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## Amputation (Lower-Extremity)

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

DATE INITIAL

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|  | <p><b>I. The client/caregiver can list measures to promote comfort.</b></p> <ul style="list-style-type: none"> <li>A. Pain medications as ordered</li> <li>B. Compression dressing to stump as instructed</li> <li>C. Massage therapy when allowed</li> <li>D. Relaxation methods</li> </ul> <p><b>II. The client/caregiver can state measures for postoperative care of the residual limb.</b></p> <ul style="list-style-type: none"> <li>A. Daily hygiene to prevent infection and skin breakdown. Cleanse residual limb daily with soap and water. Dry well, and expose to air for 20 minutes.</li> <li>B. Inspect skin daily. If needed, use a hand-held mirror to check the site.</li> <li>C. Signs of infection to report to physician or nurse are           <ul style="list-style-type: none"> <li>• Fever or chills</li> <li>• Increased discomfort of the extremity</li> <li>• Redness, swelling around incision</li> <li>• Drainage increase or foul odor of drainage from incision line</li> </ul> </li> <li>D. Avoid use of powder, creams, or lotion on incision site.</li> <li>E. Apply compression dressing as instructed to prevent swelling and aid in molding the shape of the residual limb.</li> <li>F. Review concept of phantom pain in the missing limb.</li> </ul> <p><b>III. The client/caregiver can state measures to manage use of prosthesis limb.</b></p> <ul style="list-style-type: none"> <li>A. Explain the use of elastic sleeve or sock after molding is complete.           <ul style="list-style-type: none"> <li>• Change and wash daily.</li> <li>• Assure smooth fit and avoid wrinkles.</li> </ul> </li> <li>B. Wash the socket of the prosthesis with mild soap and water. Dry completely before use.</li> <li>C. Follow complete instructions from prosthetist and have contact numbers in the event of problems.</li> <li>D. Discontinue use of prosthesis if skin becomes irritated, and contact physician.</li> <li>E. See a prosthetist if experiencing any problems with prosthesis.</li> </ul> |
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|  | <p>F. Monitor for signs of bleeding, irritation, pressure areas, or infection.</p> <p><b>IV. The client follows exercises and activity as prescribed.</b></p> <ul style="list-style-type: none"> <li>A. Attends rehabilitation program for           <ul style="list-style-type: none"> <li>• Physical and occupational therapy</li> <li>• Conditioning</li> <li>• Residual limb exercises</li> <li>• Exercise to unaffected joints and extremities</li> </ul> </li> <li>B. Evaluate the need for assistive devices for bathing, toileting, or dressing.</li> <li>C. Review safe transfer techniques and the use of mobility aids, such as cane, walker, crutches, and so forth.</li> <li>D. Evaluate the home environment for safety.</li> </ul> <p><b>V. The client/caregiver can list possible complications of amputation.</b></p> <ul style="list-style-type: none"> <li>A. Wound infection</li> <li>B. Skin breakdown from prosthesis irritation</li> <li>C. Phantom pain</li> <li>D. Contracture of the limb</li> <li>E. Abduction deformity</li> </ul> |
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**RESOURCES**

National Amputation Foundation  
212-767-0596  
[www.nationalamputation.org/](http://www.nationalamputation.org/)

Physical and occupational therapy  
Support groups  
Clergy/counseling  
Vocational counseling

**REFERENCES**

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- Canobbio, M. M. (2006). *Mosby's handbook of patient teaching*. St. Louis: Mosby Inc.
- Perry, A., & Potter, P. (2006). *Clinical nursing skills & technique*. St. Louis: Mosby Inc.
- Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.