

## BORANG ARAHAN PROSEDUR ORTOPEDIK

| JABATAN ORTOPEDIK HOSPITAL ..... |                 |                          |  |
|----------------------------------|-----------------|--------------------------|--|
| BORANG ARAHAN PROSEDUR ORTOPEDIK |                 |                          |  |
| NAMA                             | :               | .....                    |  |
| NO PENDAFTARAN                   | :               | .....                    | TARIKH:  |
| DIAGNOSIS                        | :               | .....                    | KLINIK / A&E / JPL :   |
| ANGGOTA TERLIBAT: KIRI /KANAN    |                 | BAHAN : POP / FIBERGLASS |  |
| JENIS POP/BACKSLAB :             | BELOW ELBOW     | <input type="checkbox"/> | ABOVE ELBOW <input type="checkbox"/> HANGING CAST <input type="checkbox"/> |
|                                  | BELOW KNEE      | <input type="checkbox"/> | ABOVE KNEE <input type="checkbox"/> SCAPOID CAST <input type="checkbox"/>  |
|                                  | PTB             | <input type="checkbox"/> | CYLINDER <input type="checkbox"/> BENNETT CAST <input type="checkbox"/>    |
|                                  | BOOT            | <input type="checkbox"/> | BODY CAST <input type="checkbox"/> GUTTER SPLINT <input type="checkbox"/>  |
|                                  | VOLAR           | <input type="checkbox"/> | U-SLAB <input type="checkbox"/> THUMB SPICA <input type="checkbox"/>       |
| OFF :                            | POP / BACK SLAB | <input type="checkbox"/> | K WIRE <input type="checkbox"/> EXTERNAL FIXATOR <input type="checkbox"/>  |
| LAIN-LAIN :                      | .....           |                          |  |
| CMR :                            | .....           |                          |  |
|                                  | DRESSING        | <input type="checkbox"/> | STO <input type="checkbox"/> WOUND INSPECTION <input type="checkbox"/>     |
| DIARAH OLEH PEGAWAI PERUBATAN    |                 |                          |  |
| .....                            |                 |                          |  |
| (cop)                            |                 |                          |  |

**ADVICE FOR PATIENT WHO HAD UNDERGONE APPLICATION OF  
PLASTER**

**Health Education :**

- 1 Encourage movement of extremities
- 2 Do not attempt to dry heat.
- 3 Do not get plaster wet.
- 4 Do not cut or change the shapes of the plaster.
- 5 Do not scratch skin or introduce foreign objects into the plaster.
- 6 Do not bear weight on plaster unless you have been told other wise.
- 7 Advise care of wound - if indicated

**Advise patient to return to Orthopedic clinic / Emergency department  
immediately if complication develops:**

- 1 Swelling
- 2 Severe pain
- 3 Numbness
- 4 Change in colour of extremities
- 5 Broken Plaster of Paris
- 6 Fever
- 7 Foul smell