



Mini C-ARM: Advancing care for children

Thanks to the support of Kurling for Kids, adding a mini C-ARM will help children get care faster, make treatments safer, and make things much more comfortable for young patients and their families during long bone fracture care.

Deliver faster, safer care for young patients



The need for a mini C-ARM

Currently, setting a fracture in a child requires sedation administered by an ER doctor or the pediatric sedation team, who are only available weekdays from 8 a.m. to 4 p.m.

A follow-up X-ray must then be performed, which means the sedated child has to be transported to radiology, accompanied by nursing staff. If the fracture isn't set correctly or the bone is misaligned, the entire process needs to start over: another sedation, removing and replacing the cast, and another trip to radiology.

This process can be overwhelming for the child, their family, and the care team, and may extend the hospital stay if a second sedation is needed.

Adding a mini C-ARM would allow real-time checks of bone alignment and fracture reduction right in the emergency room, cutting out extra transfers and repeated procedures.

Key Benefits

- Instant assessment of the fracture and bone alignment;
- Immediate corrections if needed—no need to repeat the entire procedure;
- No need to move the child or the team to the radiology department;
- Fewer repeat procedures under general anesthesia;
- Better care experience in a setting designed for children.

Equipment Cost

\$125,950

This cost can be done with a two-year commitment.



CHUS needs your helpright now.

Together, let's make an impact!

Your gift can be a one-time donation or spread out over several years.

Reach out to us. We're here to help you decide what's best.



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