

## PRACTICE GUIDELINE

Effective Date: **8-1-2020**

Manual Reference: **Deaconess Trauma Services**

**TITLE:**        **Management of the Orthopedic/Neurologic Splint and/or Brace**

**PURPOSE:**    To provide a guideline for orthopedic/neurologic splint and/or brace management for injured patients requiring orthopedic/neurological splinting and/or bracing.

**GUIDELINES:**

1. If patient with a cast or splint is transferred to Deaconess from an outlying facility and is not scheduled to have surgery within 24 hours of transfer, the admitting Registered Nurse (“RN”) will page the Orthopedic Surgeon and/or Neurosurgeon for an order to replace the patient’s device in order to assess patient’s skin as per Deaconess policy.
2. All patients who have orthopedic/neurologic devices should receive an Ortho/Uro Specialist (“OUS”) consult, which will be placed by the admitting RN. The OUS is required to consult at bedside within 24 hours.
3. It is the RN’s responsibility to remove all appropriate orthopedic/neurologic devices (knee immobilizers, cervical collars, back braces, bucks traction boots etc.) every shift to assess the patient’s skin as per Deaconess policy. RN must obtain physician order prior to removal. The OUS may assist with removal of orthopedic/neurologic devices, but RN is ultimately responsible for skin assessment.
4. From 1900-0700 the OUS will collaborate at the bedside with the primary RN on any/all consulted patients to complete skin and device assessments. (See Appendix: Practice Process.) During rounds, RN and OUS will discuss areas that may be high risk for skin breakdown and initiation prevention strategies.
5. If skin issues are noted, the RN will place a Wound Ostomy Continence Nurse (“WOCN”) consult.
6. Upon discharge, OUS can assist RN in providing home-care education specific to device.

**REFERENCES:**

- Deaconess Hospital, Inc. Policy and Procedure No. 40-29 S: Patient Assessment/Reassessment Plan
- Mosby’s Nursing Skills: Pressure Injury: Risk Assessment/Prevention

<b>REVIEWED DATE</b>	<b>REVISED DATE</b>
JUNE 21	

## Appendix Practice Process

- Ensure correct patient
- Confirm admission diagnosis
- Ensure correct device
- Confirm order and/or x-ray results
- Assess skin
  - Document if drainage, pressure areas or skin breakdown is noted
  - Consider WOCN consult if issue warrants
- Determine if padding is present
  - If not, does padding need to be applied?
- Determine patient's pressure/pain scale
- Check circulation, motor function and sensation
- Determine if need to call physician regarding change of device