Care of the Child in a Hip Spica Cast

Your child has had an operation or an injury and now needs a hip spica body cast. The hip spica cast is used to keep your child’s hips and legs from moving. This information will help you care for your child in the Spica Cast.

Circulation, Nerve and Skin Checks
To make sure that nerves and blood vessels are working inside the cast, check 3-4 times a day:

- **Skin** — Use a flashlight to carefully look under the edges of the cast for reddened areas, blisters or sores.
- **Color** — The toes should be pink and warm.
- **Feeling** — No numbness or tingling.
- **Toes** — Normal size; little or no swelling.
- **Movement** — Your child should be able to wiggle their toes the same before and after casting.

Cast Care
The cast should remain dry, so the child’s skin remains free of sores and rashes. A special, thin lining (Gore-tex) prevents urine and stool from soaking into the cast padding.

- Use tape to “petal” the edges-to keep the edges dry and clean (see Figure A and B).
- Use a flashlight to check the skin under the edges of the cast for reddened areas, blisters or rash.
- Check the cast daily for cracks, dents or change between the skin and cast.
- Prevent small objects (coins, toys, crumbs) from getting down into the cast, use a bib or t-shirt to cover the cast.
- Wipe any soiling from the cast, liner or edges.
Parents, please make every effort to keep your child's cast clinic appointment. If you miss the appointment, and the treatment is delayed, your child may have to wear the cast longer. If you are unable to keep and appointment, please notify the clinic to reschedule as soon as possible at (916) 453-2180.

Remember:
- *Do not* lift your child by the support bar between the legs
- *Do not* use lotions or powders on the skin unless instructed
- *Do not* place the diaper over the cast, urine from the diaper will soak into the cast and cause odor and soften the cast.
- *Do not* allow your child to stick any sharp objects (coat hangers, knitting needles, and pencils) under the cast.

**Position**
Changing position will prevent pressure on the skin areas under the cast edges. An upright position will assist gravity and allow the flow of urine and stool away from the cast. A bedroom on the ground floor is recommended for safety and quick access to outdoors.
- Turn your child from side to side, every 2-4 hours during the day and as often as you can during the night.
- Use pillows to raise (elevate) head/upper body
- Bean bag chairs can be used for sitting and positioning
- Keep crib side rails up, and use safety belts on strollers and highchairs.
- Special auto restraints are needed. Car seats and restraints are available on loan from Shriners.

Remember:
*Do not allow your child to walk or stand unless ordered by your doctor.*

**Diet**
Small, frequent meals will prevent the child from feeling “too full” after eating. Overfeeding can cause an expanded and full tummy. Your child will feel pain and discomfort due to tightness around her/his tummy. Whole grains and fluids will help prevent constipation.
- Offer smaller meals and snacks more often.
- Offer fruits, fluids and vegetables, whole grain breads/cereals, muffins.
Toileting & Diapering

- Use bedpan/urinal. For girls use a “wick” made with several layers of toilet paper to guide the urine stream into the bedpan.
- Use damp, soapy wash cloth to remove soiling. Allow cast to air dry.
- Use smaller diaper than usual.
- A feminine sanitary napkin can be placed inside the diaper to absorb urine (especially at night).
- Gently place the napkin over the child’s private area.
- Use disposable diapers if possible. Keep plastic backing of diaper next to the cast surface.
- Check the diaper hourly during the day. Check/change the diaper at least once during the night.
- If using cloth diapers: fold the diaper to the size of the open area of the cast.
- Place (double thickness) folded diaper over the front for boys and over the back for girls. Dry buttocks well after using the bedpan.
- Keep sheets and linen clean and dry.

The plastic of the diaper will prevent urine form being absorbed into the cast material. Dry skin and clean linen will prevent skin breakdown.

Planning Activities

A change of position can help pass the time.

- Board games, videos and video games, books, craft ideas and puzzles are appropriate activities
- Invite friends over to play
- If your child is unable to attend school for two weeks or longer, contact your child's school and arrange for home teaching.
- Use a reclining wheelchair to move your child to other parts of the house or outside.

Clothing

- Once the cast is dry, shirts, dresses, and skirts may be worn as normal.
- To use pants, shorts and underwear, split (or cut) side seams and add Velcro strips.

Special Considerations

- For older children: you may wish to rent a reclining wheelchair from a medical supply vendor (recommended by your insurance company, Medi-Cal or CCS)
- A wagon can be used for smaller children, using pillows and safety belt.
- If the cast gets wet, let it air dry, or use a hair dryer on the cool setting.
Call the Hospital or Clinic if:

- The toes are cold to the touch or appear pale or blue.
- Your child complains of tingling and/or numbness in their toes.
- Your child cannot move their toes.
- The toes are swollen.
- Pain is not relieved by position change-raise (elevate)
- Pain is not relieved by Tylenol or prescribed pain medications.
- Your child complains of rubbing, or burning under the cast. This could be the sign of a pressure sore.
- A bad smell is coming form your cast.
- Cast tightness, skin redness or breakdown at the edge of the cast.