**Created:** August 2020

**Reviewed:** July 2025

**Revised:** March 2025

Deaconess REGIONAL TRAUMA CENTER

# 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:**

A. 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 for an order to replace the patient's orthopedic device to assess patient's skin as per Deaconess policy

B. All patients who have orthopedic/neurologic devices should receive an Ortho/Uro Specialist (OUS) consult, which will be placed by the admitting RN
    a. The OSU is required to consult at bedside within 24 hours

C. It is the RN's responsibility to remove all appropriate orthopedic/neurologic devices (i.e. knee immobilizers, cervical collars, back braces, Buck's traction boots, etc.) every shift to assess the patient's skin as per Deaconess policy
    a. RN must have an order to remove splints and casts prior to removal
    b. OUS may assist with removal of orthopedic/neurologic devices, but RN is ultimately responsible for skin assessment

D. 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
    a. During rounds, RN and OUS will discuss areas that may be high risk for skin breakdown and initiate prevention strategies
    b. See Appendix: Practice Process

E. If skin issues are noted, the RN will place a Wound Ostomy Continence Nurse (WOCN) consult

F. Upon discharge, OUS can assist RN in providing home-care education specific to device

G. If patient arrives with a field collar and it is anticipated to remain in place for more than two hours, or if the device is ill-fitting, collar will be changed to a DeRoyal cervical collar

H. All patients with Miami J collars will have pads changed daily, or more frequently if soiled

I. Hare traction must be changed within one hour to Buck's traction, or removed and patient place in position of comfort per Orthopedic Surgeon order

J. Pin care must be completed on patients at least daily per physician order

K. See references for ongoing assessment and requirements around documentation

**References:**

- Deaconess P&P 40-29S Patient Assessment/Reassessment Plan
- Mosby's Nursing Skills: Pressure Injury: Risk Assessment/Prevention

# 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