



0400002

PLACE LABEL HERE.
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

CAST INSTRUCTIONS

Cast applied to _____ on _____.

Cast to be worn at all times until follow up appointment for removal _____.

Do not get the cast wet. For bathing, cover cast with plastic bag. If cast gets wet, it should be removed as soon as possible to prevent skin breakdown.

The casted arm should be elevated periodically. It should not be hanging down all the time. Perform skin checks on casted arm _____ and look for the following:

- Swelling in fingers
- Pain
- Blueness in finernails
- Different temperature or color as compared to uncasted arm
- Numbness or tingling
- Bad odor

If you notice any of the above conditions, please contact _____ at (434) _____ during the hours of _____.

Therapist signature _____

If you are unable to reach the therapist, or it is a weekend or holiday, please go to the nearest emergency room with this handout for cast removal.

I, _____, am the _____ of _____ and understand the emergency procedures that need to be followed if the cast needs to be removed prior to the scheduled return appointment. _____.

To Emergency Room Physician:

A cast has been applied to _____ to gain range of motion. There is no fracture or joint instability to be concerned about if the cast is removed. I have instructed the family to come to the emergency room if problems arise during evenings, weekends, or holidays. Please remove the cast if there is any sign of compromised circulation or if the patient is complaining of significant pain. Thank you for your assistance.

I have read the above information. All of my questions have been answered and I fully understand the instructions.

PATIENT NAME/SIGNATURE OR RESPONSIBLE PARTY

Reviewed by: _____

Staff Name/Signature _____ Date _____

If Translated: Translated provided by: _____ Date _____

Interpreter Name _____ CyracomID# _____