

Procedure: Residual limb care

Checklist: Residual limb care

Evaluator's Name: _____

Examinee's Name: _____

Evaluator's ID: _____

Examinee's ID: _____

Evaluator's Dept: _____

Examinee's Dept: _____

Date: 11/30/2023

Meets criteria/Does not meet criteria: _____

Select Evaluation Method:

Clinical Observation Documentation Review

Demonstration Verbalization

Residual limb care

Objective: To provide care for a patient with a residual limb according to the standard of care.

Checklist Step	Comments
Y- Meets; N- Does not meet; I- Not Applicable	
__ Verify the practitioner's order.	
__ Review the patient's medical record.	
__ Gather and prepare the necessary equipment and supplies.	
__ Perform hand hygiene.	
__ Confirm the patient's identity using at least two patient identifiers.	
__ Provide privacy.	
__ Explain the procedure to the patient and family (if appropriate) according to their individual communication and learning needs.	
__ Raise the bed to waist level before providing care.	
__ Perform hand hygiene.	
__ Put on gloves and, as needed, other personal protective equipment.	
__ Perform routine postoperative care. Assess the patient's respiratory status and level of consciousness, monitor IV infusions, assess tube patency, and provide for the patient's comfort, pain management, and safety. Monitor vital signs at an	

interval determined by your facility and the patient's condition.

Monitoring residual limb drainage

- Inspect the dressing frequently to assess the amount of blood and drainage on the dressing. Notify the practitioner if the accumulation of drainage or blood rapidly increases.
- Tape an absorbent pad over the moist part of the dressing, as needed.

Positioning the extremity

- Elevate the extremity for the first 24 to 48 hours, as ordered.
- For an arm amputation, position the patient with the elbow extended and the shoulder abducted.
- For a leg amputation, elevate the foot of the bed slightly and place a trochanter roll against the patient's hip.
- After a below-the-knee amputation, maintain knee extension.
- After any level of leg amputation, place the patient on a firm surface in the prone position for at least 2 hours daily, unless contraindicated.

Assisting with prescribed exercises

- After an arm amputation, encourage the patient to exercise the remaining arm. Help the patient perform isometric and range-of-motion exercises for both shoulders, as prescribed by the physical therapist.
- After a leg amputation, stand behind the patient and (if needed) support the patient at the waist during balancing exercises.
- Instruct the patient to exercise the affected and unaffected limbs. A patient with a leg amputation may perform push-ups, as ordered (in the sitting

position with the arms at the sides), or pull-ups on the overhead trapeze.

Wrapping and conditioning a residual limb

- Apply an elastic residual limb shrinker.
- If an elastic residual limb shrinker isn't available, use an elastic bandage. Stretch the bandage to about two-thirds its maximum length as you wrap it diagonally around the residual limb, with the greatest pressure distally. Secure the bandage with clips or adhesive tape.
- To wrap an amputated arm, use an elastic bandage and wrap the residual arm using figure-eight turns until you cover the entire residual limb. Pass the bandage wrap across the patient's back and shoulders. Then secure the bandage with clips or adhesive tape.
- If the patient experiences throbbing after you wrap the residual limb, the bandage may be too tight; remove the bandage immediately and reapply it less tightly.
- Unwrap the residual limb every 4 to 6 hours for the first 2 days postoperatively, as prescribed, and then at least once daily. Assess for signs and symptoms of infection and skin irritation or breakdown. Assess the color, temperature, and most proximal pulse on the residual limb before rewrapping it, comparing findings to those on the opposite extremity. Report findings to the practitioner.
- After removing the bandage, massage the residual limb gently.
- Perform residual limb skin and wound care, as needed and prescribed.
- When healing begins, teach the patient conditioning exercises.

Caring for a healed residual limb

- Have the patient wear an elastic bandage 24 hours per day, except while bathing.

- Bathe the residual limb, but never shave it. Don't soak the residual limb for long periods.
- Avoid applying lotions, oils, and creams to the residual limb, unless prescribed.
- Inspect the residual limb for redness, swelling, breakdown, and calluses. Report any of these findings to the practitioner. Tell the patient to avoid putting weight on the residual limb.
- Continue muscle-strengthening exercises.
- Change and wash the patient's elastic bandages or residual limb sock every day. Wash the elastic bandages in warm water and gentle, nondetergent soap; lay them flat on a towel to dry.

Completing the procedure

- Return the bed to the lowest position.
- Discard used supplies in appropriate receptacles.
- Remove and discard your gloves and, if worn, other personal protective equipment.
- Perform hand hygiene.
- Clean and disinfect your stethoscope with a disinfectant pad.
- Perform hand hygiene.
- Document the procedure.