

### The Johns Hopkins Hospital Patient Information

### **CAST CARE**

Pediatrics Original 8/10/07 Revised 10/30/07



- A cast is used to immobilize fractures or dislocations or to help heal after surgery. A cast is made of plaster or fiberglass.
- Splints or "half casts" provide less support than casts but can be adjusted to relieve swelling from injuries easier than enclosed casts. A splint or half cast is used temporarily to allow for swelling of initial injury. Once seen by doctor and swelling has gone down, a permanent cast will be applied.

# Swelling

- Swelling from injury is common for the first 48 to 72 hours. **Keep the casted arm or leg elevated as much as possible.** Several pillows can be used to prop your child's arm or leg up. For arm: hand higher than the heart. For leg: foot higher than the knee; knee higher than the heart. A reclining wheelchair is important to keep lower extremities elevated and will be arranged before leaving the hospital.
- Apply ice to the cast if recommended by the doctor this will help keep swelling down. Place ice in dry plastic bag and loosely wrap around cast at site of injury.

## Care of the cast at home



- Avoid getting the cast wet. A wet cast leads to discomfort, odor, skin irritation and weakening of the cast. Keep the cast dry by covering it with a plastic bag or wrap during shower or sponge bath. Do not lower it into water.
- Do not place any objects inside the cast
- Do not apply powder or deodorant to itching skin in cast. If itching persists, contact your doctor.
- Do not trim or break off rough edges of cast. Do not pull out the padding from your child's cast. Check with doctor for concerns.
- Check the skin around the cast every day. You may put lotion on any dry areas. Contact physician for any red or open sores.
- Do not walk on non-walking casts.

### When to call the doctor



- Moderate discomfort becomes severe to constant pain not relieved by taking pain medication
- Fingers or toes become numb, tingling, and difficult to move.
- Bluish-colored or cold fingers or toes do not become normal when cast is elevated. Compare to the non-casted fingers and toes.
- Cast becomes loose damaged or is uncomfortably tight.
- Cast rubs or presses against the skin causing irritation.
- Unexplained heat, odor or stain appearing on the cast.

Reference

• 2007 Thomson MICROMEDEX: Cast Care