**The Salvation Army – William Booth Special Care Home**

**Neuro – Muscular Skeletal Policies and Procedures**

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# Cast Care

**POLICY:**

The following procedure is to be followed when providing care to a resident with a cast.

A cast is an immobilizing device made up of layers of plaster or fiberglass, molded to the body part that it encases.

The HCW must be alert to complications which can arise from this procedure.

**NURSING ALERT**

* Do not ignore the complaint of pain; may indicate circulatory complications or pressure sore. Notify physician if symptoms persist. Cast may have to be split or removed.
* Persons at high risk include older adults and persons with a previous thromboembolism, obesity, congestive heart failure or multiple trauma. May require prophylaxis against thromboembolism.
* Cast syndrome (superior mesenteric artery syndrome) is a rare sequel of cast application, yet is a potentially fatal complication. This can develop as late as several weeks after cast application.

**PROCEDURE:**

**ASSESSMENT:**

1. Assess neurovascular status of the extremity (which is casted) for signs of compromise:
2. pain
3. swelling
4. discoloration (pale or blue)
5. cool skin distal to injury
6. tingling or numbness (paresthesia)
7. pain on passive extension (muscle stretch)
8. slow capillary refill; diminished or absent pulse
9. paralysis
10. Assess skin integrity of the extremity (which is casted). Report the following;

* severe initial pain over bony prominences. This is a warning sign of an impending pressure sore. Pain increases when ulceration occurs.
* odor
* drainage on cast

1. Assess for positioning and potential pressure sites of the extremity (which is casted).

* lower limb / heel, malleoli, dorsum of foot, head of fibula, anterior surface of patella.
* upper limb / medial epicondyle of humerus, ulnar styloid.

1. Assess cardiovascular, respiratory and gastrointestinal systems for possible complications related to immobility.
2. Assess psychological reaction to illness, cast, and immobility.

**NURSING INTERVENTIONS**

1. Elevate the extremity (which is casted) on a pillow above the level of the heart.
2. Avoid resting cast on hard surfaces or sharp edges that could dent cast.
3. Handle moist cast with palms of hands.
4. Turn resident every 2 hours while cast dries.
5. Assess neurovascular status during the first 24 hours then prn.
6. If symptoms of neurovascular compromise occur or symptoms of pressure area occur, the physician must be notified, as the cast may need to be split or windowed. Refer to attached diagram as to the pressure areas to be alerted to.

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 31/97

Review Date: December 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Therapeutic Heat

**POLICY:**

The following procedure is to be followed when providing therapeutic heat treatment. The purpose is to reduce pain and muscle spasm.

**NURISNG ALERT:**

1. A physician’s order is required for the initiation of therapeutic heat.
2. Assessment regarding application will be completed by the RN / RPN / LPN.
3. Treatment is to be administered only by the RN / RPN / LPN.
4. Ongoing assessment of the treatment is required.
5. Therapeutic Heat Treatment is **NOT** used on areas of the body where there is decreased sensation or decreased circulation.
6. **GEL- FILLED PACKS ARE THE ONLY PRODUCT TO BE USED.**

**EQUIPMENT:**

1. Gel – Filled pack
2. Warm Towel(s)

**PROCEDURE:**

**Preparatory Phase:**

1. Prior to the first treatment, assess the sensation of the skin over the area to be treated. If there is diminished or absent sensation, **do not proceed with the treatment.**
2. Gel–Filled Pack must be at room temperature prior to use.
3. Heat gel-filled pack in the microwave oven (800 watt) for 35 seconds or as per gel-filled pack instructions.
4. Wrap the pack in one layer of toweling for normal skin, 2 layers if skin is fragile and the resident is underweight.

**Implementation Phase:**

1. Apply the wrapped Gel-Filled Pack to the area to be treated.
2. **Caution :**
3. The pack must rest on the area, do not place underneath limb (body weight must not rest on heat pack.
4. There must be **no metal** between the pack and the skin. e.g. metal fastener.
5. Remove the pack after 20 minutes. Check the skin to ensure it appears normal or slightly pink. Cover the area to maintain warmth. If the area is red apply a cool cloth.

**Documentation Phase:**

* Record in progress notes, when therapy treatment completed. Documentation should include condition of the skin after pack has been removed.

**NOTE**: due to fire risk, heated grain filled packs or electric heat pads/blankets will **NOT** be used at WBSCH.

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: December 13/00

Review Date: December 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_