

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

7N KENDRICK EXTRICATION DEVICE (K.E.D.)

PATIENT CARE GOALS

- Stabilize the spine in cases where extrication directly onto a backboard or the ambulance stretcher is not possible or would aggravate a suspected spinal injury. This device is most commonly used for the patient found in a seated position¹.

EMT

K.E.D Application in Adults

1. Apply manual in-line cervical spine immobilization.
2. Assess pulse, motor, and sensory function in all extremities.
3. Assess the cervical spine for injury.
4. Apply an appropriately sized cervical spine immobilization device.
5. Position the K.E.D. behind the patient, being careful to minimize movement of the patient.
6. Apply the middle and bottom torso straps.
7. Apply the leg straps.
8. Secure the head by applying the chin and forehead straps, pad as necessary to close the gap (if any) between the patient's head and splint.
9. Apply the top torso strap; ensuring the patient is still able to breathe comfortably.
10. Make sure all straps are appropriately tightened.
11. Reassess pulse, motor, and sensory function in all extremities.
12. Move patient to awaiting stretcher.
13. Release leg straps to allow patient's legs to straighten.
14. Immobilize patient on stretcher.
15. Reassess pulse, motor and sensory function in all extremities.



Patient immobilized in K.E.D

K.E.D. Application in Pediatrics

1. Apply manual in-line cervical spine immobilization.

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2. Assess pulse, motor and sensory function in all extremities.
3. Assess the cervical spine for injury.
4. Apply an appropriately sized cervical spine immobilization device.
5. Lay out K.E.D. next to patient. If the patient's legs are longer than the device, place a long board beneath the K.E.D. prior to moving the patient onto the device.
6. If the patient has a large occiput (head), place padding along the center of the device to keep the airway in a neutral position.
7. Maintaining manual in-line stabilization, move the patient onto the K.E.D.
8. Fold the torso flaps in on themselves and against the child's sides, then tighten the straps ensuring that the patient can still breathe comfortably.
9. Fold the head flaps in on themselves and against the child's head, then secure the head with either straps or tape as appropriate.
10. Reassess pulse, motor, and sensory function in all extremities.

DOCUMENTATION KEY POINTS

- Rationale for using K.E.D.
- CMS before, during, and after application of K.E.D.

NOTES

¹ Use of the K.E.D. is only one of several extrication techniques outlined in the Extrication Phase of procedure **7M: Selective Spinal Precautions**. If used, the patient should be placed on a waiting stretcher or longboard, if indicated.