

HOSPITAL

DEPARTMENTAL POLICY

TITLE: TRAUMA: APPLICATION OF GARDNER WELLS TONGS

Date Adopted:

Date Revised:

Supersedes:

Date Reviewed:

DISTRIBUTION:

Nursing

STAFF LEVEL:

RN, GN, LVN, GVN

PROCEDURE:

Indication

1. Stabilization and traction of the cervical spine, as needed for vertebral fracture, dislocation, fracture/dislocation, or soft tissue ligament injury that supports the cervical vertebral column.
2. Pre-operative treatment to reduce a dislocation before going to surgery. May remain in place up to 8 weeks.

Equipment

- Tongs or halo ring
- Weights in 5 pound increments (ortho tech on call will bring)
- Lidocaine 1 or 2% with or without epinephrine
- 3cc syringe with 18 and 25 gauge needle
- sterile gloves
- sterile 4x4
- surgical prep solution
- Shave prep kit

Procedure (DIAGRAM TO FOLLOW)

1. Patient should be on a bed with orthopedic traction frame
2. Shave and cleanse potential pin sites with betadine
3. Patient should have a rigid cervical collar on; if removed for any reason, maintain cervical spine alignment and stabilization.
4. Physician will inject sites with Lidocaine to anesthetize area.
5. Pin edges are placed on the prepped area of the scalp and screws will be tightened until the correct pressure is achieved.
6. Traction is then carefully applied using the pulleys and weights as ordered by physician.
7. Rope and weights should hang freely.
8. C-spine x-ray should be ordered to confirm alignment.

Nursing Assessment

1. Frequent neurological assessment during and after procedure to determine deviation from baseline level prior to procedure.
2. Assess pin sites for bleeding; pin site care must be performed every 8 hours.
3. Patient must remain flat and body in alignment with traction. DO NOT ADJUST HEAD OF BED.
4. Frequent assessment of vital signs including respiratory status.
5. DO NOT remove weights unless directed by physician.

Complications

1. Extension of neurological deterioration (mental/physical) due to injury or manipulation of the spinal cord.
2. May also lead to hypotension or cardiopulmonary arrest.
3. Slippage of tongs from insertion site (maintain C-spine manual traction and notify physician).
4. Infection at pin site.

REFERENCES:

American Association of Critical Care Nurses, *AACN Procedure Manual for Critical Care*, 2010, Fifth Edition, W.B. Saunders Company, Philadelphia, Pennsylvania.

American College of Surgeons, *Advanced Trauma Life Support*, 2014, Seventh Edition, Chicago, Illinois.

SIGNATURES:

Originator: _____

Signature: _____

Executive: _____ Regional Chief Nurse Executive Signature:

