

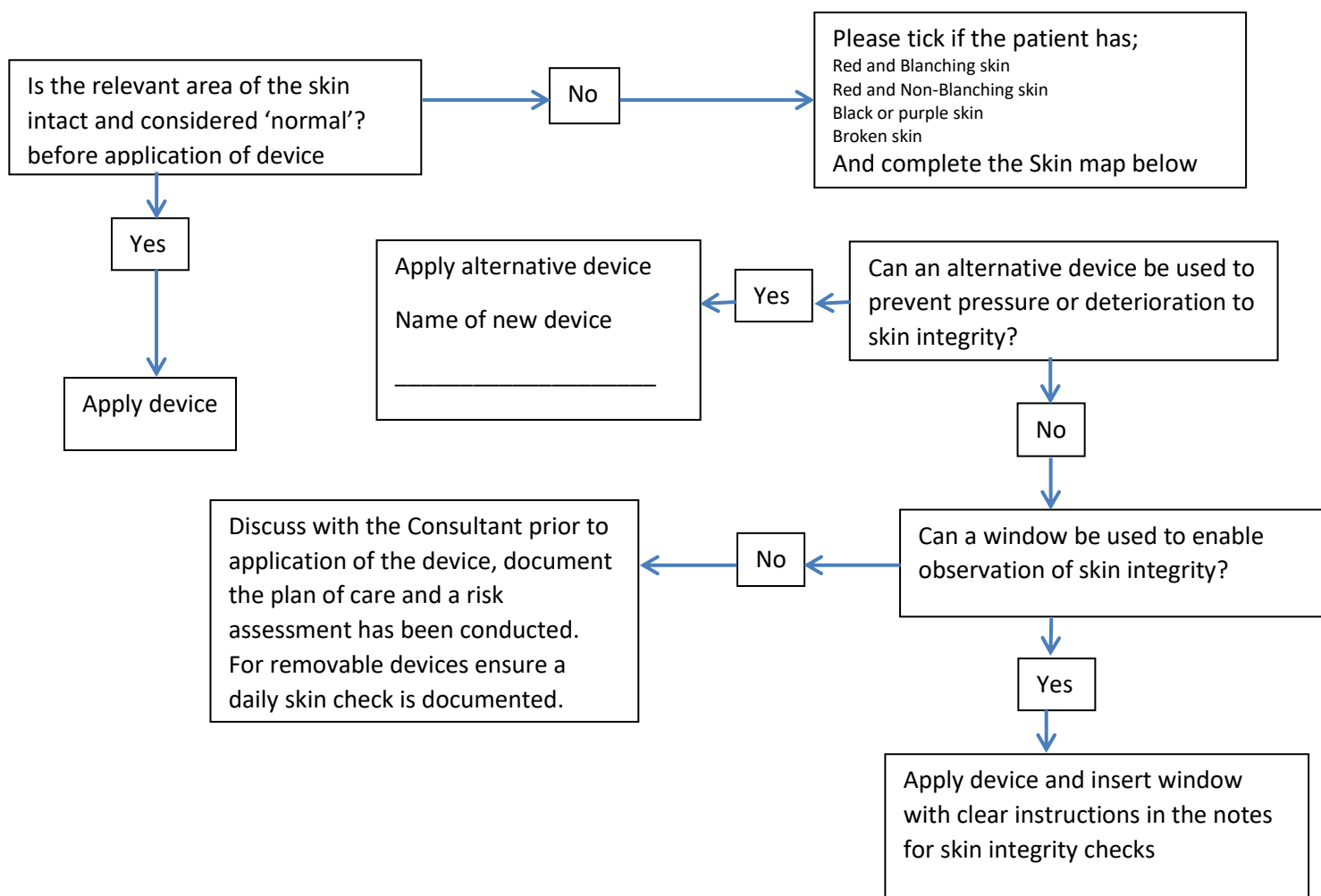
Care of an Orthopaedic Device

Application Date: _____ Time: _____ Location of device _____

Applied by: _____ Dept.: _____ Sign/ print _____

Please circle which device is to be implemented

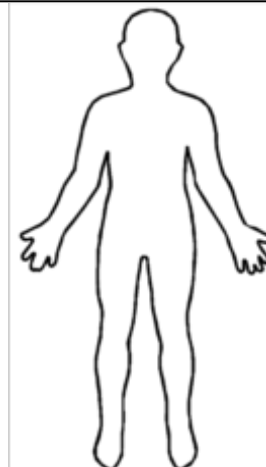
Plaster of Paris | Hinged brace | Cricket Splint | Traction | Neck Brace | TLSO brace | Other Please specify _____



Size

Description of skin

Please follow care plan over leaf for the care of any orthopaedic device
Please also follow wound assessment plan for any broken



Day	For removable devices, skin checked and device reapplied?	For PoP document skin state	How is the skin?	Is a replacement device/part needed?	Is Colour, Sensation and Movement present? (CSM)	Are complaints of pain disproportionate to injury? If yes, escalate and document	Is the affected limb off loaded?	Is device still indicated Yes/No	Signature
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Upon changing the device, if the skin integrity of the patient has changed, please update the skin map and Waterlow where appropriate. Please also document this in the notes and update handover.

Any skin damage should be reported via the Datix system and also the patient should be referred to tissue viability.

N-Normal

RB-Red and blanching

RNB- Red non blanching

S-Scuff

P-purple

B-Black

BL-Blister

If pressure damaged please grade if able