

HELMET REMOVAL

OVERVIEW:

Whenever possible trauma patients should be transported to the hospital with the helmet in place

INDICATIONS:

- ❑ When spinal injury is suspected, removal of the helmet is indicated only when there is a compelling reason for removal such as:
 - Airway control or ventilation, which cannot be adequately accomplished with the helmet in place
 - Life-threatening hemorrhage under the helmet
 - Fit or design on the helmet prevents adequate spinal immobilization or axial alignment of the spine

CONTRAINDICATIONS:

- ❑ None noted

PROCEDURE:

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| EMR | <ul style="list-style-type: none">❑ When a helmet must be removed the method taken from the Pre-Hospital Trauma Life Support manual describing a two-person method for helmet removal without disturbing the alignment of the cervical spine is recommended.❑ Kneel above patient's head and press palms to sides of helmet and curl fingertips under margin of helmet to hold the head in manual cervical spine stabilization.❑ Have someone kneel alongside the patient and open or remove face shield if one is present❑ Have them grasp the mandible between the thumb and fingers at the angle of the jaw on both sides❑ Wrap remaining fingers around the occiput of the skull and take over manual cervical spine stabilization.❑ Pull sides of the helmet apart and rotate the lower end of the face piece until it clears patient's nose❑ Carefully pull the helmet straight until helmet is almost completely out from under patient❑ Have second provider slide hands under head❑ Remove helmet | EMR |
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CONSIDERATIONS:

- ❑ Conduct a physical exam with emphasis on assessing neurological status frequently
- ❑ Football helmet and shoulder pads **SHOULD NOT** be removed from patient
 - Maintain neutral inline stabilization by securing helmet and pads to backboard
 - Remove the facemask by cutting side and top attachments at loops