

CLINICAL SKILLS FOR EMERGENCY MEDICINE

APPLICATION OF A PLASTER BACKSLAB

Key skill

By the end of this session, you should be *confident* and *competent* in the following:

Application of a plaster backslab (below-elbow)	Indications for application	Method of application.
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Procedure routine:

1. Application of a stockingette to the arm	Purposes: Prevents arm hairs from catching in plaster Helps conduct perspiration from the arm Makes plaster more comfortable for patient.
2. Application of a wool roll layer	Purposes: Protects bony prominences Protects limb from damage from plaster saw.
3. Preparation and sizing of plaster slab	8-layer thickness: method of layering Extent of slab: metacarpal heads-olecranon Length allowance for ulnar deviation (Colles)*
4. Plaster preparation	Immersion of slab in tepid (why?) water Expulsion of air in the layers (why?)
5. Application of plaster slab to arm	Smoothing out to fit arm contours
6. Application of bandaging	Need for wetting of bandages (why?) Application to arm and turning back of stockingette afterwards Securing bandages with plaster piece
7. Completion of procedure	Checking for soundness of plaster Application of a supporting sling

*- When sizing a backslab for Colles' fracture stabilisation, remember that the wrist will sit in ulnar deviation, so the slab needs to be lengthened to allow for this during initial preparation.