

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: January 2012 Review date: January 2015
<p>_____ has an external fixator</p> <p>↓ Circular ↓ Unilateral ↓ Pelvic ↓ Halo</p> <p>on</p> <p>↓ Upper limb ↓ Lower limb ↓ Pelvis ↓ Head</p>		<ul style="list-style-type: none"> To provide stability post-operatively. Maintain infection free pin sites Maintain limb flexibility and mobility as appropriate Prevent potential problems and early detection of same with appropriate action. 	
Commenced, date, time, signature & grade	No	Nursing Intervention	Discontinued, date, time, signature & grade
		<i>Use in conjunction with the following Careplans:</i> Careplan 6: Pre & Post operative care Careplan 14: Traction Care	
	1.	Neurovascular Assessment	
		<ul style="list-style-type: none"> Monitor colour of affected limb (<i>where appropriate</i>) - report and record deviations from normal. Monitor movement of affected limb and all digits (<i>where appropriate</i>) - report and record deviations. Monitor limb sensation (<i>where appropriate</i>), checking each digit separately - report and record deviations. Monitor temperature of affected limb, (<i>assess each digit separately using the back of the assessors hand</i>) - report and record deviations. Palpate all pulses distal to the external fixator. If observation is restricted, assess capillary refill times. Observe affected limb for swelling, oozing from any wound sites. Report and record deviations from normal. Record observations as follows: ½ hourly for 2 hrs; 1 hourly for 2 hours; 2 hourly for 4 hours; 4 hourly thereafter or as condition indicates. <p>* Compare all above with unaffected limb or use baseline assessment. Contact Orthopaedic SHO/Reg to report any deviations from normal.</p>	
	2.	General External Fixator Care	
		<ul style="list-style-type: none"> Liaise with C.N.S. Limb Reconstruction regarding specific care requirements - Bleep_____. <p>Pin Site Care</p> <ul style="list-style-type: none"> Check that all sharp wires and pin ends are covered with plastic tip covers Bathe or shower _____ on day 2 post-operatively unless contraindicated. Carry out pin site care as per pin site care guidelines. <p>Additional information</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	3.	Positioning and Mobility	
		<ul style="list-style-type: none"> Positioning will be specific to each individual child, depending on the position of the external fixator: Upper limb: Rest arm in an outstretched position on pillow to maintain limb in 	

Updated January 2012

Patient name.....

HCRN

Ward.....

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

	<ul style="list-style-type: none"> extension at rest. Lower limb: Elevate lower limb on one pillow positioned below the knee to maintain knee extension at rest. Liaise with physiotherapist re timing of analgesia prior to physiotherapy _____ bleep 8552. Check post-operative record regarding weight bearing status. Mobility plan: Day 1: Bed exercises with physiotherapist. Day 2: Commence weight-bearing in gym, BD physiotherapy. Day 3 onwards: BD Physiotherapy 	
4.	Splinting	
	<ul style="list-style-type: none"> Liaise with Occupational Therapy regarding use of splints - Bleep _____. 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. Ensure child and parent or carer are taught how to apply splints. Tibial frame only: Ensure foot is maintained in plantargrade position at all times by bandage, shoe and lace or splint to prevent foot drop. 	
5.	Pain management (see also pre and post operative care plan 6)	
	<ul style="list-style-type: none"> Assess pain score on return from theatre. Administer prescribed analgesia and monitor effectiveness of same, report and record same. 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. Utilise non pharmacological methods of pain management particularly regarding correct positioning of limb. Note: for any bone reconstruction procedures e.g. bone lengthening / reconstruction and not soft tissue correction 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. 	
6.	Parent & Child Education	
	<ul style="list-style-type: none"> Involve child / parents / carer in all aspects of care. Liaise with Limb Reconstruction C.N.S. to deliver appropriate education and provide written information prior to discharge. 	
7.	Additional information	
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

References

- OLCHC (2007), Pin Site Guidelines, OLCHC, Dublin.
OLHSC (2011), Guidelines on Opioid Infusions, OLCHC, Dublin.
OLHSC (2011), Guidelines on Pain Assessment, OLCHC, Dublin.

Patient name.....

HCRN

Ward.....