

Cast care

What is a cast?

A cast is used to keep a part of the body (usually an arm or a leg) from moving. This may be done to help broken bones heal or to put the body part in the correct position. The child's skin is protected with a smooth lining material before the cast is applied.

Your child's cast is made of:

fiberglass plaster

What can I expect after the cast is applied?

Fiberglass casts dry within a few hours. Plaster casts take 1 to 3 days to dry completely. Handle the wet cast with your palms, not your fingers, to avoid dents.

The cast will feel heavy and awkward at first. Your child may feel uncomfortable and tired for a few days from the weight of the cast.

How do I care for the cast?

Do not let the cast get wet. A wet cast will irritate the skin, soften, crack, and fail to hold the arm or leg in the correct position. If the cast gets wet, call the clinic. If it just gets damp, dry it with a hair dryer on the coolest setting.

Check the cast daily for cracks, dents, softening, drainage, or changes in tightness.

Keep it clean. Do not apply paint or keep it covered with plastic. These materials stop air from getting through the cast.

If the cast is made of plaster, you may clean it with a small amount of toothpaste or dry white cleanser (Ajax® or another brand) on a slightly dampened cloth. Rub gently to remove the dirt. On fiberglass casts, dirt can be washed off with a damp cloth. Dry it well with a hair dryer set on the coolest setting. **Never** use a hair dryer on a hot setting because it can burn the skin.

Any rough edges of a cast can be covered with pieces of plastic tape, or a fabric tape called moleskin, cut into petal shapes. Change the tape as needed.

How can I care for my child?

If your child has a cast for an injury:

Raise the arm or leg on pillows well above heart level whenever your child is lying down to reduce swelling. When your child is up, keep an arm cast in a sling.

Pain

Give medicine to relieve pain as prescribed.

Eating

Constipation may become a problem for your child if activity level has decreased. Encourage drinking more fluids, especially during hot weather. Your child should eat more fruits and vegetables.

Skin care

Sponge baths are best. **Be careful to keep the cast dry.** If a tub bath is needed, wrap the cast with 2 or 3 layers of plastic wrap or shrink wrap (less expensive and available at home improvement stores). Then put a plastic bag over the cast and secure it with waterproof tape or more plastic wrap or shrink-wrap. Keep the cast raised and out of the tub.

With a leg cast, separate the toes after the bath to better allow air-drying. If the skin between the toes remains damp, apply rubbing alcohol or witch hazel with cotton swabs (such as Q-Tips®).

Check circulation every four hours for the first 12 hours, and then twice a day. Toes or fingers and nail beds should be warm and normal in color. Your child should be able to wiggle them easily. A sock or knit cap can be worn over the toes to keep them warm, and to keep dirt and gravel from getting into the cast.

Check the skin twice a day. Press on the skin around all the cast edges to look and feel for reddened areas, sores, or objects inside. Rub any reddened areas with a small amount of rubbing alcohol or witch hazel, avoiding any blisters or sores.

Do not use lotion or powder inside the cast or on the skin at the cast edges. Powder can cake, and lotion will soften the skin, making sores more likely.

Do not let your child put anything into the cast. Even a small object inside the cast can cause sores.

Itching is very common. It often comes and goes. To lessen itching, keep the area inside the cast as dry and cool as possible.

Sometimes distraction or blowing cool air under the cast may help.

Do not insert anything into the cast to scratch the itch. Sometimes rubbing inside with fingertips (not fingernails) will help. For severe itching, check with your doctor about a medicine to relieve it.

If the cast limits movement, turn your child at least every 2 hours when awake, and as often as you can at night, for comfort and to prevent pressure sores.

Activity

The doctor will tell you what activities are okay. Do not let your child stand or walk on a leg cast unless the doctor has given permission. See the education sheet, “Crutches.”

When walking is allowed, use a cast boot to keep the cast dry and clean, and to prevent slipping. You can also use slipper socks with rubber on the bottoms, or apply rubber coating to an old pair of socks or slippers.

What can I expect when the cast is removed?

A cast cutter will be used to remove the cast. Instead of spinning around, the blades vibrate side to side and make a loud buzzing noise. Your child will feel the vibration and a warm sensation. The cutter will not cut your child, but it will feel like the skin is being touched.

After the cast is off, the skin looks scaly. Your child’s arm or leg will look thinner than usual because of the lack of movement. The skin will be tender. If it itches, rub gently with fingertips. Avoid scratching.

When should I call the clinic?

- something has dropped into the cast and you cannot get it out.
- the cast is cracked, dented, softened.
- the cast has gotten fully wet.
- skin around the cast edges is red or open and does not heal after frequent skin care.
- unusual drainage on the cast or an unexplained bad smell.
- if any of these problems are not relieved by raising the cast above heart level:
 - cast looks tight and skin is swollen at the cast edges.
 - swelling, tingling, or numbness in toes / fingers.
 - toes / fingers are reddish, bluish or cold to the touch (after cast is dry).
 - hard, contracted lumps of muscle.
 - pain that does not go away.

Questions?

This sheet is not specific to your child, but provides general information. If you have any questions, please call the clinic.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: www.childrensmn.org.

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