

NURSING CARE PLAN No 14
TRACTION CARE
Please use in conjunction with careplan 1

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 14 Problem	TRACTION CARE	Issue Date: December 2020 Review Date: December 2023	
<p>_____ is nursed in</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thomas Splint <input type="checkbox"/> Gallows Traction <input type="checkbox"/> Skin Traction <input type="checkbox"/> Skeletal Traction <input type="checkbox"/> Halo traction <input type="checkbox"/> Pelvic Traction <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> • Maintain limb alignment • Reduce muscle spasm • Alleviate pain 		
<p>Nursing Intervention</p> <ul style="list-style-type: none"> • Observe neurovascular status as per care plan 14a • Monitor skin integrity as a complication of bed rest. • Liaise with Orthopaedic team in regards to traction & any special instructions for same. 			
No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	Thomas Splint		
	<ul style="list-style-type: none"> • Ensure/maintain correct positioning of splint. • Observe bandage and strapping is secure and wrinkle free • Observe pressure areas (heels, elbows + buttocks) and all other bony prominences regularly (2-4 hourly, or as condition requires). • Nurse heels free from mattress. • Observe skin condition at each position change • If tension cord is used ensure all cords are taut and run free in pulleys. • If weights are used ensure they are free from obstruction.... Record daily. • Elevate end of bed to provide counter traction • Ensure "lollipop stick" is not used to provide traction • Liaise with OT to advise child/parents re safe transfers ie toileting, seating, transport home. • Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		
2	Gallows Traction		
	<ul style="list-style-type: none"> • Maintain correct positioning of traction. • Remove bandages once a day (at teams instructions) to observe skin integrity underneath and observe all other bony prominences regularly. • Ensure strapping is secure • Ensure traction cord is taut • Ensure traction frame is secure • Nurse buttocks free from mattress. • Record expansion programme • Ensure all knots are secure and bound back onto themselves with adhesive tape. • Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		
3	Skeletal Traction		
	<ul style="list-style-type: none"> • Maintain correct positioning of traction. • Observe skin condition and bony prominences four hourly • Ensure traction cord is taut and runs free in pulleys • Ensure all knots are secure and bound back onto themselves with adhesive tape • Ensure all weights are free from obstruction and record daily _____ • Ensure pin site care is undertaken as per care plan 14a. • Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		

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4	Halo Traction Bed / Chair	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
	<ul style="list-style-type: none"> Observe traction daily to ensure correct position. Ensure there is adequate space between the Halo ring and the patients head. Observe any pressure areas regularly, especially around halo ring, heels, elbows, occiput and sacrum Ensure traction cord is taut with no signs of fraying. Ensure knots are secure and bound back onto themselves with adhesive tape Ensure weights are free from obstruction. All weights to be checked and documented by two nurses each shift. Ensure pin site care as per care plan 14a Monitor neurological observation 4 hourly, more frequently if condition deteriorates, report and record deviations Ensure patient is nursed on oxygen saturation monitor at night. If the patient receives NG/PEG feeds, ensure these are not given at night to prevent risk of aspiration. Elevate bed to provide counter traction as instructed by doctor (Orthopaedic team). Transfer patient from bed to chair as per team doctors instructions Ensure doctor completes daily neurological cranial nerve examination (ASIA Score) Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		
5	Skin Traction		
	<ul style="list-style-type: none"> Observe traction daily to ensure correct position. Ensure traction cord is taut and runs free in pulleys Ensure all knots are secure and bound back onto themselves using adhesive tape. Ensure all weights are free from obstruction and recorded daily_____ Remove bandage daily, on doctor's recommendations, to review skin condition and bony prominences. Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		
6	Pelvic Traction		
	<ul style="list-style-type: none"> Observe traction daily to ensure correct positioning. Observe skin condition and bony prominences four hourly Ensure traction cord is taut and runs free in pulleys Ensure all weights are obstruction free and recorded daily_____ Ensure all knots are secure and bound back onto themselves with adhesive tape. Ensure any reduction of traction or alteration to weights is as per Doctors instructions. Document same clearly. 		
7	Slings and Springs		
	<ul style="list-style-type: none"> Check Slings and Springs each shift to ensure correct position of same. Liase with Orthopaedic team for specific instructions regarding limb positioning, toilet privileges, etc. Ensure knots are securely tied and check all ropes for any signs of fraying. Monitor for any complications of bedrest. Use this care plan in conjunction with Care Plan 25. Check skin regularly for any signs of skin breakdown. Use padding where needed to protect skin. Attach overhead trapeze if/when necessary. Encourage parents/ guardians to participate in child's care where appropriate. 		
References			
<p>Davis, P. (2003) Skeletal pin traction: guidelines on post-operative care and support. Nursing Times, 21(99) 46.</p> <p>Davis, P. & Barr, L. (1999) <i>Principles of Traction</i>. Journal of Orthopaedic Nursing 3, 222-227.</p> <p>Mellett, S. (1998) <i>Care of the Orthopaedic Patient with Traction</i>. Nursing Times, 3(94)</p> <p>Royal College of Nursing (2015) <i>Traction: Principles and Application</i>, Royal College of Nursing, London.</p>			