Hip Spica Cast

To heal from his injury or operation, your child's hips and legs must not move. This is why your child must wear a HIP SPICA BODY CAST. We have prepared this sheet to help you with your child’s care at home.

Circulation and Nerve Checks:
While your child is wearing a cast, check the cast often to be sure it is not too tight. Check your child for three to four times each day to be sure that:

- Your child's toes are pink and warm to touch.
- Your child is able to feel your touch on all sides of his toes.
- Swelling goes down in a few days after the cast is on. The toes may be swollen the first few days after surgery or injury.
- Your child can wiggle his toes as much as he did before the cast went on.

Contact the orthopaedic nurse if you see a change or problem with your child’s circulation and nerve checks.

Cast Care:
Do not allow the cast to rest against hard surfaces during the first 48 hours. This could dent the cast and cause a sore on your child’s skin.

Once the cast is dry, place waterproof tape over the edges of the cast, especially on the diaper area. This is called "petalling" the cast. Cut the tape about 2 to 4 inches long. Tuck one end of the tape under the cast and apply it to the cotton lining. Pull the free end of the tape onto the outside surface. Overlap the strips to form a complete waterproof edge.

Check the cast daily for cracks, dents, tightness or looseness and soft spots.

Toileting:
Your child should leave the hospital with a bedpan and/or a urinal. You can prop your child's upper body with pillows. If you are having a problem getting the cast edges wet when using the bedpan:

- You can tuck clear plastic wrap around the edges to keep it dry.
- Throw away the plastic wrap after toileting.
- Make sure bed sheets and pants stay dry.
- When girls use the bedpan, urine can spill and get the cast wet. Put a baby diaper in the bedpan to soak up the urine.
- Dry your child well after she uses the bedpan.
If Your Child Wears Diapers:

- Use smaller diapers than usual. Tuck them between the child's skin and the cast.
- **Do not place the diaper over the cast.** Urine from the diaper may soak into the cast and cause odor and skin problems.
- The best way to keep a dry, clean cast is to change the diaper often. Please check the diaper every 1 1/2 to 2 hours during the day.
- You may insert a sanitary napkin in the diaper right next to the child in order to soak up more urine, especially at night.
- Change the diaper as soon as it is dirty. Use a slightly damp cloth to clean the cast if it becomes soiled.

Skin Care:

Check the skin around all edges of the cast every day. Use a flashlight to look under the cast for reddened skin areas. Feel the skin inside the cast (around all edges) for blisters or sores. Do not use lotions or powders on the skin around the edges of the cast. Instead, use rubbing alcohol two times a day. This will help toughen the skin. If the skin cracks or becomes dry, stop using alcohol until the skin heals.

Do not allow your child to put anything in the cast. To prevent small things, such as toy parts, coins or crumbs from getting into the cast, put a T-shirt or a cotton infant bodysuit (such as Onesies® Brand) over the cast. The infant bodysuit can help keep diapers in place.

**Do not shower or bathe your child in the tub.** Sponge bathe your child. Be careful not to get the cast wet. Follow the hair washing directions shown to you by the nurses.

Itching:

You may use a hair dryer on cold setting to blow air into the cast. You may give your child diphenhydramine (Benadryl®) for itching. Be sure to follow the instructions from your child's doctor or on the package for the amount to give.

Positioning and Safety:

Position a child in diapers with the head/upper body elevated so urine and stool flow away from the cast into the diaper. Prop the child on pillows or pull up the head of the crib mattress.

Turn your child from front to back or side to side every 2 to 4 hours during the day and as often as you can at night. The bar between your child's legs is for support only. **Do not hold the bar to lift or turn your child.** This might cause the cast to crack or break.

You can use beanbag chairs to position your child. You can also use an outdoor lounge chair as a moveable bed to keep your child near family activities. Some families move the child's legs for support only. Elevate the casted leg on pillows or a folded blanket if the feet/toes become swollen.

**You can move your child from place to place in these ways:**

- Smaller children may fit safely in a stroller or wagon with the help of pillows and a seat belt.
- A reclining wheelchair may be rented for older children.
**Clothes:**

A plaster cast takes at least 48 hours to dry completely. Once the cast is dry, your child may wear shirts, dresses and skirts over the cast. Your child can wear pants, shorts and underwear, if you cut the inseams and sew on Velcro or snaps to fasten around the cast.

**Diet:**

Offer your child plenty of liquid (especially water), fresh fruits and vegetables and any other fiber foods to prevent constipation. Avoid giving too much food. Instead offer smaller meals more often. It may be easier for your child to eat while lying on his stomach, propped up with a pillow or two under his chest.

**Activities:**

If your child must stay in bed, you will need to plan quiet play activities such as books, crafts, board games, video games and movies. Your child can go outdoors in a reclining wheelchair or wagon. If your child must stay home from school while in the cast, contact the school principal or counselor to arrange home-bound teaching.

**Call the Orthopaedic Clinic at (816) 234-3075 or the Children’s Mercy Hospital Information Line at (816) 234-3188 if:**

- Your child's toes are cold to touch.
- Your child's toes look pale or blue.
- Your child complains of tingling and/or numbness of toes.
- Your child can not move his toes
- Your child's toes become very swollen
- Your child has pain even after his legs are propped up or he has had pain medicine.
- Your child complains of rubbing or burning under the cast.
- Your baby (or child who can't say what's wrong) is always fussy for no visible reason.
- Your child's cast smells bad or develops a stain that wasn't there when he came home from the hospital.
- The skin under the edges of the cast becomes sore.
- Your child's cast breaks, cracks, or becomes soft.