

Nursing instruction for patients with cast application

上石膏的病人之護理指導(英文)

◆ Purpose:

1. To immobilize injured limb
2. To correct and avoid further deformity
3. To protect fracture and maintain reduction
4. To facilitate fracture healing and early weight bearing

◆ Key points for after cast application:

1. Temporary heat release during setting of cast is normal. It takes 24 To 48 hours for the cast to dry out completely (depends on size & thickness); don't try to modulate or apply force to the cast during setting for it may cause indentation or weakening of the cast. A fiberglass cast may takes 20 minutes to completely dry out.
2. The cast should keep dry and clean, wetting the cast may lower its strength and cause unexpected skin ulceration or infection.
3. To prevent limb edema due to cast immobilization, you can elevate limb above heart level to enhance venous return and actively move your fingers & toes.
4. In case of skin itching, do not put any hard object into the cast for scratching. It may cause superficial wound of the skin and damage the padding of cast.
5. If any following conditions take place, contact your doctor immediately:
 - (1) blood or exudates with foul odor discharge
 - (2) Pallor or cyanosis of finger or toe distal to casting, intractable pain, coldness or numbness of the limb.
 - (3) Feeling too tight or too loose of the cast or pain due to local compression.
 - (4) Fracture or weakening of the cast.
6. Take high protein and vitamins rich diet as individual tolerance to facilitate fracture healing. Fiber rich diet can help prevent constipation due to low physical activity.
7. Appropriate exercise of both healthy and injury limb to prevent disuse muscle atrophy and joint stiffness.
8. Weight bearing of the fractured limb should follow instruction from your doctor.
9. You may use crutches or wheel chair etc. to support ambulation with permission from your doctor.
10. Please return to Out Patient Department for follow up on appointment date.

I have been informed the Nursing instruction for patients with cast application and fully understood it.

Signed _____ Date _____



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