

# Gel Pads

For years patients who have experienced prolonged spinal immobilization have been plagued with pain and joint stiffness on areas of the body that have bony prominences, particularly the back of the head, scapula, sacrum, and heels of the feet. Pressure sores and stasis ulcers can begin in as little as one hour after restraint. Different types of air mattresses, surgical table pads, and foam or air pads have been tried in an attempt to alleviate patient discomfort. These devices all came with their own problems. Pads were often not strong enough, air mattresses frequently ruptured, and both protruded from the board and interfered with packaging.

Gel pads, developed specifically to reduce pain and pressure in patients restrained on a spine board, target the points of contact between the body and the hard surface of the board during spinal immobilization. They have been shown to greatly reduce the incidence of pressure sores and discomfort without interfering in the immobilization package, particularly when placed under the head, shoulder blades, and sacrum. They also resist tearing, won't leak if punctured, and help keep the patient immobile without compromising the ability to treat patients rapidly. This innovation allows emergency medical staff to concentrate on the injury itself and not waste critical time getting X-rays on complaints caused by the backboard.

## Patient packaging for flight

- Apply a gel pad to a spine board whenever possible.
- When a c-collar is applied, make sure it is snug but not overly uncomfortable.
- When strapping a patient to a spine board, securing points for straps are the shoulders and upper chest, iliac crests, and thighs.
- Strap legs snug so as not to get loose and potentially injure the pilot.
- **Check cms both before and after package.**
- Secure the body before taping the head.
- No loose bedding or clothing on the patients or rescuers when approaching a running aircraft.
- In addition to prevention of pressure sores, a gel pad can be a useful adjunct in temperature regulation for both warming and cooling. Heating purposes include patient comfort, hypothermia and prevention of heat loss. Useful cooling purposes may include therapeutic hypothermia, splinting, or heat stroke. More general information can be found at [turleybackboardpad.com](http://turleybackboardpad.com).

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