

Section: Division of Nursing

PROCEDURE

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HACKETTSTOWN REGIONAL MEDICAL CENTER

Originator: K. Shubick, RN

3-North
(Scope)

TITLE: TRACTION PROTOCOL

PURPOSE: To outline the nursing management of the patient in traction.

LEVEL: Dependent _____ Independent X Interdependent _____

SUPPORTIVE DATA: 1. Traction is the application of a steady pulling force by manual or mechanical means to reduce a fracture, minimize muscle spasms or immobilize or align a joint.

- a. Skin traction is the indirect application of traction to the skeletal system through skin and soft tissue.
- b. Skeletal traction is the direct application of traction to bones by transversing the affected bone with a pin or wire.
- c. Skin traction can be set up and applied by a nurse or by the MD. Skeletal traction can be set up by a nurse but must be applied by the MD.

OUTCOME: The patient will maintain comfort and be free of complication.

CONTENT: (Bucks, Pelvic, Cervical, Quigley's, Balanced Sling, Skeletal)

Assessment:

1. Assess the area of the body in traction. Note the color, amount of edema and signs of pressure around the traction.
2. Assess patient's pain level and medicate as necessary and as ordered.
3. Routinely inspect equipment every shift to make sure connections are tight and that no parts are touching the patient or the bedding or other inappropriate parts of the equipment.
4. Check for impingement such as ropes on foot of bed or catching between the pulleys. Make sure ropes are properly in the pulley tract.
5. Inspect equipment for correct line of pull.
6. Inspect ropes for fraying.
7. Check to make sure weights are hanging freely. (Add or subtract weights as ordered.)
8. Check the patient for proper body alignment and reposition as necessary.
9. Provide good skin care to area where traction is applied.

Bucks Traction:

1. Check for tightness of boot around patient's leg and foot.
2. Check heels for pressure areas. A small foam pad placed under full length of calf may be used to keep heels off the bed.
3. Check to see that there are no pressure areas on the perineal nerve.

4. Provide good skin care to area in boot. (Buck's boot may be removed even in the presence of a fracture.)

Pelvic Traction:

1. Check and adjust pelvic belt straps so they are unrestricted and equal in length.
2. Make sure the angle of pull is correct.
3. Check the patient's skin area around the belt for skin irritation.

Cervical Traction:

1. Check occipital area for pressure spots. Check strap for irritation to the patient's face.
2. Provide good skin care to the areas around the strap. Additional padding may be used to provide comfort.
3. Assist patient with diet modification because of chewing and swallowing difficulties.

Skeletal Traction:

1. Make sure protruding pins or wire ends are covered with cork or rubber tips to prevent tearing the bedding or causing injury.
2. Provide good skin care and pressure sore prevention.
3. Check to make sure leg does not rotate externally.
4. Provide pin care every day.

Patient Education:

1. Explain specific purposes of the traction.
2. Provide instructions on what patient can or cannot do specific to the type of traction.
3. Stress importance of reporting pain or pressure as soon as possible.
4. Encourage well balanced diet.
5. Encourage self-care activities to maintain mobility within traction limits.
6. Explain purposes of position changes to maintain healthy tissues.

Documentation:

1. Record type of traction applied. Record amount of traction weight applied and note patient's tolerance to weight. Chart any additional weights applied.
2. Document equipment inspection.
3. Document patient care and checks of neurovascular status and skin condition.
4. Document patient's response to the traction and pain level.
5. If applicable, document skeletal pin sites and pin care.