



Clinical Practice Procedures: Trauma/Manual in-line stabilisation

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Purpose	To ensure a consistent procedural approach for Manual in-line stabilisation.
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Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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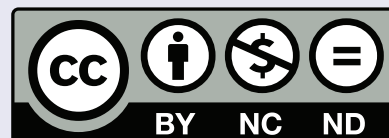
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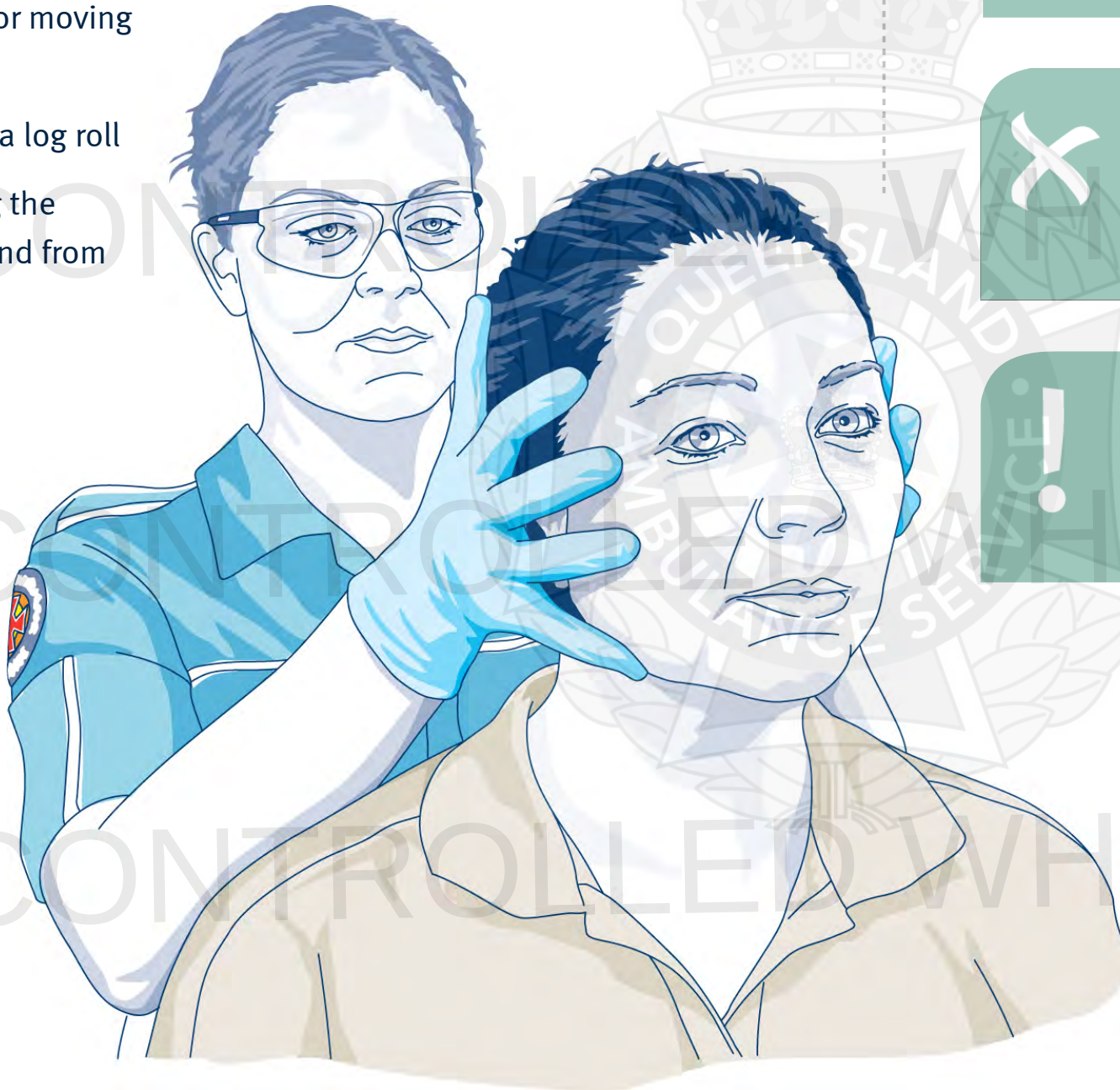
Manual in-line stabilisation

June, 2019

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 while:

- 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

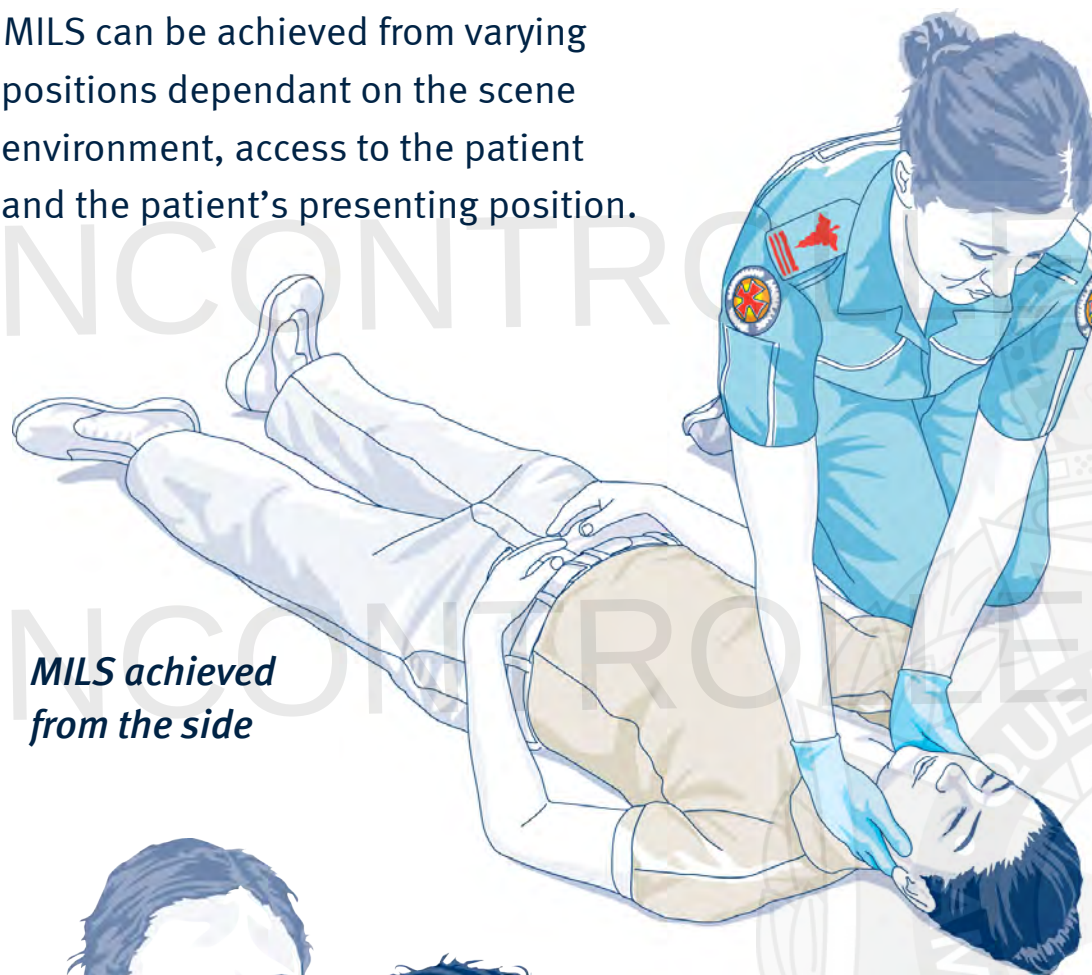
Complications

- Difficult laryngoscopy^[1]

Procedure – Manual in-line stabilisation

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

MILS achieved from the side



From behind (patient laying down)



- The clinician 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.

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

From behind (patient seated)



Additional information

- During advanced airway management, the clinician 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.