Clinical Practice Procedures:
Trauma/Manual in-line stabilisation

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure a consistent procedural approach for Manual in-line stabilisation.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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Manual In-Line Stabilisation (MILS) provides a degree of stability to the cervical spine prior to the application of a cervical collar. MILS should be used in conjunction with a cervical collar to assist in continued spine management whilst:

- Extricating or moving the patient
- Performing a log roll
- Transferring the patient to and from a stretcher

### Indications

- Stabilisation of the head and neck in a patient with suspected cervical spine injury

### Contraindications

- Nil in this setting

### Complications

- Difficult laryngoscopy[1]
**Procedure – Manual in-line stabilisation**

- MILS can be achieved from varying positions dependant on the scene environment, access to the patients and the patient’s presenting position.

- The head should always be supported by two hands or both knees on either side of the head (top right) to maintain adequate stabilisation.

- The paramedic providing MILS should attempt to stabilise their elbows/arms on the ground, against another stable object or on their knees/torso to prevent their arms from swaying as they become fatigued.

- During advanced airway management the paramedic providing MILS should follow all directions from the airway clinician and provide feedback regarding neck extension or flexion during airway manoeuvres.

- It is important that documentation of an intubation in the setting of potential cervical spine injury is recorded as being performed with MILS.

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**Additional information**

**MILS achieved from the side**

**From behind (patient laying down)**

**From behind (patient seated)**