



# St. Mary's Medical Center

*"The Staff for Life"*

Emergency  
Department  
(555) 555-5555  
Phone Answered  
24 Hours

## EXITCARE™ PATIENT DISCHARGE INSTRUCTIONS

### Cast or Splint Care At Home

Care Giver Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

You will be going home with a cast or splint. The following is a list of **suggestions and information** for you **when taking care of the cast or splint**.

- < Raise the injured part **above the level of your heart** with the use of pillows or cushions. Do this whether you are sitting or lying down. This most important for the first 24 hours, but may be necessary for longer, depending on your injury. Mild swelling of the exposed fingers and/or toes below the cast is not unusual.
- < You may apply a cloth covered ice bag to the cast or splint over the injury site for 24 hours. (Ice may be kept on 20 minutes every two hours).
- < Keep the cast or splint uncovered during the drying period. It usually takes 24 to 48 hours to dry. Do not bear weight on a walking cast for 48 hours after application. Do not rest a cast on anything harder than a pillow in the first 24 hours.
- < Keep your cast or splint clean. Soiled casts may be wiped with a moistened cloth.
- < Once hardened, plaster or fiberglass casts or splints should **never** be allowed to become wet. Moist skin may become infected. Cover the cast or splint with a plastic bag when bathing/showering or when out in rain or snow.
- < Do not place any foreign objects under your cast or splint. Scratching leads to more itching and may cause infection. Inform your physician if you do get a foreign body stuck under your cast.
- < **DO NOT REMOVE** padding from within your cast.
- < Exercise all the adjacent joints not immobilized by the cast or splint. For example, if you have a long leg cast, exercise the hip joint and toes. If you have an arm cast or splint, exercise the shoulder, elbow, thumb and fingers.



*Continued on page two*

**Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.**

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Witnessed & Instructed by \_\_\_\_\_ Date \_\_\_\_\_  
**St. Mary's Emergency Phone Number — (555) 555-5555**

**Cast or Splint Care at Home**

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**CALL IF ANY OF THE FOLLOWING OCCUR:**

- < Swelling or inability to move fingers or toes.
- < Tingling or numbness in the fingers or toes.
- < Sore areas under cast or foul odor from cast
- < Fingers or toes turn blue and cold
- < Cracks or breaks in cast or splint
- < Pain which is unrelieved by medications

**FOLLOW-UP INSTRUCTIONS:**

Return for a follow-up visit in \_\_\_\_\_ ,

with \_\_\_\_\_.

You/your child may return to work or school in \_\_\_\_\_.

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**ADDITIONAL NOTES AND INSTRUCTIONS**

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Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

Patient or Guardian Signature	Date	Witnessed & Instructed by	Date
<b>St. Mary's</b>		<b>Emergency Phone Number</b>	<b>— (555) 555-5555</b>