

File within 3rd spine

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label



Royal Cornwall Hospitals
 NHS Trust

Inpatient Plaster Cast - Care Plan & Daily Assessment Form

Commencement	Completion	Location:
Date: _____ Time: _____	Discontinued date: _____	
Commenced by: _____	Discontinued by: _____	

Problem

- Application of a cast, which has the potential to cause skin damage.

Goals

- To optimise healing of the fracture and prevent complications
- To minimise pain.

Daily assessment

Review at least daily and record with a tick in the column if achieved. Record NA if the assessment is not applicable or no longer required. Complete evaluation section in the patient records to report any variables to this plan.

Date Time									
Neurovascular observations completed									
Casted limb elevated above level of heart									
Plaster cast information leaflet provided (Day 1)									
Skin around cast edges assessed for skin damage									
At plaster renewal skin has been checked for pressure damage? (Datix if pressure ulcer present)									
Cast assessed for signs of comfort, cracking, bulging, softness, fit, (refer to Dr if concerned)									
Plaster checked for signs of drainage through the cast (size/colour/amount)									
Signature									
Designation									