

Special Needs Team

The Special Needs Team ensures collaboration between families and providers that allows us to provide the highest quality care. We pay particular attention to improving gaps in care and communication between providers and families, as well as to improve education and support both before, during and after the hospital stay. For more information about Concord Hospital's Special Needs Team contact:

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NH Family Voices runs a *Family to Family Health Information and Educational Center*. We are a parent organization that offers help to families in understanding and identifying services that may be of assistance to them. NHFV offers workshops, presentations and educational materials, a lending library of books & videos, with our specialty being books for children regarding a variety of disabilities, chronic illnesses, and social issues.

New Hampshire Family Voices

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Caring For Your Child in a Spica Cast



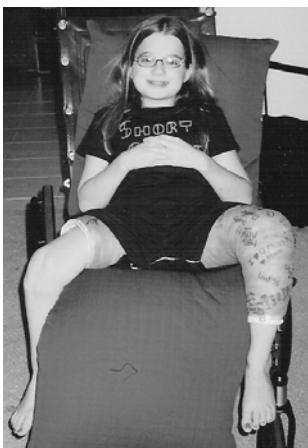
A Collaboration of
Concord Hospital Special Needs Team
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NH Family Voices

Your child has had surgery and is in what is known as a **Spica Cast**. Knowing why your child is in a cast and how best to care for him/her will help you feel more comfortable during this challenging time.

The purpose of a spica cast is to completely immobilize the pelvis and one or both legs. There are different types of spica casts, but most begin at the chest level. It may reach down to cover one leg and foot, both legs and feet, or the leg and foot on one side, and down to the hip or knees on the other side. The specific type of cast depends on the type of problem being treated and the age of the child.

Casts can be either made out of fiberglass or plaster. The following care applies to both...

- ◆ Keep the cast dry at all times.
- ◆ File or pad any sharp edges.
- ◆ Try to keep your child from picking at the cast padding.
- ◆ Clean the cast with a slightly damp wash cloth if it becomes soiled. Baking soda can help control odor.
- ◆ "Petal" the edges to prevent irritation. See page 9.



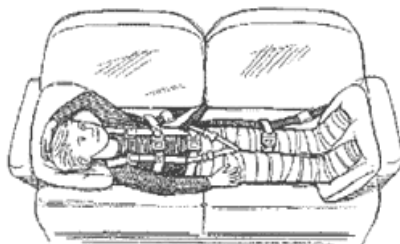
Call your doctor if....

- ♥ Your child has severe pain, loss of feeling, or burning inside or below the cast and is not relieved with medication, raising the casted area, or rest.
- ♥ The cast is tight or there is swelling that is not relieved by raising the casted area and rest.
- ♥ The toes on the casted side are colder or more discolored (grey or blue) than the toes on the opposite side.
- ♥ Your child has more and more trouble moving toes on the casted side compared to the opposite side.
- ♥ Your child has a fever above 101° F.
- ♥ There is a new stain on the cast or a foul odor coming from the inside.
- ♥ There is broken, blistered, or irritated skin around the cast edges.
- ♥ The cast is cracked, broken, or loose.
- ♥ There is a foreign object inside the cast that you cannot get out with your fingers.
- ♥ Your baby experiences continuous, unexplained fussiness.
- ♥ If you have any other questions.

Safe Transportation

To transport your child safely while they are in their Spica Cast you may need to borrow or rent special car restraints.

If your child is under 40 lbs. you can use a Spelcast Seat. These are special car seats that enable you to seat your child while they are in their cast.



If your child is over 40 Lbs. an E-Z On Modified Vest attached to your back car seat, and used with your child lying down will be needed.

♥ Speak to the nurse at the hospital about making arrangements for safe transportation methods before you are discharged.

Other Helpful Tips

- ♥ Hair washing can be a challenge, especially if your child has long hair. Shampoo trays, both soft inflatable models or hard plastic ones that attach to a wheelchair can be purchased through your pharmacy, a home health vendor, or on-line.
- ♥ Pants, shorts and underwear can be adapted by splitting the side seams of the clothing and inserting Velcro® strips to fasten at the sides of the cast.

Turning and Positioning

During the time that your child is in a spica cast, it will be important to turn him/her every two to four hours during the day, and at least once at night.

Pillows, blankets, or towels rolled up make good supports and will prevent pressure areas on your child's skin. Your child may lay either on their back, side, or stomach as long as the head is raised, and the cast supported.

When you child is on their stomach prop the feet on a small pillow to keep the child's toes from resting on the bed. This can cause some problems with circulation.

- ♥ Do not lift your child under the arms. This will cause the full weight of the cast to pull down on your child's hips and thighs. You want to support the weight of the cast when you pick your child up.
- ♥ You also do not want to use, push or pull on the support bar on the cast when you lift or move your child. The support bar is there only to keep the cast in its proper shape.
- ♥ Be sure to protect your child from rolling or falling.
- ♥ Standing or walking in the cast should not be allowed unless approved by your doctor.

Checking for good circulation

For the first three to five days after your child has had the cast put on, you will need to check your child's circulation.

To check the circulation, follow these steps:

- Press gently on a toenail on the casted leg. The toenail should turn white.
- Let go of the nail. It should turn pink again.
- If the nail does not turn pink, change your child's position. Wait a few minutes and check the toenail again.
- If the toenail remains white or blue or gray, call your child's doctor right away.

Caring for your child's skin

Give your child a daily sponge bath, being careful not to get the cast wet. To keep the skin around the cast clean, use a small amount of mild soap and water on a washcloth. Make sure the cast and padding stay dry.

- ♥ Do not use lotions or powder near or inside the cast. These tend to cake and will soften rather than toughen the skin.
- ♥ Using a flashlight, carefully look for reddening under the cast and feel for blisters or sores under the edge of the cast.

"Petaling" the Cast Edges

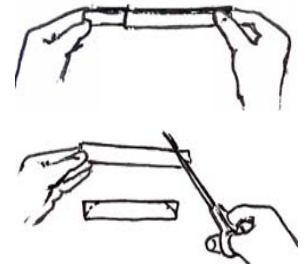
Protecting the cast from damage, soiling and moisture may be difficult, especially with very young children. The edges of the cast may become rough and begin irritating your child's skin.

Before you left the hospital the nurse may have "petaled" the edges and given you extra adhesive padding materials to bring home, so that petals that become loose may be replaced.

There are different kinds of adhesive padding. Some doctors use an adhesive dressing called moleskin. Your child's doctor may recommend a different product.

To petal the cast edges:

- Fold the adhesive strip in half.
- Round off the edges.
- Peel off the paper protecting the adhesive.
- Slide half of the strip into the cast with the sticky side against the cast.
- Fold back against the cast, overlapping the "petals".



Moving Around and Exercising

- ♥ Small children can be pulled around in a wagon. Some children may be able to use a special reclining wheel chair. You will want to prop your child with pillows, towels or small blankets and restrain securely with belts or tied sheets.
- ♥ Use a bean bag chair, recliner or an outdoor lounge chair as a portable bed so your child can be part of family activities.
- ♥ A mechanic's floor dolly can be used for children who are able to lie on their stomachs using their arms to move themselves.

Exercise is important, even though your child is in a cast. Exercise can help improve circulation, prevent swelling and promote healing.



Encourage your child to:

- ♥ Wiggle his or her toes in the cast.
- ♥ Flex the foot on the leg that is not cast. This helps keep the muscles from becoming weak.
- ♥ Let your child play and remain as active as possible. Activities involving lifting and throwing will help your child exercise his/her upper body.

- ♥ Do not allow your child to stick any objects under the cast. This may injure the skin.
- ♥ You can use a hair dryer on a *cold* or *cool* setting to blow air under the cast edges. This sometimes can relieve itching caused by perspiration.
- ♥ If your child has unbearable itching you may want to consult with your doctor.

Toileting and Diapering

The most challenging care for your child may be diapering or using a bed pan. Keeping your child's head propped up higher than the feet will help drain urine and stool away from the cast.

- ♥ If your child is not toilet trained, try to change the diaper often to keep the cast from getting wet and to protect your child's skin. Tuck the diaper into the cast to prevent urine from getting the cast wet. A sanitary napkin may be placed inside as a liner for extra absorbency, as well as a size 1-2 baby diaper over that.



- ♥ You may want to make a belt, or a type of strap, to hold the diaper in place.



Elastic straps with Velcro® attached work very well.

- ♥ One piece undergarments that snap at the crotch are also helpful to hold the diaper in place inside the cast. Another idea is using snap on diaper covers.



Bedpans

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 your child to the side opposite the surgical side, then place the bedpan under the child's buttocks, and turn the child on to it. Check the thighs to be sure the bedpan is positioned properly.
- ♥ Use plastic wrap around the edges of the cast to keep it from getting wet. Remove when done.
- ♥ When girls use a bedpan to urinate, a "wick" can be made using several pieces of toilet paper to guide the stream of urine into the bedpan.
- ♥ Make sure to dry the buttocks well after using the bedpan to prevent rashes.



Diet and Nutrition

Your child's diet is an important part of the healing process.

- ♥ Encourage your child to drink plenty of water. The fluids help the body heal and they also help to prevent bladder infections. Decrease amount of fluids in the evening before bedtime to avoid soaked diapers or a wet bed.
- ♥ To help with constipation and to keep the bowel movements regular, have your child eat foods that are high in fiber like vegetables, fruits and whole grain cereals and breads. Avoid foods that you know will give your child loose stools or diarrhea.
- ♥ Protein also can help the body to heal. High protein foods include meat, fish, poultry, cheese and eggs.
- ♥ You may want to feed your child small meals often rather than three big meals a day. This will help with the cast feeling tight around the stomach.
- ♥ You may want to avoid giving your child carbonated drinks. They can cause gas, and the gas can cause your child's stomach to become bloated. If your child is going to have carbonated drinks, stir the drink and let it sit in an open cup for awhile. Stir it again to make sure there are no more bubbles.
- ♥ Before eating, put a large towel or shirt on your child to prevent food and crumbs from falling down into the cast.