ORIGINAL 1.7.2014
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MANAGEMENT OF AN ISOLATED DIAPHYSEAL FEMUR FRACTURE

(SEE INCLUSION/EXCLUSION CRITERIA ON PAGE 2*)

EMERGENCY DEPARTMENT → PLACE IN ROOM IMMEDIATELY → INITIATE CAREGIVER PROTOCOL FOR EXTREMITY TRAUMA* → ASSESSMENT BY ED PHYSICIAN [1] *IF PATIENT IS IN HARE TRACTION, CALL ORTHO IMMEDIATELY* → NOTIFY ORTHO RESIDENT OR ORTHO APP → ASSESSMENT BY ORTHO ATTENDING, RESIDENT OR ORTHO APP[1]

URGENT CARE → PLACE IN ROOM IMMEDIATELY → INITIATE CAREGIVER PROTOCOL FOR EXTREMITY TRAUMA* → ASSESSMENT BY UC PHYSICIAN *IF PATIENT IS IN HARE TRACTION, CALL ORTHO IMMEDIATELY* → CALL TRANSFER CENTER → IMMOBILIZE & TRANSFER TO ECH OR SR

ALL FEMUR FRACTURE AGES ≤ 36 MONTHS - REQUIRE IMMEDIATE SW CONSULT TO SCREEN FOR NAT

***IF OR REQUIRED, PATIENT MUST BE IN OR WITHIN ≤ 18 HOURS FROM TIME OF ARRIVAL TO ED**

CONSULT SOCIAL WORK IF NAT SUSPECTED, REGARDLESS OF AGE

AGE ≤ 12 MONTHS (ASSUME NAT)

EG – ADMIT TRAUMA SERVICE

SR – ADMIT PEDIATRIC SERVICE

*** REQUIRED-SW CONSULT TO SCREEN FOR NAT**

FOR NAT SUSPECTED CASES, PLACE CHILD ADVOCACY MEDICAL ORDER AFTER PATIENT IS ADMITTED TO FLOOR

IMMOBILIZATION IN ED

RECOMMENDED: (CHOOSE 1)
- PAVLIK HARNESS
- POSTERIOR SPLINT

APPLIED IN ED BY ORTHO PHYSICIAN OR DESIGNEE

DISPOSITION FROM ED

- ADMIT PATIENT TO SERVICE ABOVE WITH ORTHO CONSULT
- ADDRESS PAIN MANAGEMENT AND DOCUMENT NV STATUS PRIOR TO GOING TO FLOOR

INPATIENT INTERVENTIONS

- DETERMINE NEED TO OBTAIN SKELETAL SURVEY PRIOR TO SPICA CAST
- FOR PATIENTS NEEDING A SPICA CAST: TO OR WITHIN 18 HOURS OF TIME OF ARRIVAL FOR CAST APPLICATION
- PAIN MANAGEMENT
- MONITOR NV STATUS
- MAINTAIN HARNESS/SPLINT APPLICATION

DISCHARGE

- IF NAT CONCERNS ADDRESSED
- PAVLIK HARNESS, POSTERIOR SPLINT, OR SPICA CAST
- PAVLIK / SPLINT / SPICA MANAGEMENT EDUCATION
- CAR SEAT EDUCATION
- FOLLOW-UP AS DIRECTED BY ORTHOPEDIC SURGERY
- PAIN MANAGEMENT: PROVIDE PRESCRIPTION ON DISCHARGE

AGE > 12 MONTHS

NAT SUSPECTED ADMISSION:
EG – TRAUMA SERVICE
SR – PEDIATRIC SERVICE

NAT NOT SUSPECTED – ADMISSION:
12-17 MONTHS – PEDIATRIC SERVICE
≥ 18 MONTHS – ORTHO SERVICE (ONLY AFTER CLEARED BY SW IN ED)

FOR NAT SUSPECTED CASES, PLACE CHILD ADVOCACY MEDICAL ORDER AFTER PATIENT IS ADMITTED TO FLOOR

IMMOBILIZATION IN ED

RECOMMENDED: (CHOOSE 1)
- BUCKS TRACTION
- KNEE IMMOBILIZER
- POSTERIOR SPLINT

APPLIED IN ED BY ORTHO PHYSICIAN OR DESIGNEE

DISPOSITION FROM ED

- ADMIT PATIENT TO SERVICE ABOVE
- ADDRESS PAIN MANAGEMENT AND DOCUMENT NV STATUS PRIOR TO GOING TO FLOOR

ORTHO ADMISSION - UNIT PREFERRED
SR – 4 SOUTH *ECH – 4 EAST*

INPATIENT INTERVENTIONS

- DETERMINE NEED TO OBTAIN SKELETAL SURVEY PRIOR TO SPICA CAST
- TO OR WITHIN 18 HOURS OF ARRIVAL TIME TO ED FOR DEFINITIVE TREATMENT
- SPICA CAST PETALED AS INDICATED
- PT CONSULT
- PAIN MANAGEMENT
- MONITOR NV STATUS
- ICE AND ELEVATE AS APPROPRIATE

DISCHARGE

- CAST CARE EDUCATION
- SPICA CARE VIDEO IF APPROPRIATE
- CAR SEAT EDUCATION IF APPROPRIATE
- MOBILITY REQUIREMENTS ADDRESSED (I.E. WHEELCHAIR, WALKER, CRUTCHES)
- FOLLOW-UP AS DIRECTED BY ORTHOPEDIC SURGERY
- PAIN MANAGEMENT: PROVIDE PRESCRIPTION ON DISCHARGE

*CAREGIVER INITIATED PROTOCOL

- APPLY ICE TO AFFECTED AREA IF INJURY IS LESS THAN 24 HOURS OLD
- ELEVATE AFFECTED LIMB
- PLACE AFFECTED LIMB IN POSITION OF COMFORT AND IMMOBILIZE APPROPRIATELY
- MANAGE PAIN PER CAREGIVER INITIATED ANALGESIA PROTOCOL
- X-RAY PER CAREGIVER INITIATED PROTOCOL

ADDITIONAL X-RAY VIEWS PER PHYSICIAN ORDER

[1]ASSESSMENT OF FRACTURES

- REMOVE ALL DRESSINGS & VISUALIZE AREA
- ASSESS FOR DISPLACEMENT
- NEURO VASCULAR STATUS (NV)
- SOFT TISSUE SWELLING
- SOFT TISSUE ENVELOPE

PROMPT EVALUATION SHOULD OCCUR AS INDICATED BY PATIENT CONDITION

BUCKS TRACTION

- USE IF SKIN IS INTACT AND OF NORMAL QUALITY

TRACTION WEIGHT
- 10% OF BODY WEIGHT
- MAX TRACTION WEIGHT IS 15 POUNDS (6.8KG)

CAST CARE

- REFER TO SPICA CAST CARE EDUCATION SHEET
- KEEP CAST CLEAN AND DRY
- ELEVATE ON PILLOWS
- ASSESS NV STATUS WITH VS

PT GOALS

PATIENT/CAREGIVER WILL INDEPENDENTLY DEMONSTRATE SAFE FUNCTIONAL MOBILITY THAT IS APPROPRIATE TO PATIENT NEEDS WITH THE EQUIPMENT RECOMMENDED BY A LICENSED PHYSICAL THERAPIST.

PAIN MANAGEMENT

- INCLUDES IV OR ORAL PAIN CONTROL AS INDICATED
- POSITIONING AND CAST CARE

DISCHARGE CRITERIA

- **IF CONCERN FOR NAT: SOCIAL WORK TO ESTABLISH CLEAR DISCHARGE PLAN PRIOR TO PATIENT BEING DISCHARGED**
- NV STATUS INTACT
- MEETS PT GOALS
- PAIN CONTROLLED WITH ORAL MEDICATION

DEVELOPED THROUGH THE EFFORTS OF CHILDREN'S HEALTHCARE OF ATLANTA AND PHYSICIANS ON CHILDREN'S MEDICAL STAFF IN THE INTEREST OF ADVANCING PEDIATRIC HEALTHCARE. THIS IS A GENERAL GUIDELINE AND DOES NOT REPRESENT A PROFESSIONAL CARE STANDARD GOVERNING PROVIDERS' OBLIGATION TO PATIENTS. ULTIMATELY THE PATIENT'S PHYSICIAN MUST DETERMINE THE MOST APPROPRIATE CARE.

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MANAGEMENT OF AN ISOLATED DIAPHYSEAL FEMUR FRACTURE

***INCLUSION CRITERIA:**
ISOLATED DIAPHYSEAL FEMUR FRACTURES ADMITTED TO THE ED

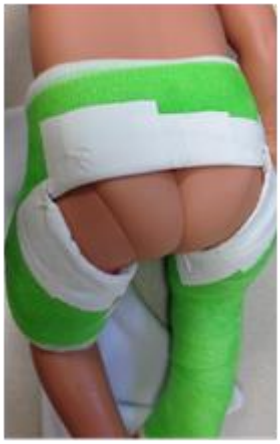
***EXCLUSION CRITERIA:**
ANY PATIENT WITH A CO-MORBIDITY &
TRAUMA PATIENTS WITH MULTISYSTEM INJURY

DEFINITIONS

- NAT: NON ACCIDENTAL TRAUMA
- CPC: CHILD PROTECTIVE SERVICES
- NV – NEURO VASCULAR
- AAOS: AMERICAN ASSOCIATION OF ORTHOPEDIC SURGEONS

PETALING THE SPICA CAST

- **PURPOSE:** TO KEEP THE CAST AND SKIN DRY AND FREE FROM EXPOSURE TO URINE/FECES
- **METHOD:**
  - CAST SHOULD BE PETALED BEFORE PATIENT VOIDS OR STOOLS AND WITHIN 2 HOURS.
- **MATERIALS**:
  - NO LATEX ALLERGIES: MOLESKIN & DUCT TAPE OR WATERPROOF TAPE ((I.E. BLENDERM)
  - LATEX ALLERGIES: MOLESKIN & WATERPROOF TAPE (I.E. BLENDERM)
- SEE SPICA CAST TEACHING SHEET



PROPER PETALING OF
THE SPICA CAST

BUCKS TRACTION SAFETY TIPS

WHEN TRANSPORTING PATIENT:
- USE 2 STAFF MEMBERS FOR TRANSPORT
- SECURE WEIGHT TO PREVENT MOVEMENT

CHECK NV STATUS BEFORE AND AFTER TRANSPORT

NOTIFY ORTHO PHYSICIAN OF ANY CHANGES IN NV STATUS

MAXIMUM WEIGHT IS 15 POUNDS

Guideline Data: Data reported for this guideline will only represent patients meeting inclusion criteria; however physicians may deem the guideline appropriate for use for patients presenting with one or more of the exclusion criteria.

DEVELOPED THROUGH THE EFFORTS OF CHILDREN'S HEALTHCARE OF ATLANTA AND PHYSICIANS ON CHILDREN'S MEDICAL STAFF IN THE INTEREST OF ADVANCING PEDIATRIC HEALTHCARE. THIS IS A GENERAL GUIDELINE AND DOES NOT REPRESENT A PROFESSIONAL CARE STANDARD GOVERNING PROVIDERS' OBLIGATION TO PATIENTS. ULTIMATELY THE PATIENT'S PHYSICIAN MUST DETERMINE THE MOST APPROPRIATE CARE.

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