



Paediatric Limb Trauma

Key Points

Transfer all children with open lower limb fractures (excluding toes) to nearest MTC

Follow the Open Fracture BOAST guideline

Take care not to damage growth plates when stabilizing fractures

Discuss definitive management with children's orthopaedic surgeon

Trauma Unit

If considered to require specialist 'Orthoplastic' care, transfer immediately to MTC.

Do not attempt exploration or lavage in emergency department

Cover with saline-soaked dressing and give intravenous antibiotics immediately unless this will delay transfer

Major Trauma Centre

Give intravenous antibiotics immediately and check tetanus immunity

Do not attempt exploration or lavage in emergency department

Cover with saline-soaked dressing

Admit under orthopaedic trauma team

For further information on best practice see Open Fracture BOAST

Severe limb trauma in children should be treated with the same rigour as the equivalent injury in adults.

Contaminated and devitalized tissue must be excised in open injuries according to established principles.

Care must be taken not to cause damage to growth plates either during emergency or definitive bone stabilization.

Management of growth plate injuries should be discussed with a children's orthopaedic surgeon as soon as possible.

Long term follow-up of severe limb trauma in a child should be transferred to the care of a children's orthopaedic surgeon for joint care in an orthoplastic service.

Mangled Extremity

For management of a mangled extremity in which limb salvage is under question, see appendix 5 for SOP

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