

Halo

A halo is used to stabilize the neck in a specific position. A halo ring is attached to the skull with four to six pins (depending upon patient requirements) above the eyebrows at the equator of the skull. The ring is then attached to the halo vest with four metal bars which maintain the fixed position of the head and neck. The halo vest is made of a hard plastic shell with a fleece lining that can be replaced. It is worn directly against the skin. The vest must fit snug to prevent motion of the head and neck. The patient should not make any adjustments to halo ring, vest or screws. All adjustments will be made by a Certified Orthotist.



For patients that are ambulatory, the halo will feel “top heavy” and awkward. Balance and spatial perception can be difficult causing the patient to run into doorways and other objects in the environment. This will decrease over time as the patient adjusts to the halo. When getting out of bed, the patient should be assisted in rolling to the edge of bed and then sitting up. Sitting up straight in bed without rolling to the edge will put excessive stress on front pins and may cause discomfort or skin issues.

For patients that are not ambulatory, they should be log rolled every two hours to the opposite side to prevent skin issues.

All halo patients are encouraged to be as mobile as possible.

Sleeping

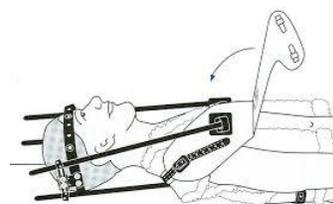
It is not uncommon for a person wearing a halo to require more sleep than previously needed. Many patients state they cannot find a comfortable position in bed, have trouble sleeping and wake up multiple times during the night as they are adapting to the halo. A few ways to improve comfort:

- If patient is sleeping on his/her side, a gently rolled towel or pillow case may be placed next to cheek to provide sensation of a pillow. It is imperative that towel/pillow case is not placing pressure on the neck to prevent further injury.
- Patients sleeping on his/her back may sleep in an inclined position.
- For patients that prefer to sleep on his/her stomach, pillows may be placed under chest and/or pelvis and front of halo ring to allow room for breathing as head cannot be turned.

CPR

If a patient experiences cardiac arrest while wearing the halo, the front portion of the vest must be removed to properly perform CPR.

- Patient should be laying on his/her back.
- Loosen waist buckles on the sides of vest.
- Fold the vest up at crease in plastic.
- The back portion of vest and superstructure will stabilize patient as CPR is performed.



A new vest must be used after CPR as it will not provide any more support.

Visit us at: www.scheckandsiress.com

Call us at: 1-866-SCHECK1

Commitment • Quality • Care

Skin Care/Hygiene

Proper hygiene is important while wearing the halo and vest.

- Keep vest and lining dry.
 - If the vest accidentally gets wet, it may be dried using a hair dryer on a cool setting. A wet vest lining can cause skin irritation and complications.
- Unfortunately showering is not recommended. Regular hygiene should be completed with a sponge bath or while seated in a tub of shallow water. The vest must be protected to prevent any water from absorbing into liner.
- To clean the skin under the vest, use a clean bath towel that has been dampened with warm water. Place towel between vest and skin and move back and forth (in a drying motion) to clean skin. This should be done daily to both the front and back portions of the vest.
- Please do not use any soaps, lotions or bath powders under the vest.

Hair Care

The patient's hair should be shampooed at least twice per week. The shoulders and neck of vest must be protected to prevent it from getting wet. Pin care must be performed after shampooing hair.

- Extend the head and halo over the edge of the bed.
- Use a bucket or basin to catch the water.
- Wet hair and massage with a mild shampoo. Rinse thoroughly. Do not use conditioner.
- Dry scalp/dandruff may develop however it will resolve after halo is removed.
- Do not use any tints, dyes, sprays, or conditioner to hair as it may cause problems at the pin site.

Pin care

Washing the hair is effective in cleaning the pin sites, however additional care is required to prevent infection.

- Pin sites and surrounding skin should be cleaned at least once daily using an alcohol swab, or cotton swab with soap and water.
- Use a clean/new cotton swab on each pin site.
- Any scabbing or dried discharge should be removed with hydrogen peroxide or alcohol and a cotton swab. If burning sensation is felt with alcohol or hydrogen peroxide, use soapy water instead.
- Do not use any ointments or lotions around pin sites unless prescribed by your doctor.
- Contact your physician immediately if any of the following are observed:
 - Inflamed or reddened pin site with discharge and swelling.
 - Any open area where skin has pulled away from the pin.
 - Pain or discomfort at the pin sites.
 - Clicking noises.

Removal of halo

The halo should only be removed by a Certified professional with orders from the doctor. Once removed, the patient's neck will feel very weak and unsteady. A cervical orthosis (neck collar) is utilized until the patient's neck strength gradually returns. Do not return to sports or strenuous activities until doctor approves.