**SKILL: Splinting a fracture**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Competent** | **Omitted** |
| 1 | Takes, or verbalizes, body substance isolation precautions |  |  |
| 2 | Directs application of manual stabilization of the injury |  |  |
| 3 | Assesses motor, sensory and circulatory function in the injured extremity |  |  |
| 4 | Offers analgesia to the patient based on pain scale |  |  |
| 5 | Measures the splint |  |  |
| 6 | Applies the splints |  |  |
| 7 | Immobilizes the joint above the injury site with a tie. Knot placed over the splint and not over the skin |  |  |
| 8 | Immobilizes the joint below the injury site with a tie. Knot placed over the splint and not over the skin |  |  |
| 9 | Secures the entire injured extremity |  |  |
| 10 | Immobilizes the hand/foot in the position of function |  |  |
| 11 | Reassesses motor, sensory and circulatory function in the injured extremity |  |  |

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

