Caring for Your Child or Teen in a Body Cast

A plaster or fiberglass body cast is usually applied by the medical team after surgery, but before your child or teen wakes up. The plaster cast will not be completely dry for 24 to 48 hours. The plaster cast should not be signed, decorated or covered for at least one day after it’s applied. The fiberglass cast will dry within one hour. Standing or walking in the cast is not allowed unless approved by your doctor.

Cast Care

Inspecting the Cast

Check the child or teen’s skin, at least twice daily to make sure there is no irritation. Pressure sores form most often on the heels and near the tailbone. Closely inspect the skin using a flashlight at the edges of the cast, and look under the cast to check the skin underneath. If there are any reddened areas, change the patient’s position to remove the pressure. If the area stays reddened for 30 minutes after the pressure is removed, a pressure sore may be developing. Keep the patient positioned so there is no pressure at all on this area. Report any pressure sores to your clinic nurse.

Fingers and toes should be pink. If the fingernail bed is pressed, it should turn pink again between 1-3 seconds as soon as pressure is released. Fingers and toes should be warm to the touch, have no numbness, tingling or pain and move as they did before the cast was applied.

Some swelling may occur. Keep the extremity head elevated above the heart. Ice bags may be applied to reduce swelling. If swelling increases, call the clinic nurse. Check the cast for change in odors. Report any foul or musty smell. Contact the clinic nurse with questions and concerns.

Circulation

Check the cast daily to make sure it is not too tight or too loose. If your child or teenager complains of tightness, pain, tingling, numbness, or inability to move the toes, or if there is swelling, try elevating the legs above the heart for an hour or more. If the problem persists, contact your clinic nurse. A cast that has become too tight could cut off the blood supply to the leg or damage nerves. Also, check to be sure that no crumbs or small items such as small toys or coins are inside the cast.

The toes in the cast should stay pink and feel warm. Call your clinic nurse if the toes become more swollen or discolored, or if your child is unable to easily move the toes.

Keeping the Cast Clean

Protecting the cast from damage, dirt and moisture is difficult - especially when the patient is a young child. It’s really important that the cast be kept as clean and dry as possible. If the cast gets wet, it may soften or crack and lose its proper position. If the skin remains wet, contact your clinic nurse if this happens. Call right away.
If your child/teen develops diarrhea and soiling occurs under the cast, cast repairs may be needed to prevent skin breakdown. Call your nurse.

Skin Care

It's very important to protect skin from irritation.

Bathing

Give a sponge bath, being careful not to get the cast wet. Use plastic wrap and towels to protect the cast. Wash all skin not covered by the cast. Clean the toes and skin near the cast edges with witch hazel, an astringent found in most drug stores. This will help toughen the skin and protect it from irritations. Do not use lotion or powder at cast edges because it might cake, making the skin softer, and causing more irritation. Exposed ankles, knees, elbows and heels may be rubbed with lotion if they become dry or irritated.

Cast Petaling

Because the edges of the cast are rough, the cast will be “petaled” before your child/teen goes home from the hospital to prevent skin irritation. Petal-shaped adhesive tape strips are folded over the cast edges to make it smooth and comfortable.

To petal the cast, cut the adhesive tape into two-and-a-half-inch strips and round one end to prevent the tape from rolling. Tuck the square end inside the cast smoothly and bring the rounded edge over the cast outside. Overlap the strips and replace them when they wrinkle or loosen. Your child/teen’s nurse will help you petal the cast. You will be given extra materials so you can replace the loose petals at home. The cast should not be petaled until it is completely dry.

Itching

If your child/teen or teen complains of severe itching underneath the cast, do not place anything into the cast. Objects may move padding, or scratch or irritate the skin. And that can lead to infection. If itching persists, use a hairdryer, set on cool only, to blow air down into the cast.

Positioning, Turning and Lifting

Wearing a body cast can affect the person’s breathing, appetite and eating habits, behavior, and bowel and bladder habits. It is very important that you move, turn and stimulate the person properly while in the cast.

Turn the patient every two to four hours during the day, and at least once at night to prevent pressure sores on the skin. Pressure sores are caused when the patient is in one position too long without support. Pillows, blankets or rolled-up towels placed under bony areas (knees, ankles ...) may be used for support and to prevent too much pressure on the skin.

When turning the patient, support the ankle, knee and hip joints to avoid breaking the cast. The child/teen may lie on the back, side or stomach, as long as the head is raised, and the cast is supported. It might be comfortable for your child/teen to sit in a beanbag chair or reclining wheelchair. If there is a bar between the legs do not use it as a handle to move the child/teen.
Older children and young adults sometimes use a hospital bed with a trapeze. The trapeze makes it easier for caregivers to turn and transfer patients. Pulling up on the trapeze also offers some pressure relief.

Be sure to protect the person from rolling or falling at all times. Standing or walking in the cast is not allowed unless approved by your doctor.

The added weight of the cast (6-10 lbs.) and the inflexibility of the body in the cast make moving and turning patients a challenge. You will be shown proper lifting and turning techniques during the patient’s inpatient stay. Parents and caregivers must be careful to protect their own backs. Bend your knees, keep your back straight, tighten your stomach muscles and let your legs do most of the lifting.

Discomfort

The amount and type of discomfort might be related more to the medical condition than the cast. Your doctor might order medicines to help relieve pain or muscle spasms. Refer to patient education information about pain control at home after surgery.

Living in a Body Cast

Toileting/Diapers

Disposable diapers may be used for children who are not toilet trained. The diaper should be changed as soon as it becomes wet. Loose “petals” need to be changed and the cast padded with dry, disposable diapers as needed. You can make padding by cutting the diapers in half and taping the edges. Tuck the edges inside the cast, plastic side toward the cast and absorbent side next to the skin. Tape the outer edge to the cast. A sanitary napkin may be placed inside the diaper for extra absorbency.

Bedpan

When helping the person use a bedpan or urinal, keep the head propped up higher than the feet. It will drain urine and stool away from the cast. Do this by using pillows or folded blankets or by putting something under the crib mattress to raise the head of the bed. The bed or mattress will need to be tilted or propped so that the upper torso of the cast is supported to allow for gravity to prevent urine or stool from going back up the cast.

When using a bedpan, place a disposable diaper around the edges of the cast, absorbent side out, plastic side against the cast. Remove the diaper immediately after your child/teen uses the bedpan.

A special type of bedpan, called a fracture bedpan, works best because it has a flattened end that can be placed under the buttocks. Turn the patient to the side opposite the fractured or surgical side. Place the bedpan under the buttocks, and turn the patient back onto the bedpan. Check between the thighs to be sure the bedpan is positioned properly. Again, be sure the head is elevated so urine flows down and away from the cast.

Urinal

For boys, a urinal is used like a bedpan, but it is a bottle instead of a pan. The urinal is placed between the legs. Make sure that it is tilted so that the urine doesn’t drain back out.
Constipation

Some people have more problems with constipation while they are in a cast because of limited physical activity. For more information, ask us for additional patient education materials about constipation.

Nutrition

Make sure your child/teen eats healthy, well-balanced meals while in the cast. Eating fresh fruits and vegetables, whole grain breads and drinking plenty of water and juice will help prevent constipation or urinary tract infections. Eating small, frequent meals, instead of three regular meals a day, prevents the tight feeling that results from a full stomach.

Children/teens should not drink more than three cups of milk a day and teenagers no more than four cups while in a body cast. Studies show that an excess of protein and calcium may cause calcium stones in people who are not active. However, drinking plenty of other fluids is a good way to prevent calcium stones. Cranberry juice is especially helpful. Before eating, place a large smock or shirt over the cast to prevent food and crumbs from falling into it. For more information, ask us for additional patient education materials about the high-fiber diet.

Clothing

The cast is quite warm so you don’t have to bundle the child too much. As much as possible, the child should be allowed to wear their own familiar clothing. Skirts, dresses, large sweat pants or shorts are usually comfortable to wear. Even underwear a few sizes larger than the usual size can be worn over the cast.

Babies or very young children may be dressed in oversize sleepers with snaps at the crotch and legs. In cold weather, cover the toes with a large sock that fits over the foot of the cast. To wear pants or panties when there is a bar between the legs, you will need to open each leg on the sides and sew Velcro on the seams. Or simply cover a child/teen’s lap with a small blanket.

Equipment

You will need to rent a wheelchair with a reclining back and extended leg rests while the person is wearing a body cast. During the hospital stay, your nurse can direct you to someone at Gillette who will help with rental. If your child is small, a stroller may be sufficient. Depending on your child’s size and age, you may need to rent a hospital bed. In addition, you need to make special transportation arrangements. You also will need supplies for toileting.

Transportation

Car seats may need to be adapted. (Gillette has car seats on loan.) If your child/teen must ride flat in the car, the E-Z-On-Vest™ is recommended. (Gillette has vests on loan.) Return the E-Z-on-Vest or car seat when you return to Gillette for the cast removal, physical therapy and brace fittings.

When to call your doctor or hospital

Call Telehealth Nursing (651-229-3890) if any of the following conditions are present:
• Severe pain, numbness or burning inside or below the cast (that not relieved with medication, elevation, or rest)
• Swelling or a cast tightness that is not relieved by elevation and rest
• Toes on the cast side that are colder or more discolored than the toes on the other side
• Increased difficulty moving fingers or toes on the cast side compared to the other side
• Unexplained fever above 101.5 F
• A new stain on the cast, coming from the inside
• A foul odor coming from inside the cast.
• Broken, blistered or irritated skin around the cast edges
• A cracked, broken or loose cast that allows movement
• A foreign object inside the cast

Adapted from “Caring for a Child in a Hip Spica Cast,” by Irene Kenny Murray, RN, MS, University Orthopaedics, Chicago, Illinois.

Make An Appointment 651-290-8707 Refer a Patient 651-325-2200