

Splintage

Emergency Departments Cork University Hospital / Mercy Hospital / South Infirmary-Victoria Hospital, Cork. Physiotherapy Department CUH.

Splint	Indications	Comments	Review
Wrist Brace	Futura - Soft tissue injury of the Wrist. A fracture will be put in a POP.	Various sizes. Subjective measurement of size required.	G.P. 1 week
Wrist / Thumb Brace	Donjoy wrist thumb brace used for soft tissue injury (eg tendonitis) of the radial aspect Wrist/Thumb.	Various sizes. Subjective measurement of size required.	Consultants' Review Clinic
Mallet finger Splint	Mallet finger – rupture of the extensor tendon to the DIP joint. Aim to maintain PIP hyperextension, while allowing PIP joint movement. Must be kept in place for 6-8 weeks to allow extensor tendon to heal. Ensure patient provided with written instructions.	Sizes 1-4. Splint held in place by a piece of tape. When removing the splint, ensure that the DIP joint is maintained in extension.	See instruction sheet – patient +/- GP review @ 6 weeks.
Buddy strapping	To protect and immobilise undisplaced digit fractures / sprains or post reduction of dislocations.	Maintain until review or asymptomatic.	As appropriate
Collar and Cuff	Used to give Elbow/Wrist/Hand support – e.g. to support a Lower arm POP, to keep the hand elevated to reduce swelling. Gives very little shoulder support, but produces a traction effect at the shoulder joint, which can be used in the sub-acute stage post shoulder fracture, when pain level has reduced e.g. # greater tuberosity of the Humerus,	Can pull uncomfortably on the neck and the wrist tends to fall into a flexed position. Patient will require more shoulder support for pain relief immediately post Humeral fracture than a collar and cuff will provide.	Consultants' ED Review Clinic <u>or</u> Fracture Clinic
Triangular bandage	Used where greater immobilisation of the shoulder is required – e.g. humeral fracture, AcromioClavicular joint disruption, where no traction effect required.	Prolonged use can result in shoulder stiffness. Can be applied as a Broad arm splint - elbow flexed 90° – place one arm of the bandage in front of the body, the other arm behind the back and tie together over opposite shoulder. Thread through padding (eg collar 'n cuff material) to ease pressure on neck.	Consultants' Review Clinic <u>or</u> Fracture Clinic

Splint	Indications	Comments	Review
		High arm splint for hand elevation.	
'Gilchrist' Immobiliser	Gives greater immobilisation again of the shoulder. Indications – Shoulder fractures and dislocations, while awaiting review in Fracture clinic.	Splint is worn under clothes. Prolonged use will result in shoulder stiffness.	Fracture Clinic
Soft Collar	Neck Sprain with reported severe pain and difficulty sleeping++. <u>Only to be given by Consultant or Physio</u>	At home the patient is advised to remove collar every 2 hours and move the neck, looking left and right, up and down to maintain ROM. (Can use a rolled up towel pinned in front instead.)	Consultants' Review Clinic.
Cervical Spine Immobilisation Splint	Used to help protect the cervical spine particularly in the pre-hospital environment. Applied in the ED if a patient demonstrates a significant incident history or where you suspect potential cervical spine damage. Must be used with blocks and tape to ensure immobilisation.	Stiff neck collars are be uncomfortable and should be used for the shortest time necessary. Patient's ears and earrings can cause discomfort if trapped behind the plastic moulding.	Emergency medical or nursing staff
Crutches, Sticks & Frames	For Partial or Non Weight Bearing gait. Frames provide more support again (Frames now kept in stock in Stores. Please send a porter with a requisition slip to collect the frame from stores.)	Measure height of the mobility aid by bringing the handle level with the patients' wrist. Extra Tall crutches are available from Stores. Patient should always be advised to use 2 crutches.	Consultants' Review Clinic /GP/ Fracture Clinic as appropriate

These guidelines have been reviewed and approved by the ED Clinical Policy Group, CUH, September 2006.