

	<p>The Johns Hopkins Hospital Patient Information</p> <h2>HIP SPICA CAST CARE</h2>	<p>Pediatrics Original 8/10/07 Revised 12/11/07</p>
<p>What</p> 	<ul style="list-style-type: none"> • A hip spica or body cast is used to keep the hips and legs from moving. This allows bones and tendons to heal correctly after an injury and/or surgery. • There are several types of spica casts. It may start at the chest and goes down your child's leg to his toes, it may cover both legs, or it may cover the entire leg on one side and down to the hip or knee of the other leg. • Most spica casts will not allow your child to stand, walk, or bear any weight. 	
<p>Why a spica?</p> 	<ul style="list-style-type: none"> • A spica cast is needed if your child has a broken bone in his pelvis, hip or thigh. • A spica cast is needed if your child had surgery for hip dysplasia or Perthes disease. Hip dysplasia is when the tip of your child's femur does not fit in the pelvic bone as it should. Perthes disease is a condition where you have temporary loss of blood supply to your hip. 	
<p>Positioning and comfort</p> 	<ul style="list-style-type: none"> • Keep your child's head and upper body slightly raised at all times. Do this by propping your child's head and/or shoulders up on pillows. • Turn your child from front to back or side to side every 2 to 3 hours during the day and about every 4 hours at night. This will help to prevent pressure sores on your child's skin. • Do not let your child's feet or heels rest directly on the mattress. This can cause pressure sores. Place small pillows or a rolled towel under the calves to keep heels and feet in the air and off of all surfaces. • Do not use the crossbar on the cast to lift or move your child. • A reclining outdoor lounge chair may be used as a portable bed. This helps keep your child involved in family activities. • Most clothes can be fixed to keep your child comfortable. Breakaway snap pants slide over the cast easily. Button down or large t-shirts slip on and off easily. Baggy shorts or pants can be split on one side. Then Velcro or ties added so that your child can easily fasten his pants. Even loose dresses can 	

<p><i>Toileting</i></p> 	<p>be worn easily.</p> <ul style="list-style-type: none"> • There is an opening in the genital (crotch) or diaper area in the cast. This is so your child can urinate and have bowel movements (BM). • Using the toilet: If your child is light enough and casted with a bend at the waste, you may be able to lift them on and off the toilet. A long sheet of plastic food wrap can be placed inside the cast between the cast and buttocks (rear) and hung into the toilet to help guide urine or BM into the toilet. Use a bedpan if your child is too heavy to lift. Keep your child's head higher than their feet so gravity will help keep urine out of the cast. • Using a bedpan: Placing powder on the bedpan helps with sliding on and off. Turn child on one side and place bedpan under buttocks. Then turn back onto bedpan. A towel can be used as a pad to prevent urine from spraying. A long sheet of plastic food wrap may be placed inside the cast between the cast and buttocks and hung into the bedpan. Make sure to dry the buttocks after using the bedpan to prevent rashes. • Diapering infants and toddlers: Place larger diaper outside of cast and smaller diaper, sanitary napkin or disposable incontinent pad inside tucked around the edges of the rear part of the cast. This "double-diapering" helps to absorb more urine and protect the spica cast
<p><i>Swelling</i></p> 	<ul style="list-style-type: none"> • Check your child's body for changes in the amount of space between skin and cast (chest, groin and feet). Use a flashlight to inspect the skin for signs of redness or breakdown. • Your child should be able to wiggle their toes easily and they should be pink and warm.
<p><i>Care of the cast at home</i></p> 	<ul style="list-style-type: none"> • Caregivers may "petal" with plastic tape or reinforce cast edges to keep them clean, dry and smooth. It is most important to petal the diaper area to prevent skin and odor problems which occur if area is not completely waterproof. Petals can be changed when soiled and replaced with new "petals." Be sure to overlap the tape when petaling to prevent liquid from seeping in-between seams. • To help with odors rub a small amount of baking soda on the outside of the cast. Do not put baking soda inside the cast. • Check the cast every day for cracks and dents. Do not let

	<p>your child push down or lean on any part of the cast because it may break.</p> <ul style="list-style-type: none"> • 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 the cast. Do not rearrange or pull out the padding from your child's cast. This could cause more problems including redness and blisters to your child's skin. Check with your doctor for questions or concerns. • Check the skin around the cast every day for redness.
<p><i>Avoid wetting the cast</i></p> 	<ul style="list-style-type: none"> • A wet cast leads to discomfort, odor, skin irritation and weakening of the cast. • Only sponge bathe your child. Wash all of their skin not covered by the cast with soap and water every day. Protect the cast with towels or plastic trash bags during the sponge bath. • If your child is small enough, you may be able to wash their hair by laying them on the kitchen counter. Using towels for comfort and to keep the cast dry they can hang their head over the sink. For older children you can use a shampoo basin, inflatable sink, take a trip to the salon or purchase waterless hair wash caps from a local drug store. • While your child is eating cover the cast with a towel, large t-shirt or bib. This will help prevent food and drink from spilling on or into the cast.
<p><i>Moving your child as safely as possible</i></p> <p>"1-2-3"</p>	<ul style="list-style-type: none"> • Carry your child as close to you as possible. • Do not use the crossbar on the cast to lift or move your child. • For one person lifting, cradle your child under the arms and buttocks, supporting the weight of the cast. Have your child criss cross their arms over their chest for security or hold around your neck. • For two people lifting, one person lifts under the shoulders and the other lifts the leg at the same time. Talk out loud to each other or count "1-2-3" so you both lift in a smooth motion. • Bend your knees and keep your back straight when lifting.
<p><i>Safety</i></p>	<ul style="list-style-type: none"> • Never leave a person in a body cast home alone. If alone in a room check on them frequently.

	<ul style="list-style-type: none"> • Avoid positioning your child near the edge of the bed and use side rails if available. • If your child will not fit safely into his current car seat there are special loaner car seats or vests available. Talk to your child's nurse or doctor about obtaining one before leaving the hospital.
<p><i>Diet</i></p> 	<ul style="list-style-type: none"> • Feed your child healthy foods from all of the 5 food groups: fruits, vegetables, breads, dairy products, meat and fish. Eating healthy foods may help your child feel better, have more energy and relieve constipation. It may also help your child heal faster. Your child's doctor may want your child to eat a diet high in calcium. Foods high in calcium are milk, cheese, ice cream, fish, and dark green vegetables, like spinach. Calcium will help increase bone growth and healing. • You may have your child lay on their belly and prop your child up on pillows under his stomach when eating. They will have less chance of choking in this position. Smaller more frequent meals may work better for your child. Cut food into small bite-size pieces and using straws for drinks. • Have your child drink 6 to 8 large glasses of liquid each day. Or, follow your caregiver's advice if your child is on a fluid limit. Good liquids to drink are water, juices, and milk. This will also help prevent constipation. Limit the amount of caffeine your child drinks, such as in soda pop and tea.
<p><i>When to call the doctor</i></p> 	<ul style="list-style-type: none"> • Moderate discomfort increases to severe or constant pain • Toes become numb, tingling, and difficult to move. • Bluish-colored or cold toes do not become normal when cast is elevated. Compare to the non-casted toes. • Cast becomes loose, damaged or is uncomfortably tight. • Cast rubs or presses against the skin causing irritation. • Your child complains of unbearable itching. • Unexplained odor or stain appearing on the cast. • Increased redness, or a sore or blister develops under the cast. • Something falls into the cast and becomes stuck
<p><i>Reference</i></p>	<ul style="list-style-type: none"> • 2007 Thomson MICROMEDEX: Hip Spica Cast Care in Children