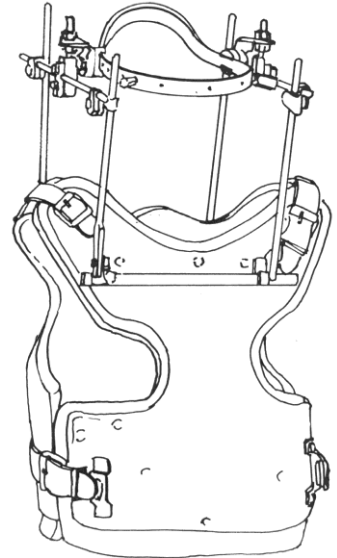


What is a halo?

A halo is a device used to hold your child's neck in place and keep it from moving while it heals.

- How long your child wears it is based on your child's condition and the doctor's advice. It is most often worn for 2 to 4 months.
- The halo can help your child stay as active as possible. This may include such things as going out for dinner and movies, being with friends, and going to school and work.
- You may also hear a halo called a halo vest.



What do I need to know to help my child move around with a halo?

To help your child feel their best and be as safe as possible with a halo:

- Have them take rest breaks often. This can help decrease the soreness in their neck area.
- Have them take extra care and time as they move.
 - It may take a while to get used to being “top heavy.”
 - Your child will also need to gain a new sense of balance as they move.
- Help them learn to move between objects, doorways and cabinets at home and school. It is easy to misjudge distances between objects and the halo at first.

What should I teach my child about safety with a halo?

Teach your child to keep the halo wrench taped to the front of the vest **at all times**. Other safety guidelines include teaching your child **NOT** to:

- Bend or twist their neck.
- Bend forward at the waist.
- Do anything that puts pressure on their neck.
- Lift more than 5 pounds – the weight of a regular bag of sugar or flour.
- Allow anyone to hold or pull on the rods or the vest.
- Loosen or adjust the vest or pins.
- Go into large crowds where your child and the halo can get bumped or pushed.

What kinds of clothes should my child wear?

Have your child wear comfortable clothes that fit well with the vest.

- Do not allow your child to wear any clothes under the vest.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Halo care, continued

- Have them wear clothes that open in the front or back with zippers, buttons or Velcro. They may need to wear a larger sized shirt to fit over the vest.
- Teach them not to pull on clothes over their head.
- Your child’s occupational therapist may give you a “reacher” or other device to help with dressing.

Also have your child wear:

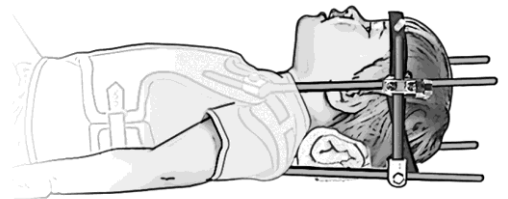
- Shoes with a non-skid rubber sole, such as tennis shoes. Do not allow your child to wear flip-flops, sandals or high heels. They may cause your child to fall and hurt themselves.
- A scarf to help keep the head, neck and ears warm as needed.

How can I help my child with sleeping?

Do NOT allow your child to sleep on their stomach. They may only sleep on their back or side.

Your child may have trouble sleeping at first. To help them sleep:

- Put a rolled towel or pillowcase:
 - Behind your child’s neck if they sleep on their back.
 - Next to your child’s cheek if they sleep on their side.
- Make sure the rolled towel or pillowcase only touches the head or neck, not the halo.
- Make a wedge to raise the head of the bed. To make a wedge:
 - Buy foam from a fabric store. Carefully cut it with an electric carving knife to make a wedge shape.
 - You can use pillows.



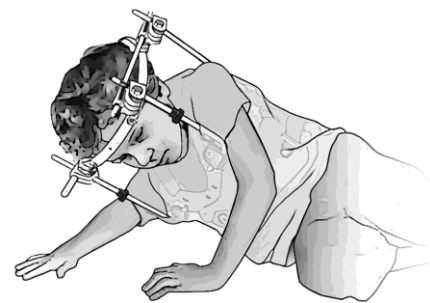
Sleeping

Sleep with a rolled towel behind the neck

When getting out of bed, your child should **NOT** sit up by bending at the waist. This puts stress on the front pins.

Instead, your child should follow these steps:

- Lie on their back.
- Bend both knees.
- Bring their arms toward the edge of the bed.
- Roll onto their side.
- Drop their legs off the bed and push up to a sitting position by using the bottom elbow and top hand.



Getting out of bed

Roll to the side and push up to sitting

To get into bed, they should follow these steps in reverse.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Halo care, continued

How do I care for the pin sites, pins and my child's skin?

To care for the pin sites:

- Do not use ointments, powders or antiseptics on the pin sites or under the vest unless your child's doctor tells you to.
- Check your child's pin sites each day for signs of infection, such as:
 - Increased redness or swelling
 - Tenderness, pain or hardness at the pin site
 - New drainage, changes in the color of drainage, and drainage that smells bad
 - Warm skin at the pin site
 - Fever of 100.4°F (38°C) or higher without other signs of sickness

To care for the pins:

- Clean the pins 2 times each day.
- Unless the doctor says something different, use sterile saline (salt water) to clean the pins. You can buy sterile saline at a store or pharmacy.

When cleaning the pins:

- Wash your hands well with soap and water for at least 20 seconds.
- Dip a clean cotton swab (like a Q-tip) into the sterile saline.
- Clean the skin around the pin in a circle motion. Push the skin down and away from the pin. This helps prevent drainage from building up at the pin sites. It also keeps the skin from sticking to the pins.
- Make sure no crust is left at the pin site or the skin around the pin.
- Repeat these steps for each pin site.
 - Use a clean cotton swab for each pin site.
 - Do not touch or use the same swab from one site to another.

To help care for your child's skin:

- Check your child's skin each day for signs of pressure or irritation from the vest. This may include redness, bruising or blisters.
- Use a thin towel, not a hard object, to scratch under the vest.
- Tell your child's doctor if there is a problem with the vest. It can be changed if needed.

How can I help manage my child's pain?

- The doctor may give your child a prescription for pain medicine to use at home. Call your child's doctor if they need a refill. Your child should need less pain medicine over time.
- You may give your child acetaminophen (Tylenol or less costly store brand) or ibuprofen (Motrin, Advil or less costly store brand) for pain when they no longer need prescription pain medicine.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Halo care, continued

- Follow the directions on the box carefully, or ask your child’s doctor how much medicine to give.
- **DO NOT:**
 - Give your child more than 5 doses of acetaminophen in 24 hours.
 - Give acetaminophen to babies younger than 3 months old without talking to the doctor.
 - Give ibuprofen to babies younger than 6 months old without talking to the doctor.
 - Give acetaminophen and ibuprofen together.
- It may also help to:
 - Play a favorite game.
 - Watch TV or a video.
 - Listen to music.
 - Take slow, deep breaths.
 - Think about doing their favorite things in a faraway place, like going to the beach.
 - Talk with friends.

How can my child bathe?

- Help your child take a sponge bath while sitting in a chair next to the sink or lying in bed. Do not allow them to shower.
- Always keep the skin and liner clean and the vest dry.
 - Protect the vest with a plastic bag.
 - If the vest gets wet, use a blow dryer on a **cool** setting to dry it.
- Do not use powder, soap or lotion under the vest. This may irritate the skin.

How can I help my child wash their hair?

Do not wash your child’s hair for 2 to 3 days after they get the halo. After that, follow these steps to wash your child’s hair:

- Protect the vest with a plastic bag.
- Keep your child’s head lower than their chest so water does not run down into the vest.
 - Have your child lie on their back with a trash bag tucked around the vest.
 - Sit in a chair or recliner. Hold the basin at the base of your child’s neck to catch the water.
 - Use a plastic pitcher or rubber hose from the sink to rinse the hair.
 - You may use a damp washcloth with shampoo instead of the plastic pitcher or rubber hose.
 - You may also use a no rinse shampoo.
- Do not use any tints, dyes, sprays or conditioners on the hair.
- If your child has dandruff, use an anti-dandruff shampoo.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Halo care, continued

What should my child eat?

Make sure your child eats healthy foods to help them stay at their normal weight and heal well. If they gain weight, the vest may need to be adjusted. Give your child:

- Normal sized portions
- Protein foods, such as meat, eggs and beans
- Dairy products, such as milk, yogurt and cheese
- Fresh fruits and vegetables
- Whole grain breads and cereals

How can my child get around?

Your child **MAY NOT**:

- Drive a car.
- Drive or ride on any wheeled vehicles, such as a bike, moped, ATV or motorcycle.

Your child should limit using public transportation.

- Buses, trains and trolleys can cause shaking or bumping.
- Crowds can cause pushing and shoving.

Your child may travel in cars and planes.

- When riding in cars:
 - Your child should **always** wear a seatbelt or use a car seat as appropriate.
 - To get into a car, have your child:
 - Back into the seat with their body bent forward at the waist.
 - Sit down.
 - Move their legs and body around together to face forward.
 - To get out of the car, have them follow these steps in reverse.
 - Teach your child to get in and out of a car without bumping the halo on the door frame.
- When flying in a plane:
 - Expect the halo to set off metal detectors.
 - Ask to pre-board the plane ahead of others.

When can my child return to school or work?

Your child can return to school or work when their doctor says it is OK. An occupational therapist can check their desk, computer or workstation at school or work.

To help your child, teach them to:

- Take standing breaks if they will be sitting for a long time.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Halo care, continued

- Keep their computer screen at eye level. Your child's arms should be supported on a flat surface with elbows bent at 90 degrees.
- Raise their writing surface if needed. Make sure their arms are supported on a flat surface.
- Have a friend help carry books or other heavy items. Your child may not carry a shoulder bag or backpack or lift more than 5 pounds.

When will the halo be removed?

The halo will be removed when X-rays show the neck has healed. The doctor will tell you when your child can begin normal activities. When the halo is first removed, your child may:

- Feel dizzy or feel like their head is very heavy.
- Have weak and sore neck muscles. They may need to wear a neck collar for support.
- Need physical therapy (PT) to help strengthen their neck.

When should I call the doctor?

Call the doctor **right away** if your child has:

- Pain that does not go away with position changes or after taking pain medicine.
- A change in feeling in the arms or legs, such as numbness or tingling.
- Decreased movement in the arms or legs.
- Any neck movement.
- Skin redness or irritation under the vest.
- Signs of infection at the pin sites, such as:
 - Increased redness or swelling
 - Tenderness, pain or hardness at the pin site
 - New drainage, changes in the color of drainage, and drainage that smells bad
 - Warm skin at the pin site
 - Fever of 100.4°F (38°C) or higher without other signs of sickness

Also call your child's doctor if:

- The pins or vest need to be adjusted.
- There are any loose parts, pins or screws.
- You have any questions or concerns about how your child looks or feels.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

