

Management of Paediatric Skeletal Trauma - Summary Clinical Guideline - UHDB

Reference No: CH CLIN G138

This is a guideline to aid clinical decision making for paediatric skeletal trauma. Please see main body of guideline for details.

Summary guideline

This guideline is for the management of Paediatric Skeletal Trauma in patients under the age of 18 under the care of the Children's Emergency Department.

A. GENERAL PRINCIPLES

- Remember to check and record the neurovascular status distal to any fracture/dislocation.

Choose analgesia appropriate to the injury. If the injury looks painful to you treat it accordingly. Children have different responses to pain than adults and this often results in their pain being under-treated.

- Always examine the joint above and below any injury and if necessary X – ray these joints.
- **Remember to consider NAI in all children with fractures**, especially those less than 2 years of age. Mobility and developmental stage should be taken into account before you decide if the mechanism of injury is consistent with the fracture. If you have concerns seek senior ED/Paediatric advice.
- If there are any doubts about how to assess suspected #, diagnose or manage paediatric musculoskeletal injury speak to a senior ED doctor.
- Children under 2 years old usually require full lower limb POPs to avoid them coming off. If in doubt ask the ED nursing staff.

B. TIME CRITICAL CONDITIONS

Some orthopaedic injuries must be recognised as time critical. Immediate attention to ABC and assessment is required.

Disclaimer

See full guideline for further information.