

M-120 Cast Care

Purpose

Prevent neurological and vascular impairment of areas enclosed by cast.

Maintain cast for immobilization of affected area.

Prevent infection.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Washcloth and towel.
- Soap and water.
- Tape 1-inch or 2-inch.
- Pen.
- Pillows.
- Sterile gloves.

Assessment Areas

Physician orders for treated area.

Pain and/or discomfort.

Skin condition.

Color, temperature, capillary refill, sensation, pulse, movement.

Signs/symptoms of infection.

Procedure

1. Gather equipment.
2. Wash hands. Refer to Hand Washing Procedure.
3. Explain procedure to the client.
4. Put on gloves.
5. Hold casted extremity or body area with *palms of hands* until cast is fully dry.
6. Elevate extremity on pillows covered with linen savers or plastic bags.
7. Wash skin removing antimicrobial agents such as Povidone, rinse and dry.
8. Instruct client and/or family on procedure for observation of skin and neurovascular assessment.
9. If bleeding noted on the cast, circle the area and write the date and time on the cast.

10. Assess for signs of infection under the cast by observing smell and monitoring vital signs.
11. Instruct client/family on repositioning frequently (at least every 2 hours.)
12. If flaking of the cast around the edges is present, remove flakes, pull the stockinet over cast edges and tape down.
13. Use fracture pan for elimination for clients with good bowel and bladder control.
14. If potential for incontinence, place a plastic lining on cast edges and change as needed.
15. Instruct client/family on range of motion exercises unless contraindicated.
16. Discard used equipment and supplies.
17. Remove gloves and wash hands. Refer to Hand Washing Procedure.

Documentation Guidelines

Document in the clinical record:

1. Assessment findings including indications of infection.
2. Complications of immobility.
3. Skin condition.
4. Repositioning.
5. Teaching completed and additional teaching needed.

Related Procedures

None.

Policy History

Approval Date	11/1/2009
Approved By	Anne Tyson, Herman Pippin, Sandra Hill
Revision Date	12/31/2009
Approved by	Anne Tyson, Herman Pippin, Sandra Hill
Revision Date	
Approved by	
Revision Date	
Approved by	