



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### CLINICAL

### POLICY AND PROCEDURE

**SUBJECT:** CARE OF THE PATIENT WITH HALO

**Policy No.:** C118.10

**Effective Date:** 01/1985

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**Purpose of Procedure:** To define the mechanisms used to:

1. Maintain cleanliness and prevent infection at pin sites.
2. Prevent dislodgement of pins.
3. Ensure skin integrity and personal hygiene under the halo vest.
4. Ensure appropriate emergency response without halo dislodgement.
5. Ensure safe transfer of patients without halo dislodgement or patient discomfort.

**Physician's Order Required:** No

**Performed By:** All components – RN, LVN & Affiliating Nursing Students under the supervision of a RN. Components as specified – NA, RA, SNW, as appropriate

**Policies:**

1. When a patient is admitted with halo, a consult is submitted to the orthotic department.
2. Pin site care is performed three times a day.
3. Routinely inspect pin sites.
4. Halo is not to be pulled on. Doing so could dislodge or change the tension on the pins.
5. Dragging a patient with a halo will put pressure on the pins, possibly dislodging them.
6. Vest liner is replaced when wet or soiled.
7. Do not use lotions or powders underneath the vest.
8. A cotton pillowcase or undershirt can be worn or placed under the vest for comfort and absorption of perspiration; change regularly.
9. Assess halo vest every shift. Two fingers should fit under jacket at shoulder and chest while patient in supine position.
10. A wrench specific to the type of halo must be secured to the patient's vest at all times to ensure access in an emergency.
11. Keep a torque wrench and a crescent wrench available at all times, even when the patient leaves the unit.
12. Pillows are not to be placed under the halo.

**Procedural Steps:**

Halo Pin Site and Hair Care:

1. Perform hand hygiene and don gloves.
2. Position patient supine.
3. Observe skin and equipment:
  - A. Check all bolts and skull pins for tightness, movement, or pain.
  - B. Observe for signs of infection such as swelling, redness, purulent drainage, and site pain.
  - C. Notify physician of any loose pins, or any S/S of infection
4. Cleanse skin around skull pins using chlorhexidine moistened swabs and using cotton-tipped applicators and Normal Saline, rinse each site to remove excess cleaning solution.

**KEY POINT:** A clean chlorhexidine moistened swab and normal saline soaked cotton-tipped applicator should be used for each pin site.

5. If crust present, wrap the pin site with normal saline soaked gauze for 15-20 minutes and then remove the gauze. Using a gentle, rolling motion, remove crust with a cotton tipped applicator that has been soaked in normal saline solution.
6. Shampoo patient's hair twice weekly or more often as needed paying particular attention to rinse the pin sites.

#### Washing Underneath the Vest (NA, RA, SNW can perform under the supervision of RN)

1. Position patient supine, loosen bottom straps, and cleanse the chest.
2. Turn patient to the side; cleanse the back (less than 45 degrees).
3. Check for tender reddened areas or pressure spots.
4. Change the vest lining if needed.
5. Close the vest.  
**KEY POINT:** Notify Orthotic Department if replacement of vest liner is needed.
6. Refasten straps.

#### Positioning Patient in Bed

1. Prior to moving the patient, check to make sure the patient is in alignment.
2. Turn or lift patient, refer to Safe Patient Handling policy B873.
3. Use pillows behind the back and between the legs as necessary for comfort and to maintain alignment.
4. Position the head on soft surface so that pins are free from pressure.

#### Emergency Removal of the Halo Vest

1. To initiate chest compressions during CPR:
  - A. Position patient supine on a firm surface.
  - B. Release the side straps bilaterally.
  - C. Flip the chest plate up. It will bend at the perforation to allow for proper hand placement.**KEY POINT:** If the patient does not have this type of vest, use wrenches to remove distal anterior bolts.
2. If further access to the chest is needed for central line placement, chest tube, tracheostomy, etc., and at the physician's request, remove the full anterior plate.
3. Open the airway using the jaw thrust maneuver.  
**KEY POINT:** Assistance may be needed to hold the chest plate up to perform compressions.

#### Documentation

Record observations and document care provided including patient/family teaching.

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**Revised By:** Elizabeth Thompson, BSN, RN

#### **References:**

Hollen, S. (2020). *Clinical nursing skills: Fundamental to advanced*. St. Louis, MO: Elsevier.

Lippincott Procedures. (2023 , February 20). Halo-vest traction: Care of patient. Retrieved from <http://procedures.lww.com/lnp/view.do?pId=2526607&hits=site,pin,sites,pins,care,careful&a=false&ad=false>

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01/85 – Revised  
12/88 – Revised  
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