Name of Module:	Spin	al Immo	bilizatio	n – Sea	ted P	atient	(K	(ED, etc)		
Module Provider Level:	Х	EMR	E		MT			AEMT		Paramedic
Instructional	X	Sir	nale Str	ıdent	х	Sn	าล	II Group	x	Whole Class
Setting:			ngle Student Didactic			<u> </u>				
Learning Domain(s):	Х		Didact	IC	Х	PS	уC	homotor	Х	Affective
General Description of Lesson:	EMR		This lesson describes, demonstrates, and practices the use of the Kendrick Extrication Device (or similar tool) for moving a patient who is in the seated position.							
	EMT		N/A							
	AEMT		N/A							
	Paramedic		N/A							
Objective(s) of Lesson:	EMR		 Prerequisites: EMR OM Education patch; C-spine immobilization; trauma patient assessment. On successful completion of this lesson, the EMR will: Correctly employ earlier lessons of manual in-line head position, cervical collar selection and placement, and securing the patient to a long board. Apply the KED in the proper fashion. Perform motor and sensory assessments at the beginning of the procedure and at the end of each manipulation sequence. Communicate with patient to decrease patient apprehension and fear (explain the procedure). Perform the procedure "Spinal Immobilization Seated Patient" to DOT/NREMT standards (see procedure check sheet). 							
	EMT		N/A							
	AEMT		N/A							
	Paramedic		N/A							
Assessment type(s):	X		Qι Lab Ski	liz II Shoo	<u> </u>	X	_			rvation tion as needed
Describe the	Χ		∟au 3KI	11 21166	ι	X	<u>. </u>	Other: ren	ieula	ilion as needed

©2010 Idaho EMS Bureau Page 1

assessment plan: Demonstrate prerequisite procedures to insure mastery of prerequisites prior to initiating lesson. Provide opportunity to familiarize with equipment prior to student practice On completion of lesson, students will demonstrate proper technique of assessment, application, and care of patients receiving spinal immobilization, in accordance with Spinal Immobilization Seated Patient checklist (provided). Identify students requiring remediation (didactic) using quiz, and provide additional instruction as indicated. Identify students requiring remediation (psychomotor) using student demonstration: attempt to identify and provide constructive comments to students having difficulty during practice sessions. Provide opportunity during psychomotor assessment to validate affective role in patient communication. Assist with layman terms for explaining procedure to patient as appropriate (student specific needs). www.nhtsa.dot.gov/.../NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/ EMS_Feb07_PMS314.pdf http://www.nemses.org/draft_standards/pdf/education_standards_documen_ **Describe electronic** t.pdf (this is the Don't Use/Don't Quote version 3) resource(s) used in http://www.nremt.org/EMTServices/exam coord man.asp?secID=1 this plan: (skills test checklists) http://www.nremt.org/downloads/spinalimmobilizationseated.pdf http://en.wikipedia.org/wiki/Kendrick Extrication Device c-collars, various sizes KED kit Checklist- Spinal Immobilization Seated Patient Materials and Mistovich, K. Prehospital Emergency Care, 6th Ed.. Brady. Resources used by United States D.O.T., NHTSA, EMT-Basic: National Standard Curriculum teachers and students: Emergency Medical Technician: Making the Difference. Will Chapleau, Peter Pons, Elsevier, ISBN #13 978-0-323-04001-3 Verbally 'pretest' in non-threatening discussion format, to review anatomy and physiology of CNS. Discuss mechanisms of injury likely to cause spinal compromise: widen index of suspicion to include at-risk for fracture populations with MOI not typically causing spine damage. Emphasize speed/mass relationships as they relate to MOI. Discuss potential family/financial/physical long-term outcome of spinal injury. **Teacher Procedure:** Refresh concept of scene safety, as KED is often employed in MVA scenarios. Additional consideration should be given to extrication from closed spaces (tanks, silos, etc.) as these are typically an OSHA (or other

type services, often utilizing KED's.

specialized agency) certificated specialized tasking, frequently used in fire-

Reinforce ABC, then complete rapid trauma assessment.

	 Demonstrate motor/sensory assessments before and after immobilization and securing of patient. Emphasize caution, advising against any excess movement of the patient, or purposeful eliciting of pain responses. Reinforce SAMPLE history and focused exam. Demonstrate KED placement in an automobile seat if at all possible. Reinforce "Head EMT" task of directing moving/repositioning of the patient. Reinforce critical tasks on "Spinal Immobilization-Seated" checklist. Encourage and reinforce proper task performance; offer suggestions for improvement if student needs additional practice. 							
Student Tasks:	Demonstrate assessment of suspected spinal injury patient Demonstrate airway maintenance in immobilized patient. Demonstrate manual in-line cervical immobilization with cervical collar application. Demonstrate spinal immobilization from the seated position using a KED, IAW Spinal Immobilization-Seated checklist.							
Time Required:	# of class periods:	2	# of minutes per class period:	60				
Notes, tips, suggestions, and/or extension activities:	During reciprocal student practice, at various stages of the immobilization procedure (e.g. when the torso is secure but before the head), simulate care of the vomiting patient. Insist the students form "litter teams" to perform entire procedure: actually lift each other onto the backboard and gurney AFTER application of the KED. Complete procedure by properly securing KED /backboard/ gurney/ patient package and performing all sequential motor sensory assessments. Participate in an extrication multi-agency exercise to reinforce the difficulty / hazards inherent while using power tools for removing vehicles from around immobilized patients. This should be part of extrication awareness.							

©2010 Idaho EMS Bureau Page 3