

HIP SPICA AT HOME

HOME CARE GUIDELINE[®]

WHAT IS A HIP SPICA?



- A hip spica is a type of cast which is usually applied from the child's chest down to the feet, however, some older children do have half of one leg free. Your child will not be able to sit, as the cast will not bend at the waist.
- Each child's cast will look a little different. The time required for the cast to be on varies from 6 to 12 weeks.
- Your Doctor will have told you approximately how long your child will need to be in the cast. The cast is usually applied by a physiotherapist in the operating theatre under a general anaesthetic and is made of a combination of plaster of paris and synthetic casting materials.
- The Hip Spica is applied to keep your child's hips and legs as still as possible, whilst maintaining the optimal hip position for healing. By caring for your child's hip spica appropriately you can ensure that your child is comfortable, the cast remains intact and that your child can continue with most regular daily activities.

WHY DOES YOUR CHILD NEED A HIP SPICA?

Children who have broken their femur (thighbone) and children with Developmental Dysplasia of the Hip (DDH) require treatment in a Hip Spica. This type of cast might also be used following some types of surgery to the leg, pelvis or spine. It is necessary to apply this type of cast to keep your child's hips or thighbone's in the correct position.

CARE OF THE CAST

It is important that the cast does not get wet.

- If the cast begins to crack or soften (especially around the hips) contact your physiotherapist or local hospital as soon as possible to have it reinforced.
- It is important to keep the toileting hole as dry as possible. The physiotherapist will show you how to replace the waterproof tape around the edge of the toileting hole and you will be given extra waterproof tape on discharge from hospital.
- Do not remove any padding from the edges of the cast.
- If your child starts to vomit during a feed, the cast could be too tight. Contact your physiotherapist for advice. It is possible to split the cast, allowing more space for the tummy.

LIFTING AND HANDLING

The weight and shape of the cast and the restrictions it places on your child requires lifting and carrying techniques to be altered accordingly.

When lifting your child, support both the cast and your child at all times. Always have one hand on the cast (between your child's legs) and one hand behind your child (supporting their back).

Never lift your child from under the arms. The weight of the cast puts too much pressure on your child's pelvis and spine.

Always carry your child as close to you as possible.

When lifting:

- Organize yourself and plan the room and what you need prior to the lift. Pick up/remove any obstacles.
- Position your child as close to you as possible prior to lifting
- Move down to your child's height by bending your knees.
- Stand up with back as straight as possible – make your legs do the work, not your back.
- DO NOT lift and twist at the same time.

If your child has a broomstick added to their cast, please do not use it as a handle when picking up your child. This may weaken the cast.



POSITIONING THE CHILD



- Your child will spend most of their time in a reclined sitting position
- Your occupational therapist will assist and advise on positioning your child in bed, around the home, in their child restraint, in seats for play and feeding, and stroller/wheelchair for mobilizing around the home and community.
- When positioning your child, it is important that all parts of their body and the hip spica are supported. You should not be able to put your hand between your child and

their support - there should be no gaps. In addition, you should ensure your child's feet are not pressing into any surface, for example the bed linen.

- It is necessary to give your child **TUMMY TIME** at least twice a day for approximately an hour. Place 1-2 pillows underneath your child to support the cast or alternatively place your child on a bean bag. This relieves the pressure of the cast on your child's skin. You may wish to position your child across your lap or on your chest. Ensure child is supervised whilst in tummy time and that there is nothing blocking your child's mouth/nose. This is a good chance to un-tuck your child's nappy at the back and give their back and bottom some airing time.



SLEEP

- Your child should fit in their own cot or bed, with the addition of pillows placed under them; this also relieves the pressure of the cast on the child's skin.
- The head of the child's cot or bed should be raised to a slight angle; this allows urine to drain downward rather than back up the cast.
- Using pillows and towels can be helpful when positioning your child in lots of different ways. Beanbags can be very useful in comfortably supporting your child and their hip spica. Your child should be supervised when in the beanbag.
- Your child may SLEEP all night in one position if comfortable. If your child should wake during the night and be in distress, try a change of position.

- When positioning babies to sleep, remember to follow the basic SIDS guidelines (www.sidsandkids.org, 2010):
 - Put your baby's feet at the bottom of the cot.
 - Tuck in bedclothes so bedding is not loose.
 - Keep quilts, doonas, pillows and cot bumpers out of the cot, with the exception of where supporting the cast.
 - Use a firm, clean mattress that fits snugly in the cot.
- Try to keep their same sleep routine, for example; wrap them as you normally would, pat them as you did, etc.

POSITIONING FOR PLAY

- Although your child will adapt to and cope with the restrictions of being in a hip spica they will require assistance to be in the best position to enjoy playing. Your child can play while on their tummy, supported on their back, or while on their side. If you have found a comfortable sitting position for them, for example in a bean bag or kid's chair where they are well supported, use this for play.
- When playing, avoid small objects that may fall into the cast. Make sure your child wears a t-shirt at all times during play. Play may need to be set up by an adult or sibling as your child will not be able to retrieve toys, but try to keep play as age-appropriate as possible. You can ask your occupational therapist for ideas about play .

PRESSURE CARE AND CARE OF THE SKIN

A pressure injury is an injury to the skin caused by direct and constant pressure. Pressure injuries are most common when an individual's ability to reposition themselves is hindered, for example when in a hip spica cast.

Check the skin regularly around the edges of the cast for any signs of redness. If red marks are present, re-position your child as this indicates there has been a constant pressure onto this area of skin. If red marks persist, contact your Physiotherapist or Occupational Therapist.

You should:

- Monitor your child's circulation by ensuring toes are pink and warm.
- Always have a shirt or dress on your child to prevent anything falling down the cast
- Not allow your child to poke things down the cast as they may cause pressure areas or skin breakdown.
- Not use anything such as chopsticks or a knitting needle to scratch the skin. Your child's skin is very fragile under the cast and it can easily breakdown.

- Not use lotions or oils under or around the cast, as they will soften the cast and increase the chance of skin breakdown.

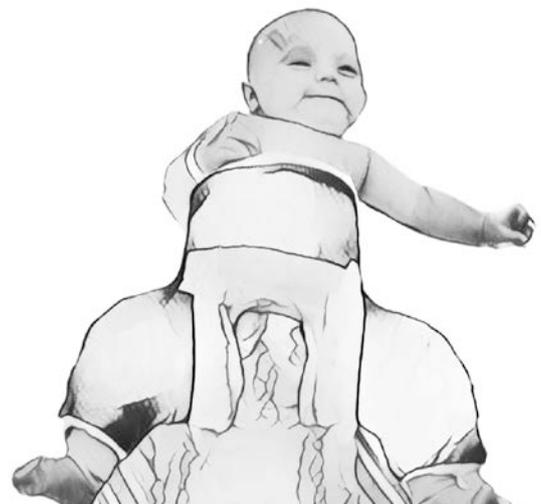
To “air” the skin, allow your child to spend some time in different positions including time without a nappy.

BATHING

- You will not be able to bath or shower your child, the cast can not get wet. A sponge bath morning or night is all your child will require. You can sponge your child using a warm washer over exposed skin on the change table, or on a towel on the bed.
- Pat their skin thoroughly dry after washing to prevent skin breakdown. Do not vigorously rub the skin around the cast.
- Hair washing is easier to do if two people are present. Babies can lie on their backs with their head supported by a hand over the sink and hair is washed using a jug or hand held shower hose. Alternatively position a chair close to a sink. Build the chair up with pillows so your child can lean their head back over the sink. Ensure your child is supervised and well supported at all times

TOILETING

- The nappy should have close contact with the skin as this aids absorption, rather than allowing urine to run down and underneath the cast. It is important that the nappy be changed frequently to enable the cast to remain dry.
- It can be useful to place an absorbent pad/newborn nappy inside the nursing hole. This will prevent urine leaking down the legs of the cast. The outside nappy will need to be bigger than the current size your child is using, as the cast is thick around the hip area.
- If the cast does become wet it is important that you allow plenty of air to circulate around the cast. Place your child on their tummy and remove the nappy, and place a fan nearby to aid the drying process. It is not recommended that you use a hair drier, as on a hot setting you can cause burns. Place an absorbent pad or dry face washer against the cast to help absorb any moisture. To clean around the genital area use Baby Wipes” and wash up under the cast as far as you can reach. . Place the pad/newborn nappy at the back and front of the nursing hole to prevent soiling going right up the back and front of the cast.



- Do not apply powders under the cast, unless ordered by a medical officer as this may cause a rash to develop. If a rash does occur please contact your local Doctor for advice.
- The cast will be waterproofed around the nursing hole by the Physiotherapist before your child goes home; this is done by applying tape around the nursing hole. The Physiotherapist will show you how to change the waterproof tape if necessary.
- Children that are toilet trained will require a bed pan and bottle. These items will need to be purchased as the hospital is unable to supply them. Most chemists stock these items. For older children not requiring a nappy, old boxer shorts or briefs can be altered to make underpants, simply cut down the seam and use hook and loop tape along the seam line.

FEEDING/MEALTIMES

Your child may not fit into his/her own high chair or baby seat. Try sitting a small child on your lap or use a stroller/bean bag to seat appropriately. Before feeding your child, be sure to place a large t-shirt or towel on your child to prevent food from going down the cast.

- Breast feeding may seem awkward to begin with. Try a number of positions first until you find one that is comfortable. Use a pillow to support your arm and the weight of the cast.
- The baby's feeding pattern may change when the cast is applied. He/she may take less in quantity but require more frequent feeds. The cast may restrict the tummy from expanding, resulting in the baby feeling full. It is important that you notify your Doctor or the Orthopaedic Nurse (CHW) or Physiotherapist (SCH) if your child is vomiting large amounts after feeds. Your child may have a sudden growth spurt, which may cause the cast to become tight. Contact the hospital and the physiotherapist will adjust the cast if necessary.
- To wind your baby, sit down and hold the baby in a semi-upright position, then pat or rub on the back or pick the child up in an upright position and walk around.
- Your child's appetite for solid food may be decreased. Provided that he / she are taking lots of fluids, there is no need to worry. If you are concerned please contact us.
- Constipation may also be a problem, due to lack of mobility and the medications given in hospital to relieve pain. A healthy diet of fruits and vegetables will help. If you should need something extra please contact your family doctor (local GP) or Early Childhood Nurse
- Toddlers and older children will manage better with finger foods, this may make meal times more enjoyable. If you have problems increasing your child's fluid intake, try iceblocks made from fruit juice or milk. Drink from a closed cup (with a tight lid) or use a straw to minimise spillage incidents.

GETTING AROUND: EQUIPMENT AND TRANSPORTATION

The width of the spica cast often prevents your child from fitting into their usual car seat. An occupational therapist will review your child's car seat and stroller and modify them if required.

Stroller

A simple folding umbrella stroller with a long crotch strap and long shoulder straps is often best. Umbrella strollers often have wide shallow seats, which accommodate the width of the cast. If your stroller has recline settings, you can use this to change your child's position throughout the day. Children may not fit into strollers if they have short straps or deep narrow seats.



Your child's own stroller may be suitable to use with some adjustments. Please bring your stroller to the ward on admission.



Your Occupational Therapist (OT) will help with any adjustments. If your stroller is not suitable your OT will advise you on your options. Sometimes, if it is not age appropriate for your child to mobilise in a stroller, your occupational therapist may discuss use of a wheelchair for your child. A cost will be involved if hire of a wheelchair is required.

Car Seats

Your Occupational Therapist will review your current car seat and work with you on the safest way for your child to travel in a car. Please Note: the car seat must comply with Australian Standards (AS/NZS 1754, 2010). **Please bring your car seat to the ward on admission.**

If your car seat is suitable, your Occupational Therapist will modify it with towels and will organise purchase, or hire, of an extended crotch strap to support your child during travel. If your car seat is not suitable, you may be required to hire a car seat from within the Hospital Your OT will arrange for this.



Important information re: car seat modifications completed by your Occupational Therapist

- If modification is required your car seat will no longer meet Australian Standards, however using the car seat will continue to be the safest way for your child to travel.
- The car seat is to be used only by the child for whom it was modified
- **DO NOT** change the recommended method of transport or carry out further modifications without first seeking advice from your Occupational Therapist.
- A **medical certificate** must be kept in the glove box of your car while your child requires the modified car seat. This will be given to you before you leave hospital.
- **ALWAYS** check that the restraint is correctly fastened and adjusted before each journey.
- If the medical condition/illness is temporary, ensure to return your child to a complying restraint as soon as possible.
- Follow the manufacturer's instructions for installation and use.
- Your Occupational Therapist is not trained to install your car seat into your car. It is recommended that you have it installed by a registered RTA fitting station.
 - Visit RTA website (www.rta.nsw.gov.au) and search 'fitting stations' for a list of fitting stations in your local area. **If you have any concerns with this please speak with your occupational therapist prior to removing the child restraint from the car.**

CONTACT

Your Doctor if:

- Your child has an unexplained fever.
- Continuous pain or fussiness in your child for no apparent reason.

Your Occupational Therapist if:

- You have problems with your child's daily activities, return to daycare or preschool, or equipment.

Your Physiotherapist if:

- The cast begins to crack or soften (especially around the hips).
- There is an unusual smell or unexplained oozing (drainage) from under the cast.

- Skin problems including: swelling, poor circulation (changes in skin colour), coldness or numbness of feet that does not improve with repositioning.
- Your child is vomiting during feeding

Your Social Worker if:

- Your child and family would benefit from counselling and support relating to adjustment to illness and/or treatment.
- Practical or financial difficulties arise during your child's illness or stay in hospital, or the need for assistance with other practical matters.

CONTACT DETAILS (CHW)

Orthopaedic Clinical Nurse Consultant	Mon – Fri 7.30am – 4:00pm	9845 0000, pager# 6191
Physiotherapist	Mon – Fri 8:00am – 4:30pm	9845 3369
Occupational Therapist	Mon – Fri 8:00am – 4:30pm	9845 3369
Orthopaedic Unit	After hours only	9845 1125

CONTACT DETAILS (SCH)

Hospital Switchboard - ask to speak with the paediatric orthopaedic registrar

Orthopaedic registrar	9382-1111
Occupational Therapist:	9382-1073
Physiotherapist:	9382-1050

FURTHER READING:

“The Parents’ Guide to Hip Dysplasia” (2008)

Betsy Miller: Published by Dog Ear Publishing