THE STUDY VAULT

Clinical Chaos

Splinting

SKILL SNAPSHOT

Purpose
- Immobilizes an injured bone/joint to reduce pain, bleeding, movement, and further neurovascular or soft-tissue injury.

When to use
- Suspected fracture, dislocation, severe sprain, tendon injury, or postoperative support according to order/protocol.

Supplies needed
- Appropriate rigid/moldable/vacuum splint; padding; bandages/straps; sling; ice barrier; trauma shears; pulse/Doppler tools.

PREP + PATIENT SETUP
- Manage ABCs and major bleeding first. Expose and inspect entire injured area.
- Assess pain, deformity, wounds, and joints above/below injury.
- Record distal pulse, motor, sensation, color,

VAULT TIP
- A good splint reduces movement without reducing circulation.

STEP-BY-STEP
1. Hand hygiene/PPE; identify patient; explain procedure and provide analgesia when possible.
2. Remove rings, watches, shoes, and constricting items before swelling increases.
3. Cover open wounds with sterile dressing; control bleeding. Do not push exposed bone back.
4. Support limb manually in position found. Do not repeatedly test motion or crepitus.
5. Measure/prepare splint on uninjured side when possible. Pad bony prominences and hollow spaces.
6. Immobilize the injured bone and joints above and below, or the injured joint and bones above/below, as appropriate.
7. Apply splint without unnecessary movement. Mold with palms, not fingertips, to avoid pressure points.
8. Secure from distal to proximal with straps/bandage, leaving fingers/toes visible when possible.
9. Do not tie directly over injury; allow for swelling and avoid circumferential constriction.
10. Reassess distal pulse, motor, sensation, color, temperature, cap refill, and pain immediately.
11. If neurovascular status worsens, loosen restrictive materials and follow protocol; do not delay urgent transport.
12. Elevate and apply wrapped cold therapy when appropriate. Recheck after movement and at frequent intervals.

SAFETY REMINDERS
- Neurovascular checks before and after are mandatory.
- Do not force alignment except per trained protocol when distal circulation is absent/transport requires.
- Open fractures need sterile coverage and urgent care.
- Watch for compartment syndrome.

COMMON MISTAKES
- Splinting before removing jewelry.
- Too tight.
- No padding.
- No post-splint neurovascular check.

DOCUMENTATION
- Injury/deformity/wounds and pain.
- Pre/post neurovascular findings.
- Splint type and position.
- Interventions and reassessments.
- Teaching and notifications/transport.