

traction is periodically released and reapplied as ordered. A child may have several types of traction at one time, and each one must be assessed separately to avoid problems.

Nursing Alert

Skeletal traction is never released by the nurse (except under direct supervision by the practitioner). This precaution includes not lifting the weights that are applying traction (e.g., for moving the child in bed, for repositioning).

In addition to routine skin observation and care, the child in skeletal traction will need special skin care at the pin sites according to hospital policy or practitioner preference. Pin sites should be frequently assessed and cleaned to prevent infection; after the first 48 to 72 hours, pin site care may be performed once daily or weekly for mechanically stable pins ([Holmes, Brown, and Pin Site Care Expert Panel, 2005](#)). Use of a 2-mg/ml chlorhexidine solution has been proposed as best practice care for skeletal pin sites by the National Association of Orthopaedic Nurses ([Holmes, Brown, and Pin Site Care Expert Panel, 2005](#)). A pressure-reduction device, such as a pressure-reduction mattress, decreases the chance of skin breakdown.

Nursing Tip

A small hand mirror facilitates visualization of inaccessible skin areas.

When the child is first placed in traction, increased discomfort is common as a result of the traction pull fatiguing the muscle. It has been determined that orthopedic conditions are associated with a higher-than-average number of painful events and a higher percentage of bodily symptoms than other common conditions. Analgesics, including IV opioids, and muscle relaxants, help during this phase of care and should be administered liberally.

Nursing Alert

For skeletal traction to be effective, ensure that the weights are