

decreased pulses, decreased temperature, paresthesia, or the inability to move the distal exposed part(s) should be reported immediately. Pallor, paralysis, and pulselessness are late signs (see [Box 29-3](#)).

When an extremity that has sustained an open fracture is casted, a window is often left over the wound area to allow for observation and dressing of the wound. For the first few hours after surgery, substantial bleeding may soak through the cast. Periodically, the circumscribed bloodstained area should be outlined with a waterproof marker and the time indicated to provide a guide for assessing the amount of bleeding.

Appropriate cast care guidelines for the child's caregiver are necessary before discharge. Instructions are also given for checking for signs and symptoms that indicate that the cast is too tight (see [Family-Centered Care](#) box). Parents should also be told to take the child to the health professional for attention if the cast becomes too loose because a loose cast no longer serves its purpose.

Family-Centered Care

Cast Care

Keep the casted extremity elevated on pillows or similar support for the first day or as directed by the health professional.

Avoid denting the plaster cast with fingertips (use palms of hand to handle) while it is still wet to avoid creating pressure points.

Expose the plaster cast to air until dry.

Observe the extremities (fingers or toes) for any evidence of swelling or discoloration (darker or lighter than a comparable extremity) and contact the health professional if noted.

Check movement and sensation of the visible extremities frequently.

Follow health professional's orders regarding any restriction of