

place. In the event that the larger diaper becomes wet or soiled, it is likely the cast is as well.

For tightly fitting casts, transparent film dressings can be cut into strips as for petaling with one edge applied to the cast edge and the other directly to the perineum; this forms a continuous, waterproof bridge between the perineum and the cast to prevent leakage. An additional advantage to the use of this transparent dressing is that it keeps both the skin and the cast dry while allowing for observation of skin beneath the dressing.

Older infants and small children may stuff bits of food, small toys, or other items under the cast; parents should be alerted to this possibility so they can initiate suitable preventive measures.

Feeding an infant in a hip spica cast offers problems in positioning. Very young infants can be fed in the supine position with the head elevated. With the infant's hips and legs supported on a pillow at the side, the parent can cuddle the infant in his or her arms during feeding. A somewhat similar position can be used for breastfeeding (i.e., with the infant supported on pillows or held in a "football" hold facing the mother with the legs behind her). An alternate position is to hold the infant upright on the caregiver's lap with the legs of the infant astride the adult's leg.

Children in spica casts usually find the prone position easier for self-feeding from a small table placed next to the dining table; alternatively, they may manage a semi-sitting position in bed or in a wheelchair ([Fig. 29-7](#)). The use of a conventional toilet is almost impossible. A bedside toilet can be adapted for use. Small bedpans or other containers offer alternatives for elimination. The nurse may suggest waterproofing methods by devising plastic wraps for elimination and showers. Baths are possible only if the plaster cast is kept out of the water and covered to prevent it from becoming wet.