



PROCEDURE CHECKLIST

Backslab (plaster of Paris) application

A non-circumferential plaster of Paris slab that immobilises an acute fracture or soft-tissue injury while leaving room for swelling.



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Patient reference	Date	Time	Completed by
Equipment ready		During · Slab application	
☐ Plaster of Paris rolls or pre-cut slab of the correct width		☐ Hold the slab at both ends and immerse it in the water until bubbling stops	
☐ Tubular stockinette		☐ Remove it and gently squeeze out excess water without wringing	
☐ Synthetic or cotton wool undercast padding		☐ Smooth the layers together on a flat surface to remove air and bond the layers	
☐ Crepe or conforming bandage		☐ Lay the slab on the correct surface of the limb over the padding	
☐ Bucket of clean lukewarm water		☐ Fold the stockinette ends back over the slab edges to form a smooth rim	
☐ Plaster scissors, tape measure		☐ Secure the slab with a wet crepe or conforming bandage applied loosely, distal to proximal	
☐ Protective sheet or apron for the patient, gloves and apron for the operator		☐ Mould the slab with the flat palms of the hands, holding the limb in the correct position	
☐ Sling (upper limb) or crutches / walking aid (lower limb)		☐ Do not press with fingertips or rest the wet slab on a hard edge Dents in setting plaster create internal pressure points and pressure sores.	
☐ Written cast-care advice leaflet		☐ Hold the position until the plaster has set	
Before · Assessment and consent		☐ Do not cover the setting plaster with pillows, blankets or plastic Trapped heat can cause burns while it sets.	
☐ Confirm the diagnosis and review the X-ray		☐ Check that the joints beyond the slab can move freely	
☐ Assess and document distal neurovascular status		After · Checks	
☐ Inspect the skin		☐ Reassess and document distal neurovascular status	
☐ Give adequate analgesia before handling the limb		☐ If neurovascular status is worse than before, loosen the bandage and reassess immediately Split the bandage and padding down to skin if needed and escalate to orthopaedics.	
☐ Explain the procedure and obtain verbal consent		☐ Obtain a check X-ray after any reduction	
☐ Remove rings, watches and jewellery from the injured limb Swelling can make removal impossible later and cause ischaemia of the digit.		☐ Provide a sling (upper limb) or crutches and non-weight-bearing instructions (lower limb) as appropriate	
Before · Preparation		☐ For lower-limb immobilisation, complete a venous thromboembolism risk assessment	
☐ Position the patient comfortably with the limb supported in the position of immobilisation		After · Advice and documentation	
☐ Measure the slab length on the uninjured limb		☐ Give written and verbal cast-care advice	
☐ Prepare the slab to the thickness recommended by local protocol		☐ Tell the patient to return immediately with increasing pain, numbness, tingling, pale or blue digits, or a slab that feels too tight These may indicate compartment syndrome or vascular compromise.	
☐ Fill the bucket with clean lukewarm water		☐ Arrange follow-up in fracture clinic or virtual fracture clinic per local pathway	
☐ Do not use hot water to wet the plaster Hot water increases the heat of setting and can cause burns.		☐ Document the slab type, neurovascular status before and after, and advice given	
During · Padding			
☐ Apply stockinette over the area, longer than the planned slab at both ends			
☐ Smooth out creases in the stockinette			
☐ Apply undercast padding in a spiral with about 50% overlap			
☐ Add extra padding over bony prominences			
☐ Do not apply padding or bandage tightly The limb will swell; a tight wrap acts as a tourniquet.			



A drafted procedure checklist, awaiting senior review. Perform procedures only within your training, competence and local policy. It does not replace your clinical judgement.
EM Orbit · Emergency medicine, in one orbit · proc-backslab · red rows are the steps that must not be missed