

PROTOCOL FOR: Halo Traction: Care of the Patient in Halo Traction

POLICY: The Traction-Halo vest will be assembled and applied by a physician. A wrench must be taped to vest at all times.

SUPPORTIVE DATA: Halo traction is used to stabilize and maintain post reduction fractures, dislocations, and other pathologies of the cervical spine.

DESIRED PATIENT

- OUTCOMES:
1. Patient's cervical spine will remain stabilized.
 2. Patient's skin integrity will be maintained.
 3. Patient will demonstrate ability to ambulate safely and perform maximum independence in ADL's.

CLINICAL
ASSESSMENT

- AND CARE:
1. Unsnap side buckles per MD order and assess skin for pressure areas, and rashes. Change removable sheepskin in vest once per week and prn.
 2. Provide Pin Site Care per procedure every 8° or as ordered by physician.
 3. Monitor respiratory status every 4° x 24° with Halo Traction applied, then every 8°, and assist with position changes to relieve pressure on diaphragm every 2°.
 4. Monitor patient's intake of fluids/food. Patient may be more comfortable eating small, frequent meals secondary to pressure of vest on diaphragm/stomach.
 5. Encourage patient to increase fluids and fiber. Consult with physician for stool softener if needed.
 6. Assess patient's ability to ambulate safely. Patient may have sensation of loss of balance. Consult with Physical Therapy as needed. Offer hand mirror to assist with adjustment to decreased visual field.
 7. Provide reassurance/positive feedback. Patient may experience sensation of claustrophobia/anxiety secondary to traction device.

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- SAFETY:
1. Perform CPR/Code Blue as necessary.
 2. In the event of a cardiac arrest, remove chest plate of vest so that CPR can be administered. Wrench should be taped to vest at all times. Make sure bolts to be removed are clearly identified (See Figure 1).
 3. Have trach set ready. Patient is unable to hyperextend neck for intubation.

- PATIENT
EDUCATION:
1. Instruct patient/significant other in Pin Site Care.
 2. Teach patient/significant other methods of performing bathing/personal hygiene/ADL's while in traction.
 3. Reinforce restrictions in activity per physician order.
 4. Review with patient/significant other safety issues regarding: ambulation, emergency situations.

- REPORTABLE
CONDITIONS:
- Notify House Officer if any of the following occur:
1. Signs of infection at pin sites.
 2. Signs of skin breakdown around pin sites.
 3. Loosening/movement of halo device.
 4. Symptoms of respiratory distress.

REFERENCES: Nursing Standards Committee
Medical-Surgical Standards Committee
Ace Cervical Traction Equipment

EFFECTIVE DATE: 11/83

REVISION DATES: 7/86, 7/87, 9/88, 11/90, 2/94, 6/03, 9/05

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FIGURE 1: EMERGENCY REMOVAL OF CHEST PLATE

Lie patient supine in bed.

Unscrew bolt at each end of
bar on front of chest plate A.

Move bars laterally.

Loosen buckle on each shoulder
B.

Loosen buckle on each side at
at bottom of vest C.

Slide vest off.

Keep wrench taped to chest
plate at all times.

