

Pediatric Immobilization Board

User Instruction Manual

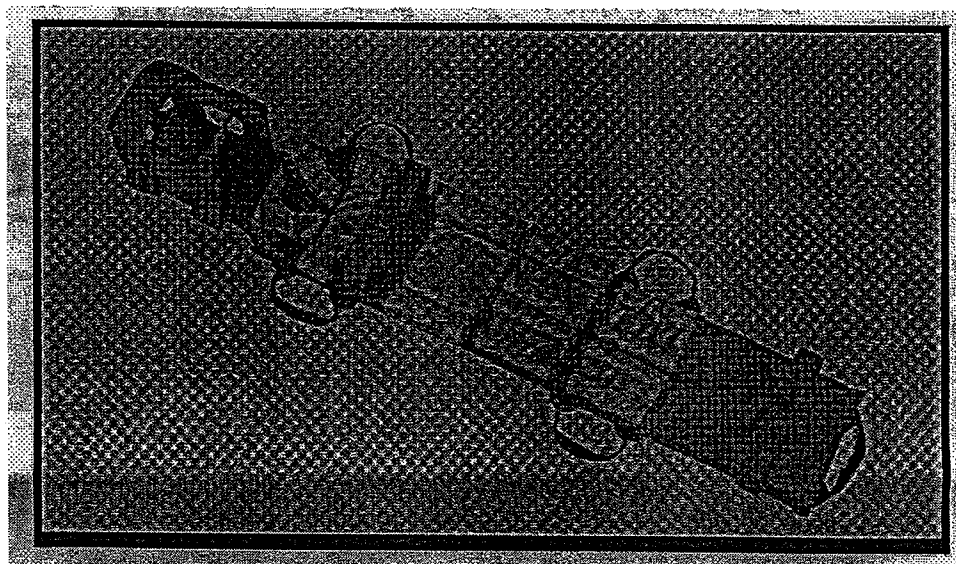
DESCRIPTION

The LSP Pediatric Immobilization Board is a versatile system capable of easily immobilizing infants and children with spinal injuries or just in need of restraint. The Pediatric Immobilization Board will accommodate children from infant to approximately 75 pounds (34 kgs).

The unique harness system which is integral to the device allows easy manipulation of the child for proper airway management or radiological procedures. Once the child is positioned on the immobilization board, the spine is functionally maintained in a neutrally aligned static position. The split leg strapping design allows each leg to be immobilized and treated separately.

The nylon covering is easy to clean and disinfect plus it is durable enough to withstand harsh treatment either in the field or the hospital. The ½ inch backboard is made of finished Baltic Birch so it is also easy to clean and maintain.

The LSP Pediatric Immobilization Board is totally radiopaque so the child can be x-rayed while still firmly attached to the board.



SPECIFICATION

Length:	47 ½ inches
Width:	9 ¾ inches
Thickness:	½ inch
Weight:	4 pounds
Outer Covering:	420 Denier Nylon
Finish:	¾-1 oz. DWR, Urethane Coated
Backboard:	½ inch Baltic Birch
Closures:	Hook and Loop
Foam:	½ inch thick 2# closed-cell non-absorbant polyethylene foam

HOW TO REORDER

MODEL NO.	DESCRIPTION
L484C	LSP Pediatric Immobilization Board
L720061-048	Carrying Case for Model No. L484C
L018077	Backboard
L720073	HEAD HARNESS
L484-075	Drug dosage and Patient management Sleeve (optional accessory)

Pediatric Immobilization Board

1.0 Positioning the LSP Pediatric Immobilization Board

1.1 Position the Pediatric Immobilization Board next to the victim (Figure 1.1)

1.2 Open the harness system as shown in Figure 1.1

2.0 Patient Alignment

2.1 Align the child's shoulders (under all circumstances) with the stitching of the shoulder straps as shown in (Figure 2.1)

2.2 Proper shoulder alignment is essential to provide "vertical" and "horizontal" immobilization of the child's spine. This pattern of immobilization prevents shoulder as well as head movement, either of which may cause spinal displacement. (Figure 2.2)

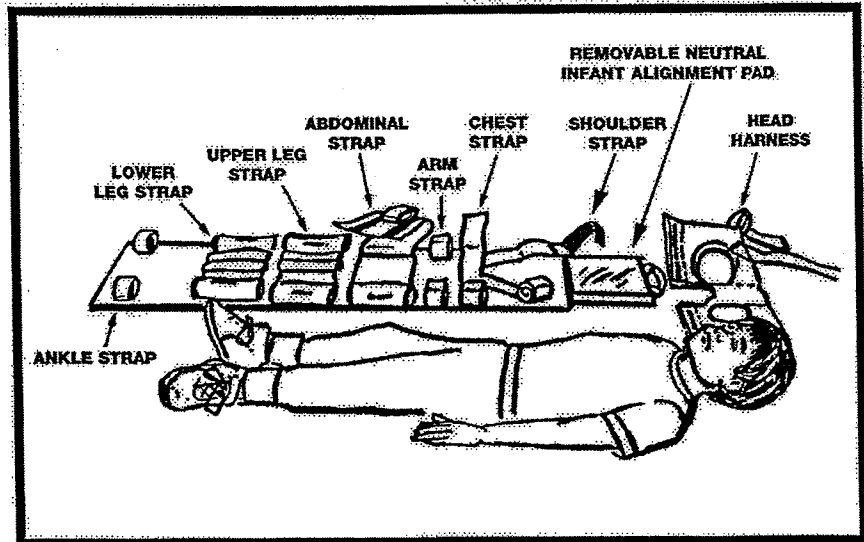


FIGURE 1.1

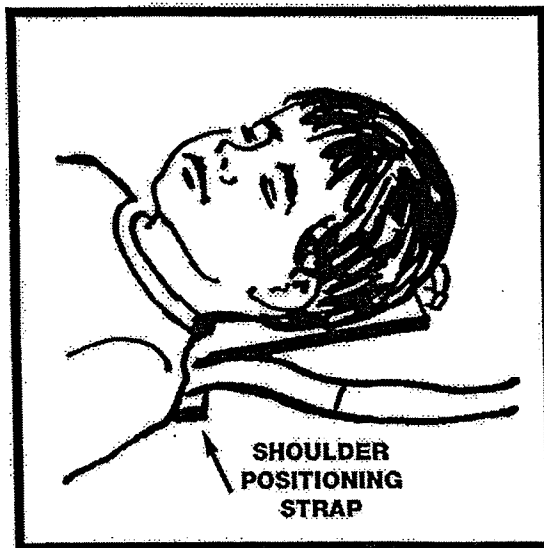


FIGURE 2.1

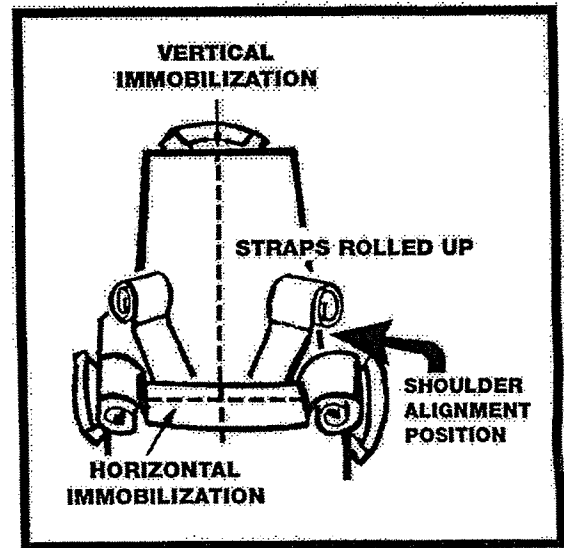


FIGURE 2.2

Pediatric Immobilization Board

3.0 Placement of Chest And Shoulder Straps

3.1 After the patient has been properly positioned on the Pediatric Immobilization Board, place the chest and secure it. (Figure 3.1)

3.2 Position and secure the shoulder straps based on anatomical considerations and the condition of the child's chest. (Figure 3.2)

**** NOTE :** Avoid over tightening either the shoulder or chest straps since they could obstruct chest expansion. also ensure they are secured enough to stabilize the upper torso.**



FIGURE 3.1

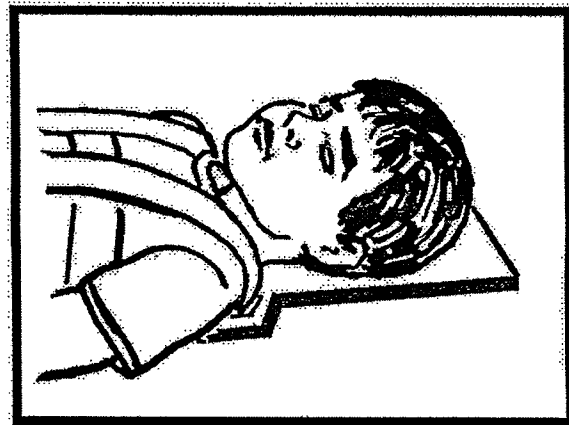


FIGURE 3.2

4.0 Attaching The Head Harness And Immobilizing the Head

4.1 Hold the head harness by the hook and loop fasteners at the bottom of the foam rubber sections. (Figure 4.1)

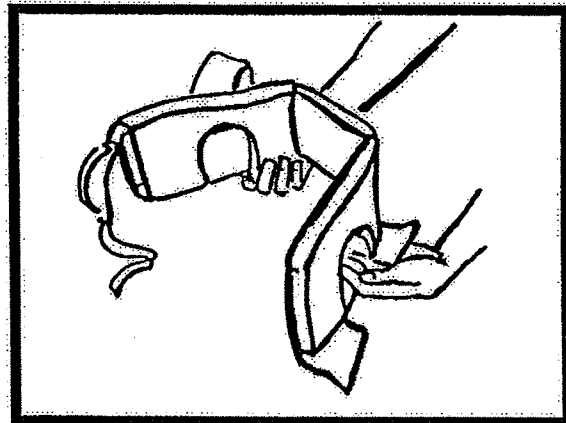


FIGURE 4.1

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4.2 Position the center foam rubber section against the top of the victim's head while its bottom rests on the surface of the Pediatric Immobilization Board. (Figure 4.2 & 4.3)

4.3 While applying counter pressure to one side of the head, gently press the opposite side foam section against the patient's head and secure the hook and loop flap to the under side of the board. Repeat the procedure for the other side. (Figure 4.3)

4.4 Firmly adjust the forehead strap while applying counter pressure to the left side of the patient's head by using an arching motion over the child's eyebrows so the head does not move. When properly positioned, the forehead strap should connect to both outer sides of the head harness at the same angle. (Figure 4.5)

**** NOTE:** The head harness design allow use with most standard cervical collars. **

4.5 Adjust the chin strap snugly, allowing the mouth to open if necessary. (Figure 4.5)

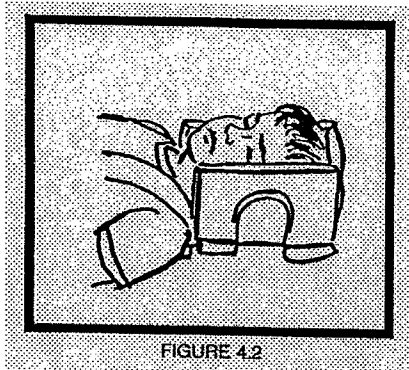


FIGURE 4.2



FIGURE 4.3

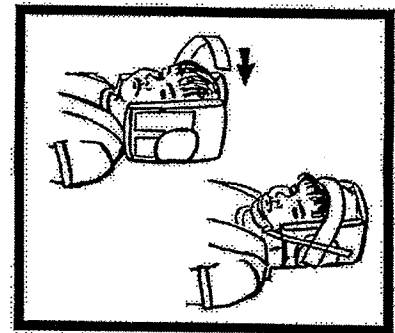


FIGURE 4.3



FIGURE 4.6

4.6 When immobilizing an infant it may be necessary to remove the neutral infant alignment pad to provide neutral alignment. By removing the head pad, the infant's head will be allowed to drop down, thereby providing proper neutral alignment positioning and immobilization.

4.7 The padded head rest may be stored in the storage pouch located on the back of the LSP Pediatric Immobilization Board. (Fig. 7.1)

5.0 Adjusting The Abdominal Or Lower Torso Strap

5.1 Place the abdominal strap over the child's abdominal or in the case of smaller children or infants, across their thighs or lower legs respectively. (Figure 5.1-A & B)

5.2 The child's arms may be restrained within this strap or left outside and restrained with the arm straps.

**** NOTE:** if hands are secured within the abdominal strap ensure that circulation is not impaired.**

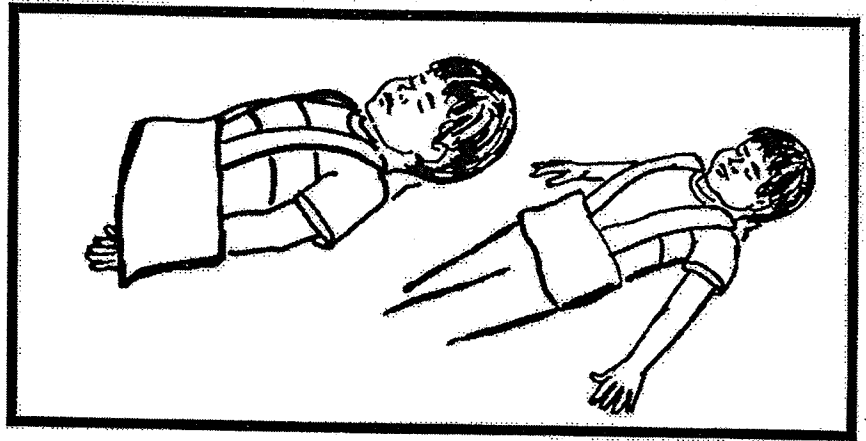


FIGURE 5.1

6.0 Adjustment Of Leg Straps

6.1 Adjust the leg straps according to the size of the child. A small child or infant may not require the use of these straps while a large child may (Figure 6.1)

6.2 If both levels of leg straps are to be used, secure the thigh straps first and the ankle straps second.

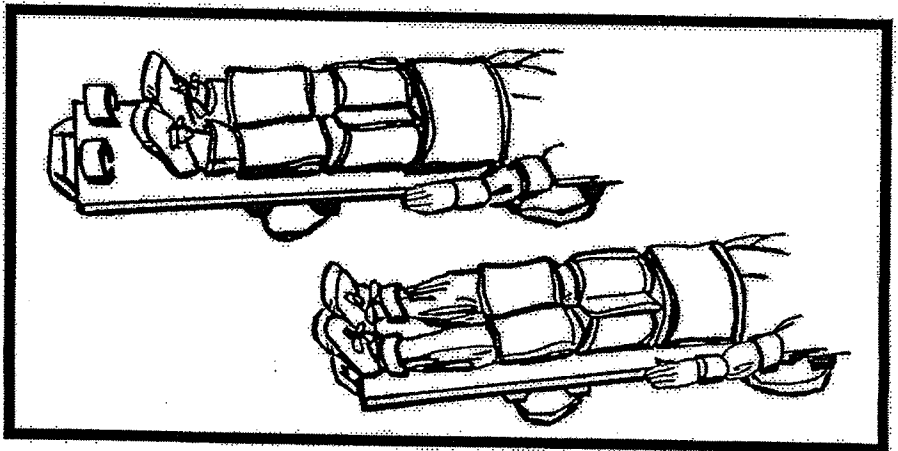


FIGURE 6.1

7.0 Attaching The Pediatric Immobilization Board To The Miller Full Body Splint Or A Standard Backboard

7.1 Release the attachment straps from the storage pouches on the back of the Pediatric Immobilization Board and thread them through the appropriate handles on the backboard to secure the Pediatric Immobilization Board to the backboard or Miller Board (Figure 7.1)

**** NOTE:** The integral handles may be used to lift or transport the child once he is properly attached to the Pediatric Immobilization Board.**

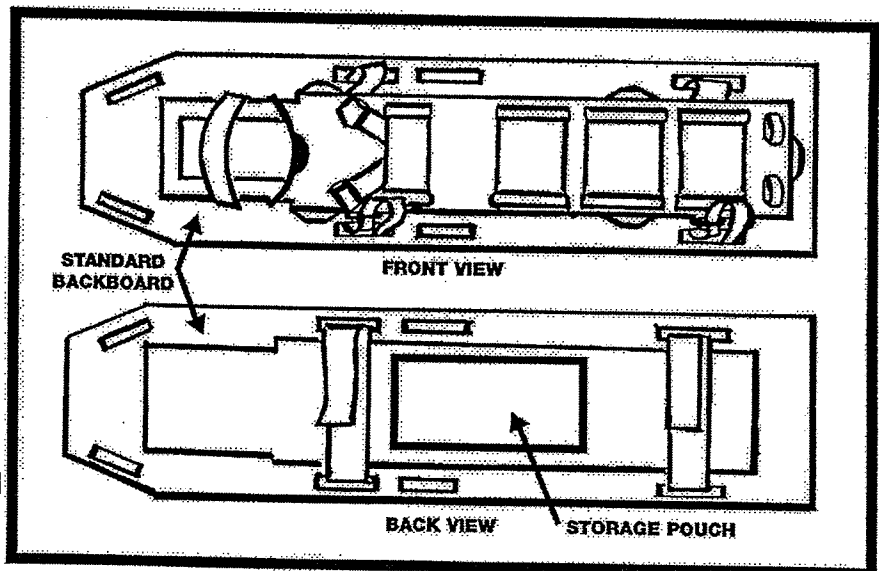
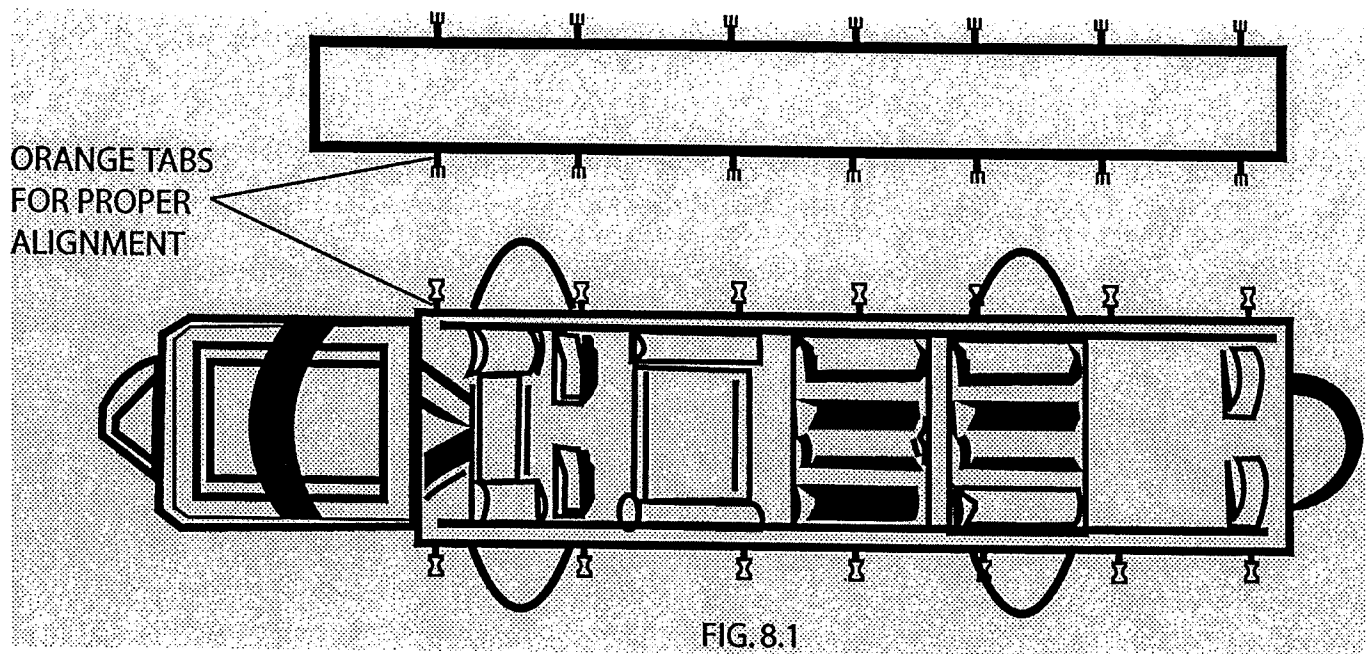


FIGURE 7.1

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8.0 Attachment of the (optional) LSP Pediatric Immobilization Board drug dosage and management protocol sleeve.

- 8.1 The LSP clear sleeve is an optional accessory that is designed to hold a customized drug dosage and management protocol tape, or the Broselow™ Pediatric Emergency Tape as an integral part of the LSP Immobilizer.
- 8.2 The LSP clear sleeve may be attached to either side of the LSP Backboard to facilitate ease of use.
- 8.3 To connect the clear sleeve, simply start by first connecting the orange clips on the sleeve to the orange clip on the LSP Backboard. All other clips will be correctly aligned.
- 8.4 Once the clear sleeve is connected the protocol measuring tape may be easily inserted into the clear sleeve by separating the Velcro opening on the side of the sleeve.
- 8.5 Once inserted, the protocol measuring tape may be moved up or down within the clear sleeve to facilitate proper alignment based on the length of the patient.
- 8.6 Notes or markings may be made on the clear sleeve using a non-permanent marking pen.

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8.7 The LSP clear sleeve may be stored by folding the strap around the back of the board and attaching the second set of clips to the clips on the opposite side of board. (Fig. 8.2)

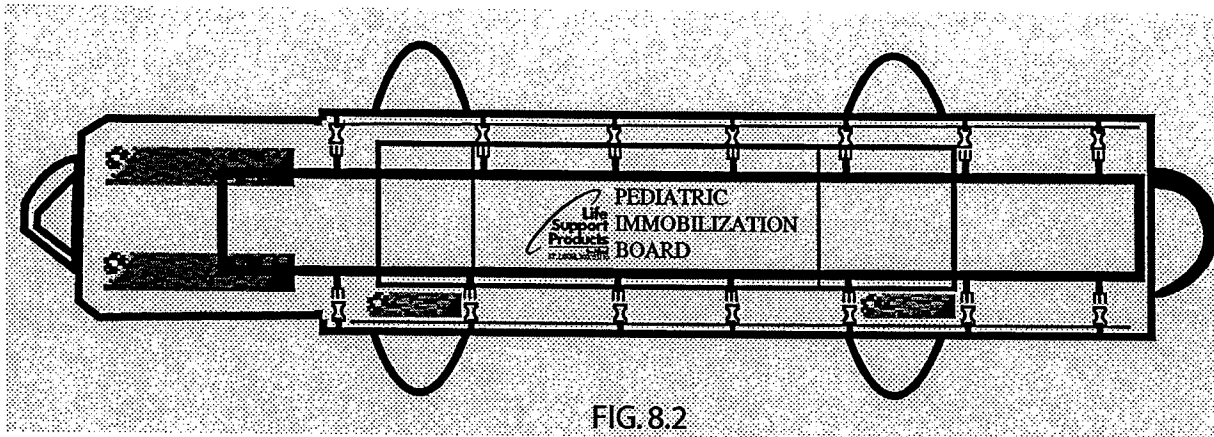


FIG. 8.2

8.8 The LSP clear sleeve may also be folded and stored in the storage pouch Located on the back of the LSP Pediatric Immobilization Board. (Fig. 8.3)

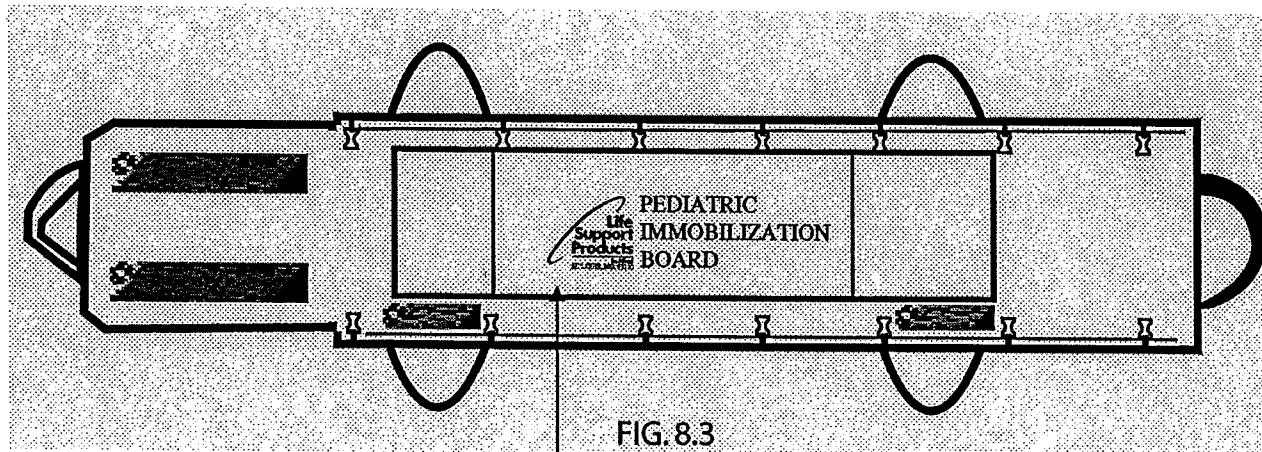


FIG. 8.3

Storage Pouch

More LSP Innovations



AUTHORIZED EU REPRESENTATIVE:
ALLIED HEALTHCARE PRODUCTS, INC.
48 KEYMER ROAD HASSOCKS
WEST SUSSEX-UK BN6 8AR
TEL: 44-1273-841-212
FAX: 44-1273-846-902



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