

Nursing interventions and preventative management in skeletal traction



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Discussion Output

1. List nursing interventions and preventative management related to skeletal traction.

Skeletal traction is done is used for treatment for fractures, muscle spasms and immobility due septic joints. In taking care of a patient with skeletal traction assessing should always be done in order to prevent further complications. In assessing the patient, assess for signs edema, skin color, temperature, irritation, abnormal positioning, swelling, hemorrhage, muscle spasms, pain and discomfort, vital signs, fluid balance, urine output and most importantly the safety of the patient. Along with these are, providing emergency care is required (prevention of shock, respiratory care), providing care with the patient's cast – observing for the signs of circulatory impairment, providing care with the traction – checking the weights if hanging freely, providing respiratory exercises to prevent any lung complications, encouraging increase fluid intake, and providing appropriate skin care to prevent pressure sores.

2. Discuss a component of cast care for the pediatric client or adult client. Identify manifestations of compartment syndrome.

In taking care of patient with cast, always remember to keep the cast clean and dry. Always check and assess if the cast is attach appropriately, not to tight or loose. If the patient will take a bath, cover the cast with a plastic bag or wrap to prevent water on the cast. But having with cast, it is advisable to avoid showers and better yet use the bathtub and hand the part with cast outside the tub while bathing. Air and water are prevented to get under the

cast for this may cause complications like skin breakdown if not prevented. Along with putting of cast, sweating can't be prevented to accumulate under the cast. If any strong odor comes from the cast, it is better to report immediately to the doctor to do the appropriate actions for this. In lieu to patient's mobility, crutches are needed to help patient in walking, but be sure to help patient and remove any hazards that can harm patient's safety. In terms of manifestations of compartment syndrome, severe pain that don't go away even medications are given is the hallmark manifestation of this. Also it comes along with decreased sensation, weakness, paleness of skin and numbness or paralysis.

3. Compare the nursing needs of a total hip replacement patient with those of a total knee replacement patient.

Patients who had undergone total hip replacement and total knee replacement has common nursing needs along with these are: relieving the pain of the injured part, monitoring for the vital signs, wound drainage, swelling, edema, pain/discomfort, hemorrhage, and preventing infection. The main difference is that, for the total hip replacement patient, the nurse prevents the patient from having deep vein thrombosis, and dislocation of prosthesis, meaning the nursing needs of the patient are more on preventing infection and dislocation of the hips. In total knee replacement, the nursing care needed are to prevent patient from having peroneal nerve palsy, using the Continuous Passive Motion (CPM) for the physical therapy of the patient, meaning the nursing care needs of the total knee replacement are more on the physical therapy needs of the patient in order to gain better mobilization to the patient.

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4. Discuss methods to avoid dislocation after hip replacement surgery.

In preventing dislocation after hip replacement surgery the three main cardinal rules are – don't cross your legs, don't bend your legs beyond 90 degrees and don't turn affected foot inward or internally rotate the hips. These cardinal signs should be followed for the first six weeks after the surgery. Crossing the legs can be cause of compromising blood circulation in the lower extremities. Dislocation will be possible if you cross leg and hip in affected part, but dislocation will not result if crossing leg on the strong leg over the operated part. Turning the operated leg inward can cause possible dislocation due to affected leg will turn internally rotate the hip that will cause the head to jump out of the socket.

5. You are caring for a patient who has had skeletal traction placed to treat a fractures femur. Discuss nursing interventions and assessment techniques related to this type of treatment.

In caring patient with skeletal traction in treating fracture femur, assessing and monitoring the patient every now and then is very important to prevent any complications. Monitor for any signs of skin abnormalities – edema, color, temperature, irritation, swelling, hemorrhage; muscle spasms, pain and discomfort, vital signs, fluid balance and the safety of the patient. Safety of the patient is really important in taking good care of this kind of patient, along with this thing providing emergency care is required to prevent shock and respiratory care. The cast of the past should also be observed for any signs of circulatory impairment. For the traction, check the weights if hanging freely. Encourage the patient to follow diet – high protein, high

vitamin, high calcium and to increase intake of fluids. Provide proper skin care to prevent any pressure sores and instruct client to any fracture-related issues that can help him/her to have knowledge upon his/her condition.

6. A patient is being discharged with an external fixator for a fractured humerus. Discuss home care instructions for this patient.

For home care management of patient with external fixator, checking the fixator is the very important thing to do. Check if there are loose pins, loose nuts on frame, and pain at the fracture site. Cleaning the frame should be twice a week, dampened cloth with alcohol or water can be used to wipe off the frame. Monitoring temperature should be done daily, cause increase temperature may be a sign of infection to the affected site. As the same with the frames, pin sites should also be cleaned once or twice a day to prevent infection.

7. Identify various types of traction and the principles of effective traction.

Various types of tractions includes: Skin traction – put up by means of adhesive tape or strapping that is applied to the limb; Skeletal traction – put up by means of directly upon the bones by means of pins, wires; Bryant's traction – is a kind of traction used for treatment of fractured femur or correction of hip dislocation; Buck's traction – kind of traction which a pull is exerted on the lower extremities in order to align it to treat contractures and diseases of hip and knee; Dunlop's traction – a mechanism that helps in treating immobilize upper arm due to fracture or contracture of the elbow; Russell's traction – unilateral or bilateral mechanism that helps in

immobilizing, and to aligning lower extremities due to femur, hip, knee
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contractures and other orthopedic diseases in hip and knee. In order to have effective traction, as a health care provider, you should make sure to position the patient properly with a correct body alignment in the center of the bed to have a good maintenance of the pull. Ropes and weights should be observed and checked regularly to make sure it moving freely on the pulley. The rope knots should be maintained in a right position in order to prevent it from touching the pulley. And lastly, the comfort of the patient should be maintained, and making sure he/she is comfortable in his/her position to avoid any further complications.

8. Discuss the use of Buck's traction, its uses and the involved nursing considerations.

Buck's traction is a form of skin traction to the lower extremity specifically the lower limb to provide straight pull through single pulley that is attached to a crossbar at the foot of the bed. It is a short-term measure in treatment for hip dislocations, hip and knee contractures and reduction of back pain. In terms of nursing considerations, the main goal is to provide patient's comfort, positioning the patient's bed not too high to prevent any discomfort. Checking the alignment of the leg is also a must, it should be in a straight line of pull to maintain the attachment of the bar to the pulley. Part of it, the bandage wrapping should be checked if it attached properly.

9. Discuss the nursing care for a patient undergoing orthopedic surgery.

In caring for patient undergoing orthopedic surgery, the main goal is to restore motion, stabilize and relieve pain and disability. For the preoperative care, the nursing care to be done is to assess for the hydration status of the <https://assignbuster.com/nursing-interventions-and-preventative-management-in-skeletal-traction/>

patient. It is important for the patient to have adequate hydration in order to decrease the blood viscosity and venous stasis and also it ensure adequate urine flow. In checking the hydration status of the patient, the skin and mucous membranes, along with the vital signs, laboratory status and urine output are assessed and monitored. More on, the nurse also has the responsibility in helping the patient to relieve his/her discomfort. Relieving pain can be decreased in immobilizing of the fractured bone/joint. It is really important to control the pain of the patient in order to accomplish other nursing care like improving the mobility of the patient. For the postoperative care, it is important to assess and monitor the vital signs, pain/discomfort, wound drainage, level of consciousness, and fluid balance of the patient, in order to prevent any complications.

Web Assignment

In a patient that has applied cast, the first and most important thing to do is to assess the patient's overall health condition, in assessing the patient, start by monitoring for the vital signs and pain/discomfort of the patient; numbness, tingling sensation, and irritation on the injured body part in order to prevent any further complications. Commonly, mild swelling on the injured area is common during the first few days. In caring for this, you can teach the patient or his/her relatives to keep the cast above the level of the heart for about 24-48 hours. This management can help in reducing the swelling, by doing this the injured part can be rested on pillows to maintain this level. Also, putting ice packs can help swelling down. Ice packs can be covered with thin towel to the cast and apply it for about 20 minutes every two hours.

Pain relievers prescribed by the physician can also be taken like ibuprofen or acetaminophen.

For the cast care, it is important to keep the cast clean and dry. It is advisable to avoid taking showers and better yet use the bathtub and hand the part with cast outside the tub while bathing. One way also is to cover the injured part with plastic bag or wrap to prevent the water on the cast. Also, check the cast if it is attach properly, make sure it is not too tight or loose. These measurements are important because of the reason that air and water if get under the cast may cause complications like skin breakdown if not prevented. Prevent dirt, or sand to get under the cast, to prevent any inflammation due to irritation within the cast. When having a cast, sweating can't be prevented to accumulate under the cast, it is proper to monitor if the cast has strong odor.

Monitoring the patient's cast is a must to prevent any complications. More on, if the patient experiences these: foul odor from the cast, along with cracks or breaks, loose or tight cast; swelling, tingling or numbness, discoloration, and severe pain from the injured part it is proper to report immediately to the attending physician to avoid worse situation and to do proper measures to treat the following abnormalities.