available elsewhere.¹⁰

3 | RESULTS

All six SSAI CPC members completed the appraisal. The individual domain totals were as follows: Scope and Purpose, 79%; Stakeholder Involvement, 53%; Rigor of Development, 72%; Clarity of Presentation, 84%; Applicability, 49%; Editorial Independence, 83%; and Overall Assessment, 64%.

The breakdown of the individual appraisers (de-identified) is available in the Data S1.

4 | DISCUSSION

There was an acceptable agreement between the SSAI CPC appraisers in most domains. However, the appraisers identified significant limitations related to the stakeholder involvement and applicability domains of the guidelines. There was a lack of input from important stakeholders such as patients, nurses, caregivers, and spinal rehabilitation personnel. Also, as mentioned by the authors, the applicability of the guideline suffers from the lack of high-quality evidence, including data from randomised clinical trials. This implies that further research is likely to have an important impact on the confidence in the estimate of effect. Despite the overall low certainty of evidence supporting the guideline recommendations, we believe that this guideline can serve as a useful decision aid for clinicians caring for patients with traumatic spinal cord injury in the prehospital setting.

5 | CONCLUSION

The SSAI CPC endorses the clinical practice guideline *New clinical guidelines on the spinal stabilisation of adult trauma patients—consensus and evidence based*, acknowledging the low quality of evidence supporting its recommendations.

CONFLICTS OF INTEREST

No Clinical Practice Committee member had direct or indirect conflicts of interest.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

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