

## NURSING CLINICAL STANDARD

**SKIN TRACTION**

- PURPOSE:** To outline management of patients in skin traction to the lower extremity(ies) (Buck's or Russell's Traction).
- SUPPORTIVE DATA:** Skin traction is a temporary treatment modality which exerts pull, and supports the anatomical alignment of, the injured extremity(ies). It is used as a means of immobilizing fractures of the hip, femur or pelvis; dislocations of the pelvis or hip; or to reduce contractures of the hip or knee and to control muscle spasms. The physician team is responsible for the application, modification and removal of traction.
- ASSESSMENT:**
1. Assess the following every 2 hours x 24 hours, every 8 hours, thereafter:
    - Nerve and circulation status of extremity
    - For pain
    - Alignment of distal and proximal portions of affected extremity
    - Contact areas between sling and affected extremity for impairment of perfusion or skin breakdown caused by pressure
    - Integrity of traction apparatus including ropes, screws, pulleys, and weights
- SAFETY:**
2. Ensure the following:
    - Ensure weights hang freely. Never release weights except to lift them **slightly** while moving patient up in bed.
    - Bucks Traction: Do not move patient from side to side; may shift position slightly
    - Russell Traction: May allow patient to turn slightly, only toward the side of the traction
  3. Ensure that type of traction and amount of weight is clearly defined in physician's orders.
  4. Ensure that pillows initially placed by physician under the calf remain in place at all times. Do not add pillows without consulting physician.
  5. Keep patient flat, pulled up and centered in bed. Elevate head of bed (HOB) 45<sup>o</sup> for meals only.
  6. Ensure that the heel is hanging freely off edge of pillow, if pillow is to be maintained under calf.
  7. Check all framing knobs for tightness.
  8. Call the orthopedic surgeon for assistance if patient needs to be transferred out of bed with traction.
- COLLABORATION:**
9. Request orthopedic technician to place trapeze on traction frame.
  10. Collaborate with Child Life regarding education for children 5-17.
- DIVERSION:**
11. Collaborate with family, Volunteer Services, and Child Life to provide age appropriate diversional activity.
  12. Offer use of Continuous Ambient Relaxation Environment Television channel

PATIENT/FAMILY  
TEACHING:

13. Instruct on the following:
- Active range of motion exercises to promote circulation, prevent contracture, and maintain muscle strength
  - Body movement and shifting weight to prevent sequelae associated with immobility
  - Use of trapeze for mobility
  - Importance of adequate nutrition and fluid intake
  - Keep linen wrinkle-free
  - Reinforce need to keep objects (toys, crumbs) from under patient

REPORTABLE  
CONDITIONS:

14. Report the following to the physician:
- Mal-aligned traction
  - Pain, numbness, burning, cyanosis or coldness of the affected extremity
  - Unrelieved pain associated with injury
  - Skin breakdown/pressure ulcer formation/traction blisters

ADDITIONAL  
STANDARDS:

15. Implement the following as indicated:
- High Risk for Neurovascular Dysfunction
  - Immobility
  - Pain Management
  - Patient Controlled Analgesia

DOCUMENTATION:

16. Document in accordance with standards.  
17. Document in Systems Assessment Navigator Bar in Orthopedic Device/  
Immobilizer/ Cast Info section

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References:

Consult: LAC+USC Medical Center Orthopedic Nursing  
Smith, N., Schub, E., & Pravikoff, D. (2014) CINAHL Nursing Guide: Skin Traction, Adhesive and Nonadhesive:  
Applying By. Retrieved from Nursing Reference Center.