

**Our Lady's Children's Hospital Crumlin, Dublin 12.**  
**Care plan number 14a**  
**External Fixator**



All care plans must be used in conjunction with care plan 1

Care plan Problem		External Fixator Goals	Issue date: July 2016 Review date: July 2019
<p>_____ has an external fixator</p> <p><input type="checkbox"/> Circular    <input type="checkbox"/> Unilateral</p> <p><input type="checkbox"/> Pelvic      <input type="checkbox"/> Halo</p> <p>on</p> <p><input type="checkbox"/> Upper limb   <input type="checkbox"/> Lower limb</p> <p><input type="checkbox"/> Pelvis        <input type="checkbox"/> Head</p>		<ul style="list-style-type: none"> <li>To provide stability post-operatively.</li> <li>Maintain infection free pin sites</li> <li>Maintain limb flexibility and mobility as appropriate</li> <li>Prevent potential problems and early detection of same with appropriate action.</li> </ul>	
Commenced, date, time, signature & grade	No	<b>Nursing Intervention</b>	Discontinued, date, time, signature & grade
		<p><i>Use in conjunction with the following Careplans:</i></p> <p>Careplan 6: Pre &amp; Post operative care</p> <p>Careplan 14: Traction Care</p>	
	<b>1.</b>	<b>Neurovascular Assessment</b>	
		<ul style="list-style-type: none"> <li>Monitor colour of affected limb (<i>where appropriate</i>) - report and record deviations from normal.</li> <li>Monitor movement of affected limb and all digits (<i>where appropriate</i>) - report and record deviations.</li> <li>Monitor limb sensation (<i>where appropriate</i>), checking each digit separately - report and record deviations.</li> <li>Monitor temperature of affected limb, (<i>assess each digit separately using the back of the assessors hand</i>) - report and record deviations.</li> <li>Palpate all pulses distal to the external fixator.</li> <li>If observation is restricted, assess capillary refill times.</li> <li>Observe affected limb for swelling, oozing from any wound sites. Report and record deviations from normal.</li> <li><b>Record observations as follows:</b></li> <li>½ hourly for 2 hrs; 1 hourly for 2 hours; 2 hourly for 4 hours; 4 hourly thereafter or as condition indicates.</li> </ul> <p><i>* Compare all above with unaffected limb or use baseline assessment. Contact Orthopaedic SHO/Reg to report any deviations from normal.</i></p>	
	<b>2.</b>	<b>General External Fixator Care</b>	
		<ul style="list-style-type: none"> <li>Liaise with C.N.S. Limb Reconstruction regarding specific care requirements - Bleep _____.</li> </ul> <p><b>Pin Site Care</b></p> <ul style="list-style-type: none"> <li>Check that all sharp wires and pin ends are covered with plastic tip covers</li> <li>Bathe or shower _____ on day 2 post-operatively unless contraindicated.</li> <li>Carry out pin site care as per pin site care guidelines.</li> </ul> <p><b>Additional information</b> .....</p> <p>.....</p> <p>.....</p>	
	<b>3.</b>	<b>Positioning and Mobility</b>	
		<ul style="list-style-type: none"> <li>Positioning will be specific to each individual child, depending on the position of the external fixator:</li> <li>Upper limb: Rest arm in an outstretched position on pillow to maintain limb in extension at rest.</li> <li>Lower limb: Elevate lower limb on one pillow positioned below the knee to maintain knee extension at rest.</li> <li>Liaise with physiotherapist re timing of analgesia prior to physiotherapy _____ bleep 8552.</li> <li>Check post-operative record regarding weight bearing status.</li> <li>Mobility plan: <b>Day 1:</b> Bed exercises with physiotherapist.</li> <li><b>Day 2:</b> Commence weight-bearing in gym, BD physiotherapy.</li> </ul>	

Updated JULY 2016

Patient name.....

HCRN .....

Ward.....

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<i>Day 3</i> onwards: BD Physiotherapy		
<b>4.</b>	<b>Splinting</b>	
	<ul style="list-style-type: none"> <li>• Liaise with Occupational Therapy regarding use of splints - Bleep_____.</li> <li>• Ensure skin integrity is maintained by alternating time in and out of splints. Report any redness or skin breakdown to the Occupational Therapist. Discontinue splint usage until reviewed.</li> <li>• Ensure child and parent or carer are taught how to apply splints.</li> <li>• <b>Tibial frame only:</b> Ensure foot is maintained in plantargrade position at all times by bandage, shoe and lace or splint to prevent foot drop.</li> </ul>	
<b>5.</b>	<b>Pain management (see also pre and post operative care plan 6)</b>	
	<ul style="list-style-type: none"> <li>• Assess pain score on return from theatre.</li> <li>• Administer prescribed analgesia and monitor effectiveness of same, report and record same.</li> <li>• Administer morphine as prescribed and as per Opioid Guidelines (2011). Prior to leaving recovery department with child, ensure morphine infusion has been prepared correctly and is in a locked pump.</li> <li>• Utilise non pharmacological methods of pain management particularly regarding correct positioning of limb.</li> <li>• Note: for any bone reconstruction procedures e.g. bone lengthening / reconstruction and not soft tissue correction</li> </ul> <p>N.S.A.I.D.s can be used in conjunction with other analgesia BUT should only be used within the first 72 hours post-operatively.</p>	
<b>6.</b>	<b>Parent &amp; Child Education</b>	
	<ul style="list-style-type: none"> <li>• Involve child / parents / carer in all aspects of care.</li> <li>• Liaise with Limb Reconstruction C.N.S. to deliver appropriate education and provide written information prior to discharge.</li> </ul>	
<b>7.</b>	<b>Additional information</b>	
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

**References**

- OLCHC (2015), Pin Site Guidelines, OLCHC, Dublin.
- OLCHC (2015), Guidelines on Opioid Infusions, OLCHC, Dublin.
- OLCHC (2015), Guidelines on Pain Assessment, OLCHC, Dublin.

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