

**PRESSURE DAMAGE: POLICY FOR PREVENTION IN PATIENTS WITH
 PLASTER CASTS, APPLIANCES OR BRACES**

**To be read in conjunction with the
 Pressure Ulceration Policy and DVT and PE Policy**

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DOCUMENT CONTROL

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Contact for review	Tissue Viability Service Manager		
Lead Director	Director of Nursing and Patient Safety		

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Sally Irving	Tissue Viability Service Manager
Caroline Carrington	Tissue Viability Nurse - East
Sue Ramsden	Tissue Viability Nurse- West
All Members	Mental Health Inpatients BPG
All Members	District Nursing Best Practice Group
All Members	Community Hospital Best Practice Group
Andrew Sinclair	Equality and Diversity Lead
All Members	Clinical Governance Group
All Members	Senior Managers Operational Group

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1. INTRODUCTION

- 1.1 Following a review of a two year period of incident data the National Reporting and Learning Service revealed 84 cases of pressure ulcers developing under plaster casts. Of these ulcers 26 were Grade 4 ulcers, indicating involvement of deep structures such as bone, tendon or muscle. A further 19 were Grade 3 cavity wounds with complete destruction of the skin.
- 1.2 There was evidence of delayed recognition of these ulcers which had led to patient harm including amputation.
- 1.3 The review raised the following concerns
- The amount of padding used or poor alignment of plaster
 - Reports of pain and/or symptoms by patient were not acted on by staff in either hospital or a community setting
 - Staff were unaware of the increased risk of pressure damage in patients with known vascular disease and multiple sores

2. PURPOSE & SCOPE

- 2.1 The purpose of the policy is to ensure that staff understand the importance of good casting techniques and how to care for patients with a plaster cast, appliance or brace and escalate any concerns.
- 2.2 Healthcare staff should be aware of the possibility of pressure ulcers developing under plaster casts, appliances and braces and need to inform patients of warning signs and who to contact should symptoms develop.

3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive Officer** has a duty of care for patients receiving care and treatment from the Trust and has overall responsibility for procedural documents and delegates responsibility as appropriate.
- 3.2 The **Best Practice Groups** will monitor any incidences and discuss shared learning.
- 3.3 The **Senior Nurse** must be aware of any harm caused to a patient whilst under the care of their team.
- 3.4 The **Healthcare Professional** must DATIX any pressure damage found as a result of using an appliance, plaster cast or brace.
- 3.5 The **Tissue Viability Team** will monitor any incidences and report to Clinical Governance group if appropriate
- 3.6 **All staff** looking after patients in a plaster cast, appliance or brace are required to adhere to this policy.

4. EXPLANATIONS OF TERMS USED

- 4.1 **Plaster Cast** – A shell made from plaster encasing the limb to stabilise and hold anatomical structures, most often a broken bone in place until healing is confirmed.
- 4.2 **Appliances** – Device used to influence growth or position of bones.
- 4.3 **Braces** – Braces stabilise, support and correct injuries or abnormal alignment through the process of rehabilitation.

5. CASTING & FITTING APPLIANCES & BRACES

- 5.1 The British Orthopaedic Association has been working with the Society of Orthopaedic and Trauma Nursing (Royal College of Nursing) and the Association of Orthopaedic Technicians/Practitioners to raise standards in casting skills. In Somerset Partnership NHS Foundation Trust casting is undertaken in minor injury units and all staff should be adequately trained to carry out casting and are responsible for maintaining their own competency. Any incidents of pressure damage which develops following casting by Somerset Partnership NHS Foundation Trust staff should be investigated fully and a root cause analysis carried out to ensure that lessons can be learnt to promote safe practice in the future.
- 5.2 Any staff in Somerset Partnership NHS Foundation Trust who fit appliances or braces should also ensure they have adequate training and maintain their competency in that skill.
- 5.3 Somerset Partnership staff who apply casts, fit appliances or braces should be aware that the certain groups of patients are at an enhanced risk of pressure damage and should give individualised advice to the patient about what to do should any signs of pressure damage develop. This advice should be accurately recorded and passed on to other healthcare professionals as required.

6. CARE OF PATIENT WITH PLASTER, APPLIANCE OR BRACE

- 6.1 All Somerset Partnership NHS Foundation Trust staff should be alert to any of the following in patients with plaster casts, appliances or braces.
- Any loss of sensation or pins and needles in the affected limb
 - Difficulty moving digits (fingers or toes in the affected limb)
 - Swollen digits (fingers or toes in the affected limb) which do not improve with elevation of the limb
 - Severe pain, staining or an offensive smell under a cast, appliance or brace
 - Blue discolouration of the digits (toes or fingers) in the affected limb
 - If the plaster, appliance or brace becomes loose, soft, cracks or is rubbing.
- 6.2 Somerset Partnership NHS Foundation staff should pay specific attention to high risk individuals with the following complaints

- Significant vascular disease
- Neuropathy
- Sensory deficits who may feel little or no pain

7. WHAT TO DO IF PATIENT REPORTS SYMPTOMS

- 7.1 Should a patient complain of the symptoms described in Section 6 then they should be referred back to the plaster room or the individual who originally provided the appliance or brace for reassessment. The reason for the referral back and the symptoms experienced by the patient should be fully documented. If the patient is an inpatient then the ward staff should ensure this referral is made. If the patient is at home then they should contact the clinic where the appliance or plaster was applied.

8. TRANSFER BETWEEN HEALTH COMMUNITIES

- 8.1 When discharging a patient in a plaster cast, brace or appliance from Somerset Partnership NHS Foundation Trust the discharging team should liaise carefully with the patient, carer or relatives to ensure that the appropriate care required is fully understood and that the patient, carer or relative knows who to contact should problems develop. The information leaflet entitled 'Skin care under plaster casts, appliances and braces' should be given to the patient.
- 8.2 When accepting a patient who is still in a plaster cast, appliance or brace from another health provider the receiving team should ensure they have clear instructions for the after care of the patient and this should be documented in the patient records. The receiving team should also ensure that they record who to contact if problems develop whilst the patient remains in a plaster cast, appliance or brace. Whilst this will often be the plaster room or individual who fitted the appliance in the first instance this must always be clearly recorded in the patient's records.

9. TRAINING REQUIREMENTS

- 9.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

10. EQUALITY IMPACT ASSESSMENT

- 10.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. MONITORING COMPLIANCE AND EFFECTIVENESS

- 11.1 All pressure ulcers of a Grade 2 or above **MUST** be reported as a clinical incident via the DATIX system.
- 11.2 The number of pressure ulcers within Somerset Partnership NHS Foundation Trust are monitored on a quarterly basis through the Clinical Governance group.
- 11.3 All grade 3 and 4 pressure ulcers are investigated using the RCA tool and these are monitored at the Pressure Ulcer Best Practice Group.

12. COUNTER FRAUD

- 12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes which inform this procedural document, are as follows:

Section	Outcome
Information and involvement	1 Respecting and involving people who use services
Personalised care, treatment and support	4 Care and welfare of people who use services
Safeguarding and safety	11 Safety, availability and suitability of equipment
Quality and management	16 Assessing and monitoring the quality of service provision

Relevant National Requirements

NICE (2014), National Institute for Health and Clinical Excellence: Pressure ulcers: prevention and management of pressure ulcers

14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

14.1 References

- NPSA (2009), Pressure Ulcers Under Plaster Casts
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=65330>

- RCN (2012), RCN Competencies: an integrated career and competency framework for orthopaedic and trauma nursing
- Patient Information Leaflet produced by the Plaster Room at Musgrove Park Hospital: Care of Your Plaster Cast
- NICE (2014), National Institute for Health and Clinical Excellence: Pressure ulcers: prevention and management of pressure ulcers

14.2 **Acknowledgements**

Musgrove Park Hospital for their care of your plaster cast leaflet

14.3 **Cross reference to other procedural documents**

Assessing Competency in Clinical Practice Policy

Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) Policy

Development & Management of Organisation-wide Procedural Documents Policy and Guidance

Learning Development and Mandatory Training Policy

Pressure Ulceration Policy

Risk Management Policy and Procedure

Serious Incidents Requiring Investigation (SIRI) Policy

Staff Mandatory Training Matrix (Training Needs Analysis)

Training Prospectus

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

15. **APPENDICES**

- 15.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A Patient information Leaflet -'Skin care under plaster casts, appliances and braces'.

Skin Care Under Plaster Casts, Appliances and Braces

Information for patients and their carers

Skin Care

When you wear a plaster cast, appliance or brace it can be difficult to look after your skin in the normal way. You may not be able to see your skin properly and care for it as usual so it is extremely important to be aware of potential problems.

Sometimes the cast or appliance can rub your skin and make it sore (rather like wearing a new pair of shoes). If this pressure on the skin is not relieved a wound can develop under the plaster cast and this can complicate your treatment.

The hospital where the cast, appliance or brace was fitted may have provided you with information about looking after yourself and your skin. Any advice should be followed carefully and shared with anyone who may be caring for you.

Some groups of individuals have a higher risk of complication due to their underlying conditions. There is a greater risk of complications in individuals with:

- Significant vascular disease
- Neuropathy
- Sensory defects which means you feel little or no pain

You Should Seek Advice If:

- Your fingers or toes on the affected limb are numb or develop pins and needles
- You are unable to move your fingers or toes on the affected limb
- Your toes or fingers on the affected limb become blue
- Your finger or toes on the affected limb become swollen and the swelling does not diminish when you elevate your limb
- You develop severe pain, staining or an offensive smell under your cast, brace or appliance
- Your plaster, brace or appliance becomes loose, cracks, becomes soft or starts to rub.

If you are in hospital talk to your nurse. If you are at home talk to your general practitioner or district nurse.

What Will Happen

Occasionally skin complications do occur. If they do then you may need an adjustment to your cast, appliance or brace to ensure that any pressure is relieved. This is usually done at the hospital where the original fitting took place. You should never try to adapt your cast or appliance yourself by pushing things down it or cutting it as this can cause more problems.

General Advice and Instructions after a Plaster Cast has been fitted:

- Exercise your fingers/toes/shoulder or elbow joint regularly during the day
- Elevate your plastered limb whenever possible
- Do not stand on or press your plaster for 48 hours or until told to by the doctor
- Don't write on your plaster for two days or until it is dry
- Don't get your plaster wet (if you have a yellow lightweight plaster and you get it wet – towel dry it. The plaster should then dry by itself. Please try not to get your plaster wet)
- Don't knock, cut or bump your plaster
- Don't push anything down your plaster

If you would like to contact our Patient Advice and Liaison Service (PALS) please telephone 01278 432022 or email pals@sompar.nhs.uk