

Splinting (≥ PL1)

Clinical Indications:

1. Immobilization of an extremity for transport, either due to suspected fracture, dislocation, sprain or injury.
2. Immobilization of an extremity for transport to secure medically necessary devices such as intravenous catheters.

Contraindications:

1. None

Procedure:

1. Assess and document pulses, sensation, and motor function prior to placement of the splint. If no pulses are present and a fracture is suspected, reposition to restore pulses and splint the limb.
2. Remove all clothing and jewelry from the extremity.
3. Select a site to secure the splint both proximal and distal to the area of suspected injury, or the area where the medical device will be placed. In the case of suspected fracture, the splint should immobilize the joint above and the joint below the injury whenever possible.
4. Do not secure the splint directly over the injury or device.
5. Place the splint and secure with straps or bandage material (e.g., kling, kerlex, cloth bandage, etc.) depending on the splint manufacturer and design.
6. Assess pulses, sensation, and motor function before and after placement of the splint. If there has been deterioration in any of these 3 parameters due to splinting, remove the splint and reassess.
7. Consider analgesia per Pain Guideline prior to or after procedure as needed.
8. Document the time, type of splint, and the pre and post assessment of pulse, sensation, and motor function in the patient care report.