

M-130 Care of the Client in Traction

Skin Traction

Applies pull to the affected body structure by straps applied to the skin around the structure. Recovery is facilitated through immobilization and alignment.

Types of Skin traction

Bryant's Traction: used for children with fracture of the femur to align the fragments. At that time the child is removed from traction and a hip spica cast is applied.

Buck's Extension: Used in hospitals to immobilize hip fractures until surgery can be performed. Used in home care to reduce muscle spasms, contractures, and dislocation and as interim treatment for lumbosacral muscle spasms that cause low back pain.

Cotrel's Traction: Uses cervical halter traction and pelvic belt traction as a preoperative treatment.

Pelvic Sling: The sling cradles the pelvis for treatment of one or more fractures to the pelvic bones.

Russell's Traction: Modification of Buck's extension doubling the amount of pull through the arrangement of ropes, pulleys, and weights.

Dunlop's Traction: Used for upper extremity using principles of Buck's extension.

Purpose

Maintain the established line of pull.

Prevent friction to the skin.

Maintain counter-traction.

Maintain continuous traction unless otherwise ordered.

Maintain correct body alignment.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Ropes (nylon), pulleys and weights (varying from 1-5 pounds).
- Bed frame for attachment of traction or portable bed frame.
- Adhesive backed moleskin.
- Ace bandages.
- Heel and elbow protectors if indicated.

- Specific lings or belts as indicated by type of traction.

Care Guidelines

Assess general health status including mobility and medical conditions that may predispose to complications such as peripheral vascular disease and peripheral neuropathy.

Assess condition of skin on specific areas to be affected by traction. Traction should not be placed over irritated or broken skin.

When in traction assess skin areas at risk for skin breakdown.

Assess level of pain.

Assess neurovascular status.

Position for comfort and effectiveness - assure that weights are hanging freely.

Release skin traction every 4-8 hours to assess skin and wash dry and lubricate skin. Traction may not be released if it is immobilizing a fracture.

Administer pain medications and muscle relaxants per physician order and client need.

Documentation Guidelines

Document in the clinical record:

1. Record assessment of skin and nursing interventions.
2. Record neurological assessment and color motion and sensation of extremities.
3. Time in and out of traction.
4. Client response to treatment.

Related Procedures

None.

Policy History

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